Family & Youth Intervention Program

Parent Project – Intake Form

Intake Date_____

Your Name_____ **Client/Child**_____

Address_____ **Contact #**_____

_____ **Alternate #**_____

Class Site_____**Betty Wilson Center**_____ **Facilitators** _____**FYIP Staff**_____

Relationship to Child_____ **Child's Age**_____**M or F**_____

Child's School_____ **Grade Level**_____ **DOB**_____

Primary Language: **English** ☐ **Spanish** ☐ **Other**_____

Referral Source

- ☐ **Self**
- ☐ **FYIP**
- ☐ **School**
- ☐ **Relative**
- ☐ **Police**
- ☐ **Court**
- ☐ **DCFS**
- ☐ **Friend**
- ☐ **Legal**
- ☐ **Medical**
- ☐ **Other (Please Specify**_____

Referral Agency (Name)_____ **Phone #**_____

Case Worker (Name)_____ **Phone #**_____

Probation/Parole Officer (Name)_____ **Phone #**_____

Comments:_____

_____

_____

(See back)

Scale: 1 = No Problem 2 = Sometimes a problem 3 = A problem 4 = A big problem 5 = A huge problem

- **School Attendance 1 2 3 4 5 Number of truancies last semester_____**
- **School performance (grades) 1 2 3 4 5 Grades last semester _____**
- **School performance (behavior) 1 2 3 4 5**
- **Anger management At home (family/parents)? 1 2 3 4 5**
  Friends? 1 2 3 4 5
  School? 1 2 3 4 5
  Authority figures (principal, police officers)? 1 2 3 4 5

Drug use

- **Alcohol I know my child does NOT drink alcohol**
  I suspect my child MAY use alcohol
  I know my child DOES use alcohol (Daily? Weekly? Monthly? Other?)
- **Tobacco I know my child does NOT use tobacco**
  I suspect my child MAY use tobacco
  I know my child DOES use tobacco (Daily? Weekly? Monthly? Other?)
- **Marijuana I know my child does NOT use marijuana**
  I suspect my child MAY use marijuana
  I know my child DOES use marijuana (Daily? Weekly? Monthly? Other?)
- **Crystal, speed, meth I know my child does NOT use crystal, speed, meth**
  I suspect my child MAY use crystal, speed, meth
  I know my child DOES use crystal, speed, meth (Daily? Weekly? Monthly?)

Concerns about other drugs? Which?_____ Why?_____

Evaluating the present situation with your child, how confident do you feel as a parent? Circle the number below that reflects your current feelings.

1 2 3 4 5 6 7 8 9 10

Nothing is going right; things are out of control

Everything is as good as it can be; family interactions are appropriate and comfortable

Comments:_____

_____

_____

Please note: All responses are confidential and are used only to help youngsters and families.