

# TEEN CHALLENGE NORTH CAROLINA

604 Rock Springs Road, Harmony, N.C. 28634

Phone (704) 546-2531 Fax (704) 546-3050

*Through Jesus Christ, Changing Lives and Changing Futures*

## Counselor Recommendation Form

I am applying for admittance into the Teen Challenge North Carolina residential discipleship program. In order to complete my application, I need a counselor/pastor/psychologist/social worker to complete the following reference form regarding my current status. I give permission and authorize you to release the information requested below to Teen Challenge North Carolina. I also give you permission to release any counseling notes, assessments, and summaries to help them make the best decision for my recovery. After completion, this form is to be mailed or faxed directly to the center – do not return the form to me.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

1. What is your relationship to this individual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How long have you known her? \_\_\_\_\_
3. Have you counseled with her? \_\_\_\_\_ If so, please describe the type of counseling:  
\_\_\_\_\_  
\_\_\_\_\_
4. How well does she respond to your counsel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Our program is based totally on Biblical principles. What is your assessment of her spiritual development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is this individual ready to make a change in her life based on Biblical principles? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What types of life-controlling problems does she have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate whether the applicant has had a background of the following:  
Prostitution \_\_\_\_\_  
Homosexuality/lesbianism \_\_\_\_\_  
Sexual Abuse \_\_\_\_\_  
Drug Addiction \_\_\_\_\_  
Alcohol Addiction \_\_\_\_\_  
Eating Disorder/Over-eating/Under-eating \_\_\_\_\_  
Occult/Witchcraft Activities \_\_\_\_\_  
Criminal or Deviant Behavior \_\_\_\_\_  
What other addictions, abuses, or problems does the applicant exhibit: \_\_\_\_\_  
\_\_\_\_\_

9. How well does this person relate to other people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How well does this person relate to authority and discipline? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Can she read and write? \_\_\_\_\_ What is her level of education? \_\_\_\_\_  
Any additional comments you feel may help us to assess the applicant's emotions, attitude, and behaviors.  
\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Please fax counseling notes or a summary including recommendations for the applicant.**