

PARENT/GUARDIAN INFORMATION:

Biological Mother: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Biological Father: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Stepmother: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Stepfather: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

Other/Guardian: _____ Phone (home/cell): _____

Address: _____ DOB: _____

Employment: _____ Work Phone: _____

LEGAL HISTORY:

Did you know where your child was and who he/she was with when they were arrested? _____

Did they have permission from you to be where they were? _____

How do you feel about your child's actions that led to their arrest? _____

Did you punish your child, if so, what punishment?

Have you been arrested, other than minor traffic violations? If yes, when and with what police department? _____

What was the outcome? _____

Are there any other family members who have had any prior criminal history? If yes, please explain.

FAMILY HISTORY:

Parental Marital History:

List All Individuals Living in Your Household:

First	Last	Middle Initial	DOB	Employment/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any history of mental health illnesses or major medical issues of any immediate family members:

Is there a history of alcoholism or substance abuse in your immediate family? If yes, explain. _____

Do you drink? If so, how often and what conditions usually lead to your drinking (i.e.: social, stress, etc.)

Are there any firearms/weapons in your home? _____

If so, are they locked in a secure place? _____

Has your family ever been involved with DCFS? If yes, when, what for and what was the outcome?

How would you describe your relationship with your child? _____

Describe your relationship with your child's other parent. _____

How would you describe your child's relationship with his/her siblings? _____

What are the rules in your home in which your son/daughter are expected to follow? _____

Does your son/daughter follow the rules? _____

When there is a conflict in your home, how is it usually resolved? _____

How would you describe your child's temper? _____

Is he/she easily frustrated? _____

How does your son/daughter handle it when he/she becomes frustrated? _____

What happens at home when your son/daughter does not follow the rules? _____

What kinds of activities does your family do together? _____

Has your child ever ran away from home? _____

If so, how long were they gone for? _____

If so, did you report their runaway to the police? _____

Have you ever kicked your child out of the house? If yes, explain. _____

How do you feel about your child getting into trouble? _____

How do you feel the police, school, courts have handled your son/daughters case so far? _____

SCHOOL INFORMATION:

Is your child in any special education, learning disability or behavioral disorder classes? Yes No
 Special Education Learning Disability Behavioral Disorder

If yes, since what age? _____ Does your son/daughter have an IEP? Yes No

If yes, for what disability? _____

When was it last updated? _____

Do you have regular contact with your child's teachers? If yes, please explain: _____

COMMUNITY/PEERS:

Do you know your son/daughters friends? _____

Have you met their parents? _____

Do you like your son/daughters friends? Why or why not? _____

When your child leaves home, do you generally know where they are and who they are with? _____

ALCOHOL AND DRUGS:

Within the past year, have you talked to your son/daughter about alcohol or drug use? _____

Do you have any reason to believe or suspect that your child may be using any illegal substances? If yes, please explain. _____

Is your child currently involved in a substance abuse or counseling program? Yes No

If yes, please answer:

Name of counselor: _____

Counseling Agency: _____

Date started: _____

How often do they attend? _____

What was the purpose of the counseling? _____

What do you like/dislike about your child's experience? _____

Prior counseling? If yes, please answer:

Name of counselor: _____

Counseling Agency: _____

Date started: _____

How often do they attend? _____

What was the purpose of the counseling? _____

What do you like/dislike about your child's experience? _____

Do you feel your child needs help with drug/alcohol issues? If yes, please explain. _____

HEALTH/MENTAL HEALTH:

Who is your child's primary physician? _____

Address & Phone Number: _____

Does your son/daughter have any current medical problems? If yes, please list: _____

Is your son/daughter currently prescribed any medications? Yes No

If yes, please list: _____

Does your son/daughter take the medications as prescribed? Yes No

If no, please explain: _____

Has your child ever been hospitalized for Mental Health issues? Yes No

If yes, please answer: (if there have been more than one, please write others on the back of page)

Name of Hospital: _____

Reason for Hospitalization: _____

Dates Hospitalized: _____

Diagnosis, if any: _____

Medications prescribed: _____

Has your son/daughter ever been the victim of physical or sexual abuse? Yes No

If yes, please explain: _____

Has anyone in your family ever been diagnosed with a mental health disorder? If yes, please explain.

FINANCIAL INFORMATION:

What type of insurance is your son/daughter covered under?

Medical Card Private Insurance Other _____

If covered under private insurance, please list your insurance provider and primary insurer: _____
