

Ada County Juvenile Court Services - Client Survey

Please fill this form out completely and return it to the Probation Department.
400 N. Benjamin St. Suite 103 Boise, ID 83704 • Office (208) 287-5750 • Fax (208) 287-5749

(Optional) Juvenile's Name:	
(Optional) Name of Person Completing the Form:	

1. Who was your Probation Officer at the time your case closed?

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2. Was the above-named Probation Officer respectful and courteous to you?

<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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3. Did you feel comfortable discussing your terms of supervision with the above-named Probation Officer?

<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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4. Was the above-named Probation Officer helpful and knowledgeable about resources in the community?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. How many Probation Officers did you have during the time you were on probation?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more
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6. Was the front desk staff respectful and courteous when you reported?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Did you feel the Court Report/Social History was fair and accurate?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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8. Did the above-named Probation Officer explain fully what was expected of you while you were on probation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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9. How would you rate your interaction with the above-named Probation Officer while you were on probation? (check one)

<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
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10. Do you feel that you made improvements in any of the following areas during your probation period? (check all that apply)

<input type="checkbox"/> Relationship with parent(s)	<input type="checkbox"/> Friends/Peers	<input type="checkbox"/> Extra-curricular activities
<input type="checkbox"/> Behavior in the home	<input type="checkbox"/> Substance use/Abuse	<input type="checkbox"/> Decision-making
<input type="checkbox"/> School/Education	<input type="checkbox"/> Employment	

11. Please rate each program/service you participated in as Very Satisfactory, Satisfactory, or Not Satisfactory. Please only rate programs you participated in during your time on probation.

Drug Education	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Substance Abuse Program	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Community Service	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Family Counseling	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Individual Counseling	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Parenting Education Group	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Victim Impact Program	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Boys Council	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Girls Council	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Other:	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Other:	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Other:	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory

12. Please select the items below that were helpful or not helpful during your time on probation:

Urine Drug Screens	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Essay(s)	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Apology Letter(s)	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
EM (Electronic Monitoring)	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
House Arrest	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Community Service	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Individual/Family Counseling	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Boys Council	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Girls Circle	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Other:	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Other	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful
Other	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not Helpful

