



Youth Crisis Response Team (YCRT) Behavior Coaching Needs Assessment

Youth Name:

Youth ID#:

Assessment Date:

1. What school do you attend and what grade are you in?
2. What skills are most important for you to work on developing and why is it important for you?
 - a. Communication Skills:
 - b. Coping Skills:
 - c. Advocacy Skills:
 - d. Recovery & Resiliency Skills:
 - e. Empowerment Skills:
 - f. Skills Specific to Success in School or Work:
 - g. Time Management/Organizational/Routine Skills:
3. What are the specific behaviors you are seeking to change?
4. How do these behaviors impact your daily life?
 - a. School/Work:
 - b. Relationships:
 - c. Health/Wellbeing:
5. What are your short-term goals (1 to 2 months)?
 - a. Goal 1:
 - b. Goal 2:
 - c. Goal 3:
6. Are you ready to commit to a coaching process that may involve regular sessions, homework, and accountability?

Yes ____ No ____