



Intake Form

Parent – Teen Mediations

Date: _____

Referred by: _MCFD_ _MH_ _SELF_ _Other: _____

| Name: | Phone Number | Email | Who are you? Parent, Teen, other Party: |
|-------|--------------|-------|---|
| | | | |
| | | | |
| | | | |
| | | | |

For the parent to complete:

What are your main concerns and issues you would like to deal with in mediation? If it helps, you can also use the grid below to indicate your concerns:

| | | | | |
|---|----------------|--------------|---------------|-----------|
| | | | | |
| BEHAVIOURAL RATING GUIDE | | | | |
| CATEGORIES | RATINGS | | | |
| | 1 | 2 | 3 | 4 |
| School Performance | satisfactory | challenged | suspended | expelled |
| Sexual Behaviour | appropriate | experimental | promiscuous | exploited |
| Drug Use | No | experimental | habitual | addicted |
| Alcohol Use | No | experimental | habitual | addicted |
| Criminal Behaviour | No | tempted | diverted | convicted |
| Aggressive Behaviour | No | verbal | property | physical |
| Youth's living arrangement: | Home | Low risk | Couch surfing | AWOL |
| Other (poverty, mental/physical health) | No concern | Low risk | Medium risk | High risk |
| | | | | |



For the teen to complete:

| | | | |
|------------------------|--|------------|--|
| Age: | | Grade: | |
| Preferred pronoun | | Birthdate: | |
| First Nations? nation: | | | |

What is your stress level today? _____

| STRESS RATING GUIDE | |
|---------------------|------------|
| | |
| RATINGS | |
| 1 | Acceptable |
| 2 | Low |
| 3 | Medium |
| 4 | High |

What are the issues you would like to talk about in Mediation?

For Megan the Mediator to complete:

| | |
|----------------------|-------|
| Start date:----- | |
| End date:----- | |
| Phone mins:----- | |
| Caucus mins:----- | |
| Mediation mins:----- | |
| Stress Level Start:- | |
| Stress Level End:-- | |
| MCFD involvement: | |