



CCISCO Youth: One to One Report

Name:
Address:
Phone #:
School:
Grade:
Active in Church <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
Active in Community <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat

What are some of your concerns:

What other activities/groups you are involved in:

What are some changes that you would like to see in your school/community?

Are there other students/people I should contact? (*specify names and phone numbers*):

Are you willing to come to a meeting? Yes No Somewhat

Name of Youth Conducting One to One: _____ Date: / /