

TEENS LEARNING CONTROL (TLC) PROGRAM ASSESSMENT

**PLEASE READ EACH QUESTION CAREFULLY. IF A QUESTION DOES NOT APPLY, PLEASE WRITE N/A.**

(Please **PRINT** all information)

Citation # \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race : \_\_\_\_\_

Employed? Yes No

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you currently in school? Yes No

(If yes, list name of school) \_\_\_\_\_

Classification (year in school): \_\_\_\_\_

If not currently in school, highest level completed: \_\_\_\_\_

If not in school or employed, how do you spend your time on a daily basis?

\_\_\_\_\_

Emergency (additional) contact, if we are unable to reach you at number(s) provided above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Was your license suspended for this charge?    Yes                      No

Have you had any other legal charges or traffic citations before?    Yes    No    (Do not include this citation/charge):

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Do you have any history of probation for traffic or criminal charges?    Yes    No

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How often do you wear your seatbelt as a driver or passenger? (Circle only one below)

Never                      Sometimes                      Often                      Always

Do you have any mental or physical ailments that we need to be aware of? If so, please describe:

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Are you currently taking any prescribed medication? \_\_\_\_\_  
If yes, please list all medications:

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Is there anything that we can help with you with to aid you in successfully completing your module requirements?

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