



Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Why are you in the ARCH program? \_\_\_\_\_

What do you want to get out of this program? \_\_\_\_\_

\_\_\_\_\_

Who do you trust the most? \_\_\_\_\_

Why? \_\_\_\_\_

Who do you trust the least? \_\_\_\_\_

Do you like where you live? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever been bullied? \_\_\_\_\_ By Whom? \_\_\_\_\_

Have you ever bullied anyone? \_\_\_\_\_ Who? \_\_\_\_\_

How do you feel about you? \_\_\_\_\_

\_\_\_\_\_

What do you like the most? \_\_\_\_\_

\_\_\_\_\_

The lease? \_\_\_\_\_

\_\_\_\_\_

Your strengths \_\_\_\_\_

Your weaknesses \_\_\_\_\_

Your hobbies \_\_\_\_\_

### Goals for your future

