

HEALTHY RELATIONSHIPS TEEN

Name: _____

Date: _____

How long have you been in this relationship?

What is your favorite thing about your partner?

What is your favorite thing about your relationship?

What would you change about something your partner does?

What do you wish there was more of in your relationship?

What do you wish there was less of in your relationship?

Rank for 1-10 how present these values are in your relationship

Trust	<input type="text"/>	Friendship	<input type="text"/>	Independence	<input type="text"/>
Communication	<input type="text"/>	Support	<input type="text"/>		