



DAWSON COUNTY JUVENILE COURT
CHINS TRUANCY PANEL INTAKE QUESTIONNAIRE

JUVENILE'S INFORMATION

NAME: _____ CASE NO: _____

DOB: _____ PLACE OF BIRTH: _____ RACE: _____

SEX (CIRCLE ONE) MALE / FEMALE

ADDRESS: _____

PRIMARY PHONE: _____ CELL PHONE: _____

WHO DOES JUVENILE RESIDE WITH _____

HEALTH INSURANCE PROVIDER & POLICY NUMBER _____

SCHOOL ATTENDING: _____

GRADE: _____ SPECIAL EDUCATION STUDENT? YES / NO

WHAT METHOD OF TRANSPORTATION DOES JUVENILE USE TO GET TO SCHOOL? (CIRCLE ONE)

BUS RIDER

CAR RIDER

WALKS TO SCHOOL

IF CAR RIDER, WHO NORMALLY DROPS OFF/ PICKS UP JUVENILE FROM SCHOOL: _____

IS JUVENILE ENROLLED IN BEFORE OR AFTERSCHOOL CARE? BEFORE AFTER BOTH

IF SO, WHERE: _____

IS JUVENILE EMPLOYED? YES / NO

IF SO, NAME AND PLACE OF EMPLOYMENT: _____

PARENT/GUARDIAN/CUSTODIAN'S INFORMATION

RELATIONSHIP TO JUVENILE: _____

NAME: _____

DOB: _____ PLACE OF BIRTH: _____ RACE: _____

SEX: MALE / FEMALE MAIDEN NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME/RELATIONSHIP/PHONE NUMBER: _____

PLACE OF EMPLOYMENT _____

OCCUPATION: _____

EDUCATION: GRADE COMPLETED _____ HIGH SCHOOL DIPLOMA GED SOME COLLEGE COLLEGE DEGREE

MARITAL STATUS: SINGLE / MARRIED / DIVORCED



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PARENT/GUARDIAN/CUSTODIAN'S INFORMATION

RELATIONSHIP TO JUVENILE: _____

NAME: _____

DOB: _____ PLACE OF BIRTH: _____ RACE: _____

SEX: MALE / FEMALE MAIDEN NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____ CELL PHONE: _____

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PLACE OF EMPLOYMENT _____

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MARITAL STATUS: SINGLE / MARRIED / DIVORCED

SIBLINGS AND/OR OTHER PERSONS LIVING WITH YOUTH

NAME	DOB	RELATIONSHIP TO CHILD
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		

DOES YOUR FAMILY REQUIRE A TRANSLATOR? YES / NO

DOES YOUR FAMILY HAVE RELIABLE TRANSPORTATION? YES / NO



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CURRENT SERVICES SCREENING

The following information is being requested to better understand what services are currently in place for your child. The information will be important to the CHINS Truancy panel to allow the panel members to identify which services are already in place, to avoid recommending a duplicate service.

Does this child currently have an IEP or 504 education plan in place, or is the child in the process of receiving an IEP or 504 education plan? (circle one) YES / NO

Is this child currently involved in any extracurricular activities in school or outside of school? (circle one) YES / NO

If yes, please provide the names of extracurricular activities that the child is involved with:

Is your child attending any afterschool programs? YES / NO

If yes, please provide the name of the afterschool program(s):

Has your child had a recent in School Suspension (ISS) or Out of School Suspension due to behavior: ___ YES ISS ___ YES OSS ___ NO

Is your child currently expelled from school? ___ YES ___ NO

Is getting to school a challenge? ___ YES ___ NO | ___ CAR RIDER ___ BUS RIDER

Does your Child have challenges with or experienced challenges with any of the following?

___ Reading	___ Writing	___ Speech	___ Coping Skills
___ Trauma	___ Anxiety	___ Depression	___ Anger
___ Respecting Authority at Home	___ Respecting Authority at School	___ School Attendance	___ School Behavior
___ Risky Behavior: Tobacco	___ Risky Behavior: Other _____	___ Risky Behavior: Alcohol	___ Risky Behavior: Drugs
___ Verbally Abusive	___ Physically Abusive	___ Mentally/ Emotionally Abusive	___ Bullying
___ Stealing	___ Self-Harm	___ Attempted Suicide	___ NONE



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Is this child/family currently involved in an active Department of Family and Children Services (DFCS) Referral? (circle one) YES / NO

If yes, please provide the name of the case manager: _____

Does your child have any mental health challenges: ___ YES ___ NO

If yes, what is the Child's Diagnosis: _____

Is this child currently being seen by a mental health professional? (circle one) YES / NO

If yes, please provide the name of provider: _____

Does your Child have any current or prior mental health hospitalizations? ___ YES ___ NO

Name of Hospital and Length of Stay: _____

Is the child receiving any current intensive/wrap around services: ___ YES ___ NO

If so, what type: _____

Do you feel that there is any information that the CHINS panel should be aware of regarding your child or the circumstances that led to this referral? (circle one) YES / NO
