



THIRTEENTH JUDICIAL CIRCUIT COURT
FAMILY COURT
Juvenile Division

Dear Parent or Guardian:

We at the Robert L. Perry Juvenile Justice Center are dedicated to providing the best possible care and treatment for your child, during his or her placement at the Center. Please feel free to contact us at any time, if you have questions, concerns, or information about your child or our program (886-4450).

You can help us best meet the needs of your child by completing the attached Parent Questionnaire. Please feel free to take it with you to complete, as you may need to look at records, addresses, etc., to be able to fill it out in its entirety.

Some children are placed at the Center before the Court has determined the truth of the pending allegations. If you feel uncomfortable answering a particular question because your child hasn't been to Court yet, please just indicate this beside the question.

Thank you for assisting us in this way. If there is other information you think we need to know to best serve your child, please indicate this on the back of the questionnaire. A caseworker may visit your home to review the questionnaire. If this has not occurred or has not been scheduled, please bring the completed form with you at the time of your next visit.

Sincerely,

Rick Gaines, Superintendent
Robert L. Perry Juvenile Justice Center

RG:as

Robert L. Perry Juvenile Justice Center
Parent Questionnaire

I. Identifying Information

1. Information on Child

Child's Full Name:	
Date of Birth:	Social Security #:
Address:	
Home Phone #:	Cellular Phone #:
School:	Grade:

2. Information on Father

Father's Full Name:		
Date of Birth:	Social Security #	Driver's License #
Address:		
Home Phone #:	Cellular Phone #:	
Place of Employment:	Occupation:	
Years Employed:	Work Phone #:	

3. Information on Mother

Mother's Full Name:		
Date of Birth:	Social Security #:	Driver's License #
Address:		
Home Phone #:	Cellular Phone #:	
Place of Employment:	Occupation:	
Years Employed:	Work Phone #:	

4. Monthly Family Income

Gross Income	Father	Mother
Social Security Income	Father	Mother
Child Support	Father	Mother
Temporary Assistance	Father	Mother
Food Stamps	Father	Mother
Section VIII Housing	Father	Mother
Other Income	Father	Mother

5. Please list your insurance provider information:

6. If any household member receives disability income, please list the amounts of that income here:

II. Family Dynamics

1. Please indicate the current marital status of the child's mother and father:

Married and together
Parents Divorced
Parents Separated
Living Together
Never Married

Mother Remarried
Father Remarried
One Parent Deceased
Both Parents Deceased
Other

Are you in a current relationship, if so with whom? _____

How does your child(ren) interact/respond to your partner?

2. Please list information regarding previous marriages or significant relationships.

Partner's Name	Date Married	Date Divorced	Names of Children	Age
<u>Mother</u>	Never Married			
	Never Married			
	Never Married			
<u>Father</u>	Never Married			
	Never Married			
	Never Married			

3. Please list information regarding all of your children (living or deceased):

Name	Age	D.O.B.	School	Grade	Resides With

4. Please list total number of dependent children for whom you are financially responsible (excluding the child currently in placement): Mother: _____ Father: _____

5. Please describe your child's relationship with his/her siblings:

Good Fair Poor

Please explain:

III. Adolescent Responses

1. During the past year have you disciplined your child on more than one occasion for any of the following:

Fighting	Persistently defying teachers
Lying	Skipping school
Persistently defying parents	Runaway

2. Has your child ever been referred to the Family/Juvenile Court (here or anywhere else) for:

Assault	Sexual Abuse (perpetrator)
Use of a Weapon	Cruelty toward Animals
Fire-setting	Self-injurious Behavior
Sexual Abuse (victim)	

3. Do you have concerns about your child being involved in any of the aforementioned offenses? If yes, please explain:

4. Do you feel your child communicates well with you? Yes No

5. Who ordinarily disciplines your child?

Father	Both
Mother	Other

6. What methods of discipline are most often used to discipline your child?

Spanking	Verbal Warnings
Time Outs	Extra Chore Work
Removal of Privileges	Other (Please Explain)

7. Have these methods been effective? Yes No

8. Does your child have a curfew? Yes No
If yes, what time?

IV. Peer Relationships

1. Does your child make and keep friends easily? Yes No
2. Would you describe your child as a leader, or a follower?
3. Does your child usually participate in activities with his/her friends, or is your child usually alone?
4. How would you describe your child's relationship with children outside of your family? (check all that apply):
Prefers Older Peers
Prefers Younger Peers
Prefers Same Age Peers
Has No Friends
Is Aggressive with Peers
Is Quarrelsome with Peers
Usually Disliked
Usually Well Liked
5. Please list the names and ages of your child's friends and indicate whether or not you approve of these friends.

