Perry Multi-County Juvenile Facility

PARENT QUESTIONNAIRE

Child Name		
Custodial Parent/Guardian Name		**Relationship to Child** ☐Parent ☐Grandparent ☐Step-parent ☐Aunt/Uncle Other: List _____
Home Address		**Email Address**
Cell Phone **(_____) _____**	**Home Phone** **(_____) _____**	**Work Phone** **(_____) _____**

Secondary Parent/Guardian Name		**Relationship** ☐Parent ☐Grandparent ☐Step-parent ☐Sibling ☐Aunt/Uncle Other: List _____
Home Address		**Email Address**
Cell Phone **(_____) _____**	**Home Phone** **(_____) _____**	**Work Phone** **(_____) _____**

Emergency Contact Information (Other than Self or Spouse)		**Relationship** ☐Parent ☐Grandparent ☐Step-parent ☐Aunt/Uncle Other: List _____
Cell Phone **(_____) _____**	**Home Phone** **(_____) _____**	**Work Phone** **(_____) _____**

Do you have reliable transportation to the Facility? ☐Yes ☐No

_____

Are there any treatment barriers? ☐Yes ☐No

_____

_____

FAMILY RELATIONSHIPS							
	Name	**Age**	**Address**	**Marital Status**	**Education Level**	**Monthly Income**	**Work Times**
Mother				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Father				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Step-Parent(s)				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Other Significant Adult				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Sibling Adult				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Sibling Adult				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		

FAMILY RELATIONSHIPS continued

	Name	Age	Address	Marital Status	Education Level	Monthly Income	Work Times
Sibling Adult				☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Did not graduate H.S. ☐H.S. Diploma or Equivalent ☐Some college, no degree ☐Tech.School/Trade School ☐AS ☐BA/BS ☐MA ☐Doc.		
Sibling(s)			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**	**Other Information**		
			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**			
			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**			
			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**			
			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**			
			☐Same as Mother ☐Same as Father ☐Same as Guardian ☐Other	**Age/Grade Level**			
Other							
Other							

Who lives within the home? _____

_____

Is the child returning to the home upon release? ☐Yes ☐No

FAMILY PROBLEM AREAS: What issues do you feel your family needs to address while involved with the facility? How does your family normally relate to each other? What do other family members think about your Child's possible incarceration? How do you and your family typically resolve conflict?

COURT INVOLVEMENT

How many times has your child been on probation? ☐None ☐1 ☐2 ☐More than 2

How long has your child been on probation? _____

How many times has your child been placed on House Arrest/Electronic Monitoring Device? ☐None ☐1 ☐2 ☐More than 2

Has you child ever attempted to or successfully escaped from a secure facility? ☐Yes ☐No

If yes, please explain: _____

Does your child have a history of assaults? (Answer including both legal and no legal involvement) ☐Yes ☐No

Explain: _____

Does your child have any unpaid fines or court costs at this time? ☐Yes (Approximant Amount: $_____) ☐No

How many times has your child been sent to a Juvenile Detention Center (JDC)? ☐None ☐1 ☐2 ☐More than 2

Please explain your perception of the referring crime: _____

_____

_____

SOCIAL INFORMATION

How many of your Child's friends are/have been involved with the Court? ☐None ☐1-2 ☐3-5 ☐5+

Friends ages: ☐Mostly Older ☐Mostly Younger ☐Same Age

Has your Child had a change in friends within the past 9 months? ☐Yes ☐No

Is your Child involved with a Gang? ☐Yes ☐No ☐Not sure **Which gang?** _____

What do you think of your Child's friends? ☐Mostly Positive Influence ☐Mostly Negative Influence ☐I don't know their friends

Is your Child involved in Church or any other Organized Activities? ☐Yes ☐No
What kind: _____

Has your Child ever been involved in any other Organized Athletics? ☐Yes ☐No
What kind: _____

Has your Child ever been employed? ☐Yes ☐No
Where? _____ How long was he employed? _____

Has he ever been fired? ☐Yes ☐No

Has your Child ever been bullied or been a bully? ☐Yes ☐No
Explain: _____

Is your Child dating? ☐Yes ☐No

Do you think your Child is sexually active? ☐Yes ☐No ☐Not Sure

Do you think your Child needs information about sex, methods of birth control, &/or disease prevention?
☐Yes ☐No ☐Not Sure

EDUCATION

Name of Child's School and District	**Address of School**

What is the current grade level for your Child?
☐ **7th** ☐ **8th** ☐ **9th** ☐ **10th** ☐ **11th** ☐ **12th** ☐ **Not Enrolled**

Is your Child in any special classes?
☐Yes ☐No Type: _____ Duration? _____

Does your Child have and IEP or 504 Plan?
☐Yes ☐No Explain: _____

Has your Child ever repeated a grade?
☐Yes ☐No If yes, which grade(s): _____

What grades does your Child usually get? ☐A/B ☐B/C ☐C/D ☐D/F

What grades do you feel your Child is capable of getting? ☐A/B ☐B/C ☐C/D ☐D/F

How do you feel your Child gets along with his teachers? ☐Good ☐Fair ☐Poor

How do you feel your Child gets along with his classmates? ☐Good ☐Fair ☐Poor

How often does your Child bring books/work home to study? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often does your child get detention? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often is your child absent from school? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often is your child late to school? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often does your child get suspended from school due to behavior? ☐Weekly ☐Monthly ☐Occasionally

