



KENDALL COUNTY COURT SERVICES

807 W. John Street
Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180
F 630-553-4120

Dear Parents:

Your child has been sentenced to a term of Supervision or Probation by the Kendall County Court. Part of this process is obtaining a detailed and accurate personal history and amount of current and past circumstances.

The attached form must be completed in its entirety and returned at your first appointment with your child's probation officer. If any of the questions do not pertain to your child, please note this on the form. If you do not understand a question, please leave it blank and ask the probation officer for clarification at your appointment.

Thank you for your cooperation.

Kendall County Court Services

Juvenile Division



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Parental Questionnaire

Name: _____ **DOB:** _____

LEGAL HISTORY

1. Regarding your child's Offense:

a. How do you feel about your child's involvement in the offense(s) for which your child is involved in court?

b. What were some of the consequences you set for your child at home as a result of their offense?

c. In what ways could your child compensate the victim/community for his/her offense?

d. What do you think an appropriate consequence should be for your child's actions?

e. What steps (if any) have you already taken with your child to repair the harm done or to make sure this behavior will not happen again?

2. Prior/Current Police Contacts:

a. Have you had any prior police contacts other than child traffic incidents? _____.

i. If yes, when and with what Police Department?

b. Are you currently under the supervision of any court or jurisdiction? _____.

i. In yes, when, with what Police Department, and what is the sentence?

3. Has your family ever been involved with DCFS? _____.

a. If yes, when and what was the situation?

b. Was it Founded or Unfounded? _____.

FAMILY:

1. How would you describe your relationship with your child?

- a. Mother: _____

- b. Father: _____

2. Describe your relationship with each other (mother to father).

3. How would you describe child's relationship with their siblings?

4. Who do you believe your child feels closest to in your family and why?

5. Can you give me an example of a recent time when you encouraged your child to learn or try something new or helped them overcome an obstacle?

6. How have your child's actions impacted your family?

- a. Mother: _____

- b. Father: _____

7. Are there any current conflicts at home that you think are affecting the family?

8. What are some of the rules that your child has to follow at home?

9. When conflicts arise at home, how do they typically get resolved?

10. How does your child typically handle it when he/she becomes frustrated?

11. What happens when your child does not follow the rules?

a. Does your child follow consequences handed down by you regularly? _____

12. How do you acknowledge when your child does well?

13. What kinds of activities does your family do together?

a. How often does this occur (daily, weekly, monthly)? _____

14. Has your child ever run away from home? _____

a. If yes, how many times? _____

b. How long did he/she stay away when they ran? _____

c. What was the situation that made them feel like they had to run away?

d. Have you ever kicked your child out of the home? Please explain.

EDUCATION:

1. What school does your child attend? _____ Grade: _____

a. Regular, Special Education, or Honors Program (Circle One)

b. If they have an IEP, What is his/her IEP for?

2. Does your child like his/her school? Why or why not?

3. What are your child's current grades?

**4. In the past 12 months, has your child's grades and issues at school improved, stayed the same or gotten worse?
Please explain.**

5. Does your child have any behavioral or disciplinary issues at school?

6. Is your child involved in any school or after school activities? If so, please explain.

ASSOCIATES AND INTERESTS:

1. Who are your child's closest friends?

2. How would you describe your child's closest friends?

3. Do you approve of your son's/daughter's closest friends? Why or why not?

4. Have you ever had any thoughts or concerns that your child may be involved with a street gang? If yes, please explain.

SUBSTANCE USE AND COUNSELING:

1. Do you have any reason to suspect/believe that your child has ever used or may currently be using any illegal substances? Is yes, please explain.

2. Does anyone in the family currently use drugs or alcohol, or have any history of substance abuse?

3. Is your child currently involved in a substance abuse and/or counseling program? _____

a. If Yes:

i. Name of the Counselor: _____

ii. Counseling Agency: _____

iii. Date Started: _____

iv. How often do they attend? _____

v. What is the purpose of the counseling? _____

vi. What do you like/dislike about your child's experience?

b. Prior Counseling (if yes, see below):

- i. Name of the Counselor: _____
- ii. Counseling Agency: _____
- iii. Date Started: _____
- iv. How often do they attend? _____
- v. What was the purpose of the counseling? _____
- vi. What do you like/dislike about your child's experience?

4. Do you feel that your child is in need of any counseling services at this time? If yes, why?

HOSPITALIZATION AND EMOTIONAL HISTORY:

1. Has your child ever been hospitalized for any psychiatric reason or received any mental health services? _____

a. If yes (if more than once, please write others on the back of the page):

- i. Name of the Hospital: _____
- ii. Reason for the Hospitalization: _____
- iii. Dates Hospitalized: _____
- iv. Diagnosis, if any: _____
- v. Medications Prescribed: _____
- vi. What did you feel was gained from this experience?

2. Has your child ever been the victim of any form of abuse? If yes, please explain.

3. Are you aware of any times when your child had desires to harm themselves or someone else? If yes, please explain.

4. Is there a history of mental health issues by anyone in the family? If yes, please explain.

5. If your child had significant behavioral changes during the time of their offense, what do you attribute those changes? (Change in school, home environment, etc.)

PERSONAL HEALTH:

1. Do you have any health concerns (injuries/illnesses) that you believe we need to be aware of?

2. Do you take any prescribed medications? If yes, please list.

3. Does your child have any current health concerns (injuries/illnesses, or severe allergies)?

1. Please list any medications that your child is taking. (Please list the name of the prescription and reason prescribed)

ADDITIONAL INFORMATION:

1. Is there anything else that you think would be important for us to know about you and/or your family?
