

CONNECT PARENT GROUP
Youth Experiences Questionnaire

The following questions may be completed from information obtained by FILE REVIEW, REFERRAL INFORMATION, or INTERVIEW WITH THE PARENTS/CAREGIVERS.

Name of Youth: _____

Interviewer: _____

Date: _____

1. Informant relationship to youth
(e.g., mother, father, foster parent): _____

2. Where is the youth living now?

At home with one or both parent(s)

At home with foster parent(s)

Living with relative(s)

Other: _____

3. How long has the youth lived with this caregiver? _____

4. Is the youth attending school? **Yes** **No** (go to Q. 7)

IF YOUTH IS ATTENDING SCHOOL

5. What grade is the youth in? _____

6. Is the youth in a special class or program? **Yes** (go to Q. 11) **No** (go to Q. 11)

IF YOUTH IS NOT ATTENDING SCHOOL

7. Did the youth stop attending school voluntarily? **Yes** (go to Q. 9) **No**

8. Was the youth expelled or suspended from school?

Yes How many times in the past 6 months? _____ **No**

9. What was the youth's age at leaving school? _____

10. What was the highest grade level completed? _____

WORK

11. Within the past 6 months, has the youth been working?

No (go to Q. 13)

Volunteer job (no pay)

Part-time paid work

Full-time paid work

12. How long has the youth had this job? _____

LEGAL PROBLEMS

13. Has the youth been arrested in the past 6 months?

Yes How many times? _____ No

14. Has the youth been incarcerated in the past 6 months?

Yes How many times? _____ No (go to Q. 16)

15. Within the past 6 months, how many days have been spent in detention/jail? _____

16. Within the past 6 months, has the youth been on probation at any time?

Yes No

17. Within the past 6 months, has the youth been placed out of the home into other settings, excluding incarceration (e.g., foster home, group home)?

Yes What type? _____ How many times? _____

No

HARM TO SELF OR OTHERS

18. Within the past 6 months, has the youth made a threat to kill or seriously harm him/herself?

Yes No Don't know

19. Within the past 6 months, has the youth made a threat to kill or seriously harm someone else?

Yes How often (circle one): Once A few times Often

No Don't know

MENTAL HEALTH

20. Has the youth been hospitalized (including Emergency visits) for behavioural and/or mental health issues?

Yes How often? _____ No Don't know

21. List any diagnoses that have been recorded and/or considered for this youth.

Provisional _____

22. Is there a history of physical abuse? Yes No

23. Is there a history of sexual abuse? Yes No

SUPPORT SERVICES

24. Has the youth received any support services in the past 6 months?

Yes No (go to Q. 26)

25. Which support services have been received in the past 6 months (e.g., child care worker, drug/alcohol counselling, anger management, social skills training, individual/family therapy, etc.)?

26. What services would you like to see available to this youth?