

TRUANCY - PARENT QUESTIONNAIRE FORM

Child _____ School _____ Grade _____

Address _____

Parent _____ Phone _____ Date _____

Parent/Guardian please check the following that apply to your child:

GRADES:

- Performing academically
- Not performing academically
- Has child been evaluated for special education

SCHOOL ATTENDANCE:

- Absenteeism
- Suspensions
- Tardiness
- Class cutting
- Other (please explain)

PHYSICAL SYMPTOMS:

- Frequent injuries
- Frequent physical complaints
- Frequent bruises, cuts or burns
- Signs of Depression
- Other (please explain)
- None of the above

HOME SITUATION:

- Traditional Family
- Modern Family
- Single Family
- Divorced family
- Runaway
- Victim of abuse/neglect
- Drug and /or alcohol abuse
- Death or Illness in the family
- Health Records not current (etc.)
- No medical insurance
- Other (please explain)

BEHAVIOR:

- Discipline problems
- Irresponsible, blaming, denying
- Verbal/physical abuse to others and self
- Obscene language, gestures
- Disrespectful to others and self
- Expresses negative self-concept
- Withdrawn, loner
- Talks of suicide
- Sexually Active
- Destructive
- Stealing
- Lying
- Bullying
- Fighting
- Crying
- Involved in a gang
- Other (please explain)
- None of the above

Please list any additional concerns:
