

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

PARENT QUESTIONNAIRE

Your Name _____ Your Relation to Youth _____

Youth's Name _____ Youth's Age _____

Youth's Gender: ☐ Male ☐ Female

1. Who does your child live with most of the time? _____

2. How close do you feel to your child? ☐ Very Close
☐ Somewhat Close
☐ Not Close

3. Does your child have a close relationship with other members of his/her family? ☐ Yes ☐ No

4. Does your child have friends (more than one) who are getting mostly A's and B's in school? ☐ Yes ☐ No

5. Has your child had any problem behaviors at school such as stealing or fighting? When? _____ ☐ Yes ☐ No

6. Are there people in your child's neighborhood who are proud of her/him when he/she does something well? ☐ Yes ☐ No

7. Has your child ever run away from home? ☐ Yes ☐ No
If yes, how many times? _____
What is the longest you child has been away when he/she ran away from home? _____

8. Do you know where your child is when he/she is not at home?
☐ Always
☐ Most of the Time
☐ Some of the Time
☐ None of the Time

9. Does anyone in your child's household or family abuse drugs or alcohol? ☐ Yes ☐ No

10. Has there been a divorce or separation in your child's household or or family in the past 12 months? ☐ Yes ☐ No

11. Has your child moved (family moved or child changed households) more than once in the past 12 months? ☐ Yes ☐ No

12. What does your child do for fun? _____

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?
How many? _____

☐ Yes ☐ No

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? _____