Name	Age	Approve
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

6. If your child participates in any social, community, recreational or religious activities, please list them below:
7. Does your child date? Yes No
8. Do you have any concerns regarding your child's friends being involved in illegal or delinquent behavior? Yes No

If yes, please explain:

V. School Behaviors

1. Does your child attend school regularly? Yes No
2. Has your child received more than one disciplinary referral at school during the current school year? Yes No
3. Has your child ever been suspended or expelled from school? Yes No
If yes, please explain:

VI. Academic Performance

1. How would you describe your child's overall academic progress?

Superior
Average

Below Average
Unsatisfactory

2. In what courses is your child currently enrolled and what are his/her current grades?

Course	Grade

VI. Learning Disability

1. Has your child ever received any academic testing, either privately or through the public school? Yes No
2. Has your child ever received any of the following diagnoses?
- Reading Disorder
Mathematics Disorder
Disorder of Written Expression
Learning Disorder, Not Otherwise Specified
Emotional Disturbance
3. Does your child receive special education services? Yes No
4. Does your child have an Individualized Education Plan (or I.E.P.)? Yes No

VII. Employment

1. Has your child ever been employed? Yes No
2. If yes, where?
3. What are your child's regular work hours?

VIII. Parental Responsibility

1. Does your child have any children of his/her own? Yes No

2. If yes, how many children does your child have?

4. If your child has children, where do they reside?

IX. Substance Abuse

1. Does your child use illegal drugs (Yes No) or alcohol (Yes No)?

2. Which statement best characterizes your child's use of drugs and alcohol:

Limited alcohol and/or drug use

Moderate alcohol and/or drug abuse problem

Severe alcohol and/or drug abuse problem

3. Has your child ever received substance abuse counseling or treatment? Yes No

4. Please identify which substance abuse counseling services your child has received:

Outpatient counseling (Where:_____)

Inpatient counseling (Where:_____)

Alcoholics Anonymous

Narcotics Anonymous

Juvenile Officer's Drug and Alcohol Education Program

5. Have these services been effective? Yes No

X. Mental Health

1. Has your child ever received treatment for any mental health concerns?

Yes No

2. If so, please list prior treatment providers, any medication that is/has been taken, and any known diagnoses:

3. Is your child compliant with the treatment conditions (i.e. medication, counseling, etc...)

Yes No

4. How adversely does your child's mental health condition interfere with his/her daily functioning?

Mildly

Moderately

Seriously

XI. Physical Health/Handicaps

1. Does your child have any physical handicaps or medical conditions which interfere in his/her daily functioning? Yes No

2. How adversely does your child's medical or physical condition interfere with his/her daily functioning?

Mildly Moderately Seriously

3. Does your child have regular access to health care as necessary? Yes No

4. Is your child pregnant? Yes No

XII. History of Child Abuse or Neglect

1. Has your child ever been reported to be a victim of child abuse or neglect?
Yes No
2. If yes, who was the alleged perpetrator of the abuse or neglect? Please explain the circumstances.
3. Have you, any member of your family, or anyone residing within your home ever been referred as perpetrators of child abuse or neglect? Yes No
4. If yes, please explain the situation.

XIII. Parental Substance Abuse

1. Does either parent use illegal drugs or alcohol?
Mother: Drugs? Yes No **Father:** Drugs? Yes No
 Alcohol? Yes No Alcohol? Yes No
2. Which statement best characterizes their use of drugs and alcohol:
Mother: **Father:**
 Limited alcohol/drug abuse problem Limited alcohol/drug abuse problem
 Moderate alcohol/drug abuse problem Moderate alcohol/drug abuse problem
 Severe alcohol/drug abuse problem Severe alcohol/drug abuse problem
3. Has that person(s) ever received substance abuse counseling or treatment?
Mother: Yes No **Father:** Yes No
4. Please identify which substance abuse counseling services that person has received:
Mother: Alcoholics Anonymous
 Outpatient counseling Narcotics Anonymous
Where: _____
 Inpatient counseling **Father:**
Where: _____ Outpatient counseling
Where: _____ Where: _____

Inpatient counseling
Where: _____

Alcoholics Anonymous
Narcotics Anonymous

5. Have these services been effective?

Mother: Yes No

Father: Yes No

XIV. Parental Mental Health

1. Has either parent ever received treatment for any mental health concerns?

Mother: Yes No

Father: Yes No

2. If so, please list prior and current treatment providers, any medication that is/has been prescribed, and any known diagnoses for that person:

Mother

Provider: _____

Medication: _____

Diagnoses: _____

Father

Provider: _____

Medication: _____

Diagnoses: _____

3. If receiving treatment, is that person compliant with the treatment conditions (i.e. medication, counseling, etc...):

Mother: Yes No

Father: Yes No

XV. Probation/Parole

1. Has either parent ever received services through the Probation and Parole?

Mother: Yes No

Father: Yes No

2. If so, what was the offense?

3. What was the disposition of the case?

4. List name of probation/parole officers and what services you participated in during supervision.

XV. Support System

1. Please list information regarding extended family members.

Relationship	Name	Address	Phone
Stepfather			
Stepmother			

Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Maternal Aunt			
Maternal Aunt			
Maternal Uncle			
Maternal Uncle			
Paternal Aunt			
Paternal Aunt			
Paternal Uncle			

2. Have any of these individuals been instrumental in helping to raise your child?
Yes No If yes, please explain:
3. Is there one or more person that you believe has a positive influence upon your child's life? Yes No
4. What are the persons' names and what is their relationship to your child?

Family Member
Family Friend
Mentor
Counselor

Teacher
Pastor
Big Brother/Sister
Other (Please Explain)

5. Please describe the types of activities and events attended by your child and this person, and the frequency of their interactions:

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