

**Positive Impact Community Resource Center, Inc.**

**Initial Assessment Form for**

**POPPUP\_\_\_\_\_ M.A.D.E. \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_**

**School: \_\_\_\_\_ Grade: \_\_\_\_\_**

**City: \_\_\_\_\_**

**GPA \_\_\_\_\_ Student ID# \_\_\_\_\_**

**Parent or Guardian \_\_\_\_\_ Contact number: \_\_\_\_\_**

**Youth Lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_**

**\_\_\_ Other Relative**

**I want to improve in the following areas:**

**Please check below all that apply:**

**School attendance \_\_\_ Academics \_\_\_ Social Skills \_\_\_ Anger \_\_\_ employment \_\_\_**

**Grief Counseling \_\_\_ complete juvenile probation \_\_\_ Theft \_\_\_ Self esteem \_\_\_**

**\_\_\_ Healthy Relationships with \_\_\_ Parents \_\_\_ Siblings \_\_\_ Authority \_\_\_ Others**

**What do you want to accomplish when this program is completed**

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## Parent/ Guardian Consent Form

\_\_\_\_\_ (*child's name*) has been selected to participate in an exciting new program that matches him/her with counselors and experts who share his/her interests and help him/her to become a success in school and in life.

As part of the application process, we ask you as the parent or guardian to sign the following agreement.

### EMERGENCY MEDICAL INFORMATION AND RELEASE:

In case of emergency, list **two** people to be contacted:

#### Emergency Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

I would like \_\_\_\_\_ (*child's name*) to be in the \_\_\_\_\_ **Program** and agree to encourage his/her participation. I understand that if he/she does not adhere to the guidelines of the \_\_\_\_\_ **Program**, he/she may be removed from the program.

### PHOTOGRAPHS:

I give my permission for \_\_\_\_\_ (*child's name*) to be used by \_\_\_\_\_ program for the purpose of recruitment or public relations.

\_\_\_\_\_  
*Signature of Parent or Guardian*

*Date*