Diversion Parent Questionnaire

Information requested is focusing on the last 6 months

Juvenile's Legal Name:	Preferred name, if different:
Address:	Biological Sex: ____ Identifying Gender:____
Phone #:	
Fathers Name:	Phone #:
Address:	
Mother's Name:	Phone #:
Address:	
Guardian's Name:	Phone #:
Address:	
Other:	Phone #:
Address:	
Other:	Phone #:
Address:	

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: ☐
Marijuana: ☐
Spice: ☐
Pills: ☐
Mushrooms: ☐
Ecstasy/Molly: ☐
Huffing (Inhalants like glue, gas, etc.): ☐
Bath Salts: ☐
Heroin: ☐
Methamphetamine: ☐
Other: ☐ _____
Other: ☐ _____

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) ☐	Huffing (Inhalants like glue, gas, etc.): ☐
Marijuana: ☐	Bath Salts: ☐
Spice: ☐	Heroin: ☐
Pills: ☐	Methamphetamine: ☐
Mushrooms: ☐	Other: ☐ _____
Ecstasy/Molly: ☐	Other: ☐ _____

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:

_____

_____

_____

_____

_____

_____