HEALTHY RELATIONSHIPS

TEEN

Name:		_	Date:		
How long have you been i	n this relationship?				
Life at in views favorite this		2			
What is your favorite th	ng about your partne	er:			
What is your favorite thi	no about your relativ	nshin?			
What is your lavorne in	ng about your recard	manip:			
 What would you change a	hout something your	nartner does?			
What would you change a	bout something your	pur mer does:			
What do you wish there w	as more of in your r	elationship?			
What do you wish there w	as less of in your rel	ationship?			
Rank for 1 10 how preser	it these values are in	your relations	hip		
Trust	Friendship		Independence		
Communication	Support				