

PLEASE NOTE:

Please complete the enclosed parent and youth questionnaires, and bring them with you to your scheduled Sanction Court hearing. These questionnaires are used for reporting purposes only, and have no reflection on your child's Sanction Court hearing. We thank you in advance for your cooperation.

Sincerely,

Sanction Court Staff
Polk County Juvenile Department

YOUTH QUESTIONNAIRE

Name _____ Age _____ Date of Birth _____

Gender: Male Female

Race (Check at Least One)

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- White
- Other/None
- Unknown

Ethnicity (Check at Least One)

- Hispanic/Latino
- Chinese
- Japanese
- Vietnamese
- Other/None
- Unknown

What is your primary language?

- English Chinese Hmong
- Russian Spanish Vietnamese
- Other (Specify): _____

School

1. Are you currently going to school? Yes No

If yes, what are your grades like? Mostly:

- A's and B's
- B's and C's
- C's and D's
- D's and F's

If you are not going to school, why not? _____

2. Are you involved in any school activities outside of classes? Yes No

If yes, what? _____

3. Have you ever been suspended, expelled, or dropped out of school? Yes No

If yes, when? _____

4. Does anyone in your family help you with homework or help you with school in other ways? Yes No

5. Does anyone in your family ever talk with your teachers about how you are doing? Yes No

6. Do you ever skip school? How often? _____ Yes No

7. Do your teachers let you know when you are doing well in school? Yes No

Peer Relations

8. Do you have any friends, or people you hang out with, who belong to a gang? Yes No

9. What kind of behavior would your friends think of as "wrong" or "bad"?

10. Have any of the people you hang out with, ever been suspended, expelled, or dropped out of school? Yes No

11. Do you spend a lot of time hanging out with others, or do you spend most of your time alone? Or both? _____
12. Do you have any friends who get mostly A's and B's? Yes No
How many? _____

Antisocial Behavior

13. Do you ever get in fights at school? Yes No
14. Have you ever runaway from home? Yes No
If yes, how many times? _____
What is the longest you have been away when you ran away from home? _____
15. In the last 12 months, have you ridden in a vehicle with a teenage driver who had been drinking or using drugs? Yes No
16. Have you done something dangerous in the last 12 months, because someone Dared you to? Yes No
If yes, what? _____
17. In the last 12 months:
- a. Have you carried a handgun or other illegal weapon? Yes No
 - b. Have you been in a fight using a weapon or attacked someone with the idea of seriously hurting them? Yes No
 - c. Have you driven a vehicle after drinking or using drugs? Yes No
 - d. Have you attempted suicide? Yes No
18. Do you belong to a gang? Yes No
19. Who do you live with most of the time? _____
20. What are your hobbies or activities you do for fun? _____

Family Functioning

21. Do you spend much time with members of your family? Yes No
22. Do you feel that you could talk well with people in your family and work out problems? Yes No
23. Do you feel close to your parents or other members of your family? Yes No
24. Would your parents (or other family members you live with, know if you did not come home on time? Yes No
25. When you are not at home, does your family know where you are or who You are with? Yes No
26. Do you feel that the rules in your family are clear? Yes No
27. Does anyone in your household or family abuse drugs or alcohol? Yes No

28. Has there been a divorce or separation in your household or family in the past 12 months? Yes No
29. Have you moved (your family moved or you changed households) more than once in the past 12 months? Yes No
30. Does your family expect a phone call if you are late getting home? Yes No
31. Does your family have clear rules about alcohol and drug use? Yes No
32. Do people in your family often yell and insult one another in ways that make you feel uncomfortable or unhappy? Yes No
33. Does anyone in your family let you know when they think you are doing a good job? Yes No
34. Have you ever been a victim of a reported child abuse case? Yes No

Substance Use

35. Do you use alcohol or other drugs that you do not get from your doctor?
 If yes, how old were you when you first started using? _____
 If yes, how often do you use? _____
 If no, have you ever experimented with drugs or alcohol? Yes No
36. Have you ever gone to school while you were drunk or high? Yes No
37. Do your parents or other family member abuse alcohol or other drugs? Yes No

Community

39. Is there an adult in your life that you can trust or talk to?
 If yes, who? _____ Yes No
40. Is there much crime in your neighborhood? Yes No

If you could do anything for an occupation, what would it be? _____