

Diversion Parent Questionnaire
Information requested is focusing on the last 6 months

Juveniles Name:	Guardians name:
Address:	Address:
Phone #:	Phone #:
Fathers Name:	Other:
Address:	Address:
Phone #:	Phone #:
Mother's Name:	Other:
Address:	Address:
Phone #:	Phone #

Education:

What school does your child attend? _____ Grade: _____

Does your child ever skip school? YES NO

If yes, how many classes were unexcused during the last 6 months? _____

Is your child involved in sports, church, or hobbies? YES NO If yes, describe.

Has your child been in any trouble at school this year? YES NO If yes, describe

Has your child been suspended/expelled from school this year? YES NO If yes, describe.

What are your child's grades in school (or GPA)? _____

Is your child employed? YES NO If yes, where? _____

For how long? _____ How many hours per week? _____

Friends:

Describe your child's friends.

Describe any concerns you have with your child's friends.

What percentage of your child's friends do you believe are a positive influence? _____

Are any of your child's friends involved in a gang? _____

Placements:

Has your child ever been placed (voluntarily or non-voluntarily) in an out-of-home placement for longer than 30 days? YES NO If yes, describe.

Has mother/father/sibling of your child ever been incarcerated? YES NO

How many times has your child ran away from home, or been kicked out of the home, for 24 hours or more?
_____ Describe.

Family:

Describe rules and expectations in the home (e.g. chores, curfew, etc.)

What percentage of the time does your child follow the rules? _____

Describe the consequences if your child does not follow the rules?

Describe your child's reaction to these consequences.

Alcohol/Drug Use

Has your child ever used any drugs or alcohol? YES NO

Mark any of the following substances your child has used:

Alcohol: <input type="checkbox"/>	Huffing (Inhalants like glue, gas, etc.): <input type="checkbox"/>
Marijuana: <input type="checkbox"/>	Bath Salts: <input type="checkbox"/>
Spice: <input type="checkbox"/>	Heroin: <input type="checkbox"/>
Pills: <input type="checkbox"/>	Methamphetamine: <input type="checkbox"/>
Mushrooms: <input type="checkbox"/>	Other: <input type="checkbox"/> _____
Ecstasy/Molly: <input type="checkbox"/>	Other: <input type="checkbox"/> _____

Describe how drug or alcohol use has affected your child:

Has your child ever received a drug/alcohol assessment? YES NO If yes, when did they obtain it and what were the recommendations?

Has your child ever taken a formal drug/alcohol education class? YES NO If yes, when where and when?

Has your child ever participated in drug/alcohol treatment? YES NO If yes, where and when?

Do you believe treatment was helpful to address your child's substance use? YES NO

Mental Health:

Has your child ever been the victim of physical abuse? YES NO If yes, describe

Has your child ever been the victim of sexual abuse? YES NO If yes, describe

Has your child ever been the victim of neglect? YES NO If yes, describe

Has your child ever received a mental health diagnosis? YES NO If yes, describe

Has your child ever received counseling or CBRS/PSR services? YES NO If yes, where and how often?

Parents:

Mark any of the following substances used by immediate family members or persons residing with the juvenile:

Alcohol (In excess) <input type="checkbox"/>	Huffing (Inhalants like glue, gas, etc.): <input type="checkbox"/>
Marijuana: <input type="checkbox"/>	Bath Salts: <input type="checkbox"/>
Spice: <input type="checkbox"/>	Heroin: <input type="checkbox"/>
Pills: <input type="checkbox"/>	Methamphetamine: <input type="checkbox"/>
Mushrooms: <input type="checkbox"/>	Other: <input type="checkbox"/> _____
Ecstasy/Molly: <input type="checkbox"/>	Other: <input type="checkbox"/> _____

Is the substance still being used? YES NO

Who is/was using and how has their drug use affected your child?

What are your child's strengths?

What consequences has your child received at home for this offense?

What consequences would you like your child to receive through Diversion (Community Service, Classes, treatment, etc.)?

Additional input:
