

# Teen Styling Session Intake

## Basic Information

Teen's Name

Age

Pronouns

Parent/Guardian Name

Contact Email

Contact Phone

## Session Goals

What do you hope to achieve from this session?

Do you face any specific challenges with your style?

## Style Preferences

How would you describe your current style?

Who or what inspires your style?

Favorite Colors

Least Favorite Colors

Any clothing styles, fits or items you prefer (or want to avoid)?

## Sizing

Usual Top Size

Usual Bottom Size

Shoe Size

Additional Notes

Anything else you'd like to share?