Has your child ever been expelled? ☐Yes ☐No Explain (When and why): _____
_____

Is your child involved in extracurricular activities? ☐Yes ☐No What kind? _____

SUBSTANCE USAGE

How often does your child drink Alcoholic Beverages? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How often does your child come home drunk/high? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How often has your child passed out from drinking too much? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How old was your child when he first drank alcohol? _____

How old was your child when he first used drugs? _____

How frequently does your child use drugs? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

What kinds? _____

Has your child ever sold drugs? ☐Yes ☐No

Has your child ever purchased drugs? ☐Yes ☐No

Has your Child ever overdosed from drug usage? ☐Yes ☐No If yes, give date: _____

What do you think about your child's alcohol or drug usage? ☐No Problem ☐Minor Problem ☐Major Problem

Has your Child ever received Substance Abuse Treatment? ☐Yes ☐No

☐Outpatient Where?_____ ☐Residential Where? _____

Why do you think your child uses alcohol or other drugs? _____

_____

_____

_____

****

How often do you drink alcohol? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never _____

How often do you use drugs? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never _____

MENTAL HEALTH

Has your Child ever been to a counselor? ☐Yes ☐No Where? _____

When? _____ Why? _____

Do you feel it helped? ☐Yes ☐No Why/Why not? _____

Has your Child ever:

Been a patient in a Psychiatric Hospital?	☐Yes	☐No	Threatened to kill themselves?	☐Yes	☐No
Attempted suicide?	☐Yes	☐No	Engaged in cutting/self-mutilation?	☐Yes	☐No
Threatened to kill someone else?	☐Yes	☐No	Had problems with Fire Setting?	☐Yes	☐No
Been cruel to animals?	☐Yes	☐No	Run away?	☐Yes	☐No
Beat someone up?	☐Yes	☐No	Had an explosive temper?	☐Yes	☐No
Stolen from family members?	☐Yes	☐No	Been a victim of physical abuse?	☐Yes	☐No
Witnessed domestic violence?	☐Yes	☐No	Been a victim of sexual abuse?	☐Yes	☐No
Does your child see things others don't?	☐Yes	☐No	Does your child hear things others don't?	☐Yes	☐No

Please describe a time when he lost his temper. What did he do? What happened?

_____

_____

_____

_____

Has your Child experienced any of the following Life Stresses in the past 12 months?
Please check all that apply:

☐ Change in school ☐ Change in living arrangements
☐ Death of parent ☐ Death of sibling ☐ Death of friend ☐ Death of pet
☐ Parent divorce ☐ Parent remarriage ☐ Parent separation
☐ Family financial problems ☐ Chronic illness of family member ☐ New sibling
☐ Other major changes: _____

Does anyone in the home/family have mental health issues? ☐Yes ☐No Explain: _____

_____

_____

MEDICAL INFORMATION

Allergies

☐ Food/ Other Allergies Describe: _____

☐ Medication Allergies Describe: _____

☐ Special Diet Describe: _____

Exams/Past Treatment

1. Has your Child ever experienced or been diagnosed with any of the following? And if so when?

☐Asthma:_____ ☐Diabetes:_____ ☐Epilepsy/Seizures:_____ ☐Heart Murmur:_____

☐Arthritis:_____ ☐Strokes:_____ ☐Weight Gain/Loss:_____ ☐Cirrhosis:_____

☐Cancer:_____ ☐Hepatitis:_____ ☐Herpes:_____ ☐Gonorrhea: _____

☐Other STD's:_____ ☐Pancreatitis:_____ ☐Fainting: _____

☐Lung Problems: _____ ☐Kidney Disease: _____ ☐Thyroid: _____ ☐Frequent Vomiting:_____

☐Headaches:_____ ☐Mumps:_____ ☐Scarlet Fever:_____ ☐Rheumatic Fever:_____

☐Whooping Cough:_____ ☐Diphtheria:_____ ☐Tuberculosis: _____ ☐Pneumonia: _____

☐ High Blood Pressure:_____ ☐Covid-19:_____

☐ Other Illness or Disease: _____

Immediate Family Members please indicate who and when:

☐Heart Disease:_____ ☐High Blood Pressure:_____ ☐Diabetes:_____

☐Tuberculosis:_____ ☐Stroke: _____ ☐ Asthma: _____

Mental Health Issues, please identify who and specific diagnosis: _____

_____

Cancer, please identify who and location: _____

2. Date of Child's last Tuberculosis test: _____

3. List your Child's most current:

Physical Exam: Date: _____ Doctor:_____

Optical Exam: Date: _____ Doctor:_____ Glasses: ☐Yes ☐No

Dental Exam: Date: _____ Dentist:_____ Retainer: ☐Yes ☐No

Hearing Exam: Date: _____ Doctor: _____ Hearing Loss: ☐Yes ☐No

Specialist Visit: Date: _____ Doctor: _____

4. Does your Child have any physical limitations? ☐Yes ☐No If yes, please list: _____

_____

_____

5. Has your child ever been seriously injured in an accident/incident? ☐Yes ☐No If yes, please list: _____

_____

_____

6. List any past surgeries and dates? _____

_____

_____

List all prescribed medications and pills your Child takes:

Medication	Dosage	
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No
		Is your child currently taking this medication? ☐Yes ☐No

What would you like to see changed about your Child?_____

_____

_____

Do you have any other comments or questions? ☐Yes ☐No _____

Signature of Parent/Guardian Completing this form:	**Date:**
Relationship to the child:	