



FIRST INTERVIEW WITH MOM (1 of 2)

Date _____

NAME

Mothers Name _____

Sons Name First _____ Last _____ DOB _____ Grade _____

ADDRESS

Number & Street _____

City _____ State _____ Country _____ Zip/Postal _____

PHONE

Home _____ Cell _____

Mother's email _____

EMPLOYMENT

Mother's place of employment _____

Number & Street _____

City _____ State _____ Country _____ Zip/Postal _____

Work Phone _____ Fax _____

Other Children in the home:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

How did you hear about F.I.T.F.? _____

Introduce the program.

Brief summary of family situation: _____

FIRST INTERVIEW WITH MOM (2 of 2)

Is there currently a man in your life? Yes No

To what extent is he in the home with you and your son? _____

Church background: _____

MORE ABOUT YOUR SON:

Are there any physical limitations that might limit his ability to participate in vigorous outdoor activities?

Yes No If so, please indicate _____

Is he currently taking prescription medication? Yes No

If yes, which medication (s) is he on: _____

Is he under the care of a physician? Yes No _____

Are there any problems with illegal substance abuse? Yes No

If yes, which one(s)? _____

Are there any legal issues, either current or pending? Yes No

If yes, what are the circumstances: _____
