

5. Have any siblings (including half and step) been involved in the criminal justice system?

If so, who? _____ . Offense: _____

6. Has either non-custodial parent been involved in the criminal justice system? _____

If so, which parent? _____

When? _____ Offense(s): _____

7. Do any of the following use alcohol?

biological mother:	No	Yes	Beer	Liquor
biological father	No	Yes	Beer	Liquor
step mother/live-in	No	Yes	Beer	Liquor
step father/live-in	No	Yes	Beer	Liquor

8. Do any of the following use other substances:

biological mother: No Yes Type: _____

How often? _____ Has she ever been in treatment? _____

biological father: No Yes Type: _____

How often? _____ Has he ever been in treatment? _____

step mother/live-in No Yes Type: _____

How often? _____ Has she ever been in treatment? _____

step father/live-in No Yes Type: _____

How often? _____ Has he ever been in treatment? _____

9. Number of residence changes since youth was in first grade: _____

10. Has anyone living in the home or otherwise important to the youth died within the past year?

_____ Who? _____ Relationship: _____

11. Has anyone moved into the home within the past six months? _____

Who? _____ Relationship? _____

12. Has anyone living in the home lost a job within the last 6 months? _____

Who: _____ Reason: _____

13. Is there a history of violence in the home? _____

Describe: _____

14. Education level of biological parents:

Circle highest grade completed

Father 1 2 3 4 5 6 7 8 9 10 11 12 GED college post graduate

Mother 1 2 3 4 5 6 7 8 9 10 11 12 GED college post graduate

15. Has youth run away from home? No Yes

How many times? _____ Duration: _____

When? _____ Where did youth go? _____

IV. INTERPERSONAL RELATIONSHIPS

1. Youth's best friend: _____ Age: _____

2. Youth's sweetheart: _____ Age: _____

3. Is youth sexually active? No Yes

4. Does youth have children? No Yes

If yes, how many? _____ How much contact does youth have with child? _____

Does youth have any financial obligations to the child? No Yes

5. Are any youth's friends involved in the criminal justice system? _____ If yes, please state offenses:

6. Youth chooses friends based on: _____

7. Are parents familiar with youth's friends? No Yes If yes, what is their view or
impression of them? _____

8. From whom does youth receive emotional support? _____

Relationship and age: _____

9. Does youth have a favorite parent? No Yes If yes, who: _____

Why? _____

10. Does youth have a favorite sibling? No Yes If yes, who: _____

Why? _____

11. Who is the youth's most influential friend? _____

Why? _____

What would s/he say to the youth now? _____

12. How many friends does the youth have (according to the youth)? _____ (number)
or Many Few Loner

13. Does youth see him/her self as: Leader Follower Neither Both

Why? _____

14. Does youth claim to be involved with any sort of gang or social clique? No Yes

If yes, explain: _____

15. Does youth have access to any weapons? No Yes

If yes, list weapons: _____

16. Has youth committed a crime with a group of people? No Yes

If yes, what crime, and when? _____

V. EDUCATIONAL INFORMATION

1. Current grade: _____ School: _____

2. Grade repeated _____ Remedial placement: No Yes

Placement: _____ Year placed: _____

3. Out of school suspensions: Yes No Reasons: _____

4. Detentions: Yes No Reasons: _____

5. Bus disciplinary problems: Yes No Reasons: _____

6. In-school suspension this year: _____ How many: _____

7. Days absent this year: _____ Previous year: _____

8. Extracurricular school activities: _____

9. Hobbies/ Interests: _____

10. Future Goals: _____

VI. MENTAL HEALTH / SUBSTANCE ABUSE

1. Psychiatric Inpatient Treatment No Yes

If yes: date: _____ where: _____ referred by: _____

2. Drug / Alcohol Inpatient Treatment: No Yes

If yes: date: _____ where: _____ referred by: _____

3. Counseling / Outpatient Treatment: No Yes

If yes: date: _____ where: _____ referred by: _____

4. Is youth currently on prescription medication: No Yes

If yes: Prescribing physician: _____

Name of medication: _____

5. Does youth report alcohol use? No Yes
If yes: how often _____ amount: _____

6. Does youth report substance abuse? No Yes
If yes: how often _____ substance(s): _____ amount _____

7. Does youth smoke? No Yes
If yes: how many cigarettes per day? _____

8. Is there alcoholism in the biological family? No Yes
If yes: which parent? _____

VII. YOUTH BEHAVIOR AND PSYCHOLOGICAL FUNCTIONING

1. Suicide attempts: No Yes When? _____
Precipitator: _____
Method(s) tried: _____
Outcome: _____

2. Last time client considered suicide: _____
Precipitator: _____
Method Planned: _____

3. Youth's perception of family: Positive Negative Explain: _____

4. Are there reports and/or indications of physical abuse? No Yes
If yes, by whom? _____ When? _____
Describe incident(s): _____

5. Are there reports and/or indications of youth being physically abusive? No Yes
If yes, to whom? _____ When? _____
Describe incident(s): _____

6. Are there reports and/or indications of sexual abuse? No Yes
If yes, by whom? _____ When? _____
Describe incident(s): _____

7. Are there reports and/or indications of youth being sexually abusive? No Yes

If yes, to whom? _____ When? _____

Describe incident(s): _____

8. Has there been any involvement with Children Services? No Yes

If yes, when? _____ Caseworker: _____

Nature of involvement: _____

7. Does CSB currently have an open case with this youth? No Yes

Caseworker: _____ County: _____

Phone number: _____ Date of referral/ initial contact: _____

8. Are there any current psychological evaluations on this youth? No Yes

If yes, psychologist administering testing: _____ Date: _____

9. How does youth view his/her parent's discipline methods? Strict Easy

Why? _____

What would youth change about parent's methods? _____

VIII. SPIRITUAL / RELIGIOUS BACKGROUND

1. Family religious affiliation: _____

2. What is youth's religious preference? _____

3. Does youth claim experimentation with: Satanism Witchcraft Spells Other:

Explain: _____

4. Does youth have a minister/priest/clergyman whom he talks with regularly? Yes No

If yes: Name: _____

Church: _____

Address: _____

Phone Number: _____