

**DIVERSION SOCIAL HISTORY  
PARENT QUESTIONNAIRE**

Youth's name: \_\_\_\_\_ Date: \_\_\_\_\_

Written by: \_\_\_\_\_

**FAMILY:**

What are your child's rules? \_\_\_\_\_

How well does your child follow the rules at home? Check one.

Child usually obeys and follows rules: \_\_\_\_\_

Sometimes obeys or obeys some rules. \_\_\_\_\_

Consistently disobeys and/or is hostile. \_\_\_\_\_

Which rule(s) are violated \_\_\_\_\_

What consequences are given if your child violates a rule? \_\_\_\_\_

Does your child have any prior runaways? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Has your child ever been placed out of the home? \_\_\_\_\_ If yes, how many

Times and where was the placement? \_\_\_\_\_

Check any that apply:

<b>Problem</b>	<b>Mother</b>	<b>Father</b>	<b>Sibling</b>
Alcohol			
Drug			
Mental Health			
Physical Health			
Employment			
Financial			
Jail/Imprisonment			
Family Violence			

**SCHOOL:**

Youth's school \_\_\_\_\_ Grade \_\_\_\_\_

Describe your child's attendance within the last six months \_\_\_\_\_

Describe your child's behavior within the last six months \_\_\_\_\_

Any suspensions or expulsions? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Grades within the last six months? \_\_\_\_\_

Is your child employed or involved in an extracurricular activity? \_\_\_\_\_ If yes, where?

**ASSOCIATES:**

Do you know your child's friends? \_\_\_\_\_

What concerns do you have about your child's friends? \_\_\_\_\_

**SUBSTANCE USE:**

To your knowledge, has your child used any of the following drugs?

- Alcohol \_\_\_\_\_ Ecstasy \_\_\_\_\_
- Marijuana \_\_\_\_\_ Mushrooms \_\_\_\_\_
- Methamphetamine \_\_\_\_\_ Prescription pills (non prescribed) \_\_\_\_\_
- Spice \_\_\_\_\_ Huffing \_\_\_\_\_
- Bath salts \_\_\_\_\_ Heroin \_\_\_\_\_
- Cocaine \_\_\_\_\_ Other \_\_\_\_\_

Do you have any concerns regarding your child and the use of illegal substances? \_\_\_\_\_

If yes, what are your concerns? \_\_\_\_\_

Has your child ever received a drug/alcohol assessment? \_\_\_\_\_ If yes, where and what were the results? \_\_\_\_\_

Has your child ever received drug/alcohol education? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

Has your child ever received drug/alcohol treatment? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

**PHYSICAL/PSYCHOLOGICAL:**

Has your child ever been diagnosed with a mental health condition? \_\_\_\_\_ If yes, what is the diagnosis and who made it? \_\_\_\_\_

What medications does your child take? \_\_\_\_\_

Has your child ever attended counseling or received PSR services? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

Has your child ever been the victim of neglect? \_\_\_physical abuse?\_\_\_sexual abuse?\_\_\_  
If yes, was the abuse reported?\_\_\_\_\_

**ATTITUDE/BEHAVIOR:**

Please check any that apply:

<b>Problem</b>	<b>Yes</b>	<b>No</b>
Displaying a weapon		
Making threats		
Violent outbursts		
Violent temper		
Firestarting		
Animal cruelty		
Destroys things		
Verbally abusive		
Physically abusive		
Voyeurism		

If yes is marked on any of the above, please explain: \_\_\_\_\_

Has your child accepted responsibility for his/her criminal behavior? \_\_\_\_\_

What consequences/programs would you like to see on your child's Diversion Contract? \_\_\_\_\_