

Mental Health Groups

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

GROUP INFORMATION

*Start Date: _____

*End Date: _____

*Group Name: _____

*Group Objective (pick one):

General Life Skills

Social-Cognitive
Functioning of Youth

Behavioral
Issues

Family Functioning

School Attachment

*Hours Completed: _____

*Hours Required: _____