

Caregiver Survey

Caregiver Completing the Survey:

Name: _____

Child's Name: _____

After completing this survey, please return it to:

Program Social Worker Name:

Address:

Phone:

A few of the questions asked here may be similar to those on other forms you are being asked to complete (e.g. the Child Behavior Checklist). However, these few overlapping items are used differently in each form. Finally, if you really don't know the answer to a question, leave it blank. But try as best as you can to answer all the questions.

Many of the questions below are based on your recent experience with this child. We want to know about your experiences with her/him during the **past six months**. But, if you have known the child **less than six months**, then use the number of months you have known her/him when answering questions. If this child is not living with you now, use the last 6 months s/he was in your care.

Home -- this section asks questions about how the child behaves at your home. When answering, circle the number for the response that best fits your experience.

7. In the last 6 months, how often has this child followed reasonable rules and expectations (rules, chores, routines) within the home?

- 1 - All the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - Rarely
- 5 - Never

8. In the last 6 months, how frequently has this child:

	Never	Rarely	Some times	Often	Very Often
a) Threatened to hurt you or another adult in the home?	1	2	3	4	5
b) Harmed or hurt you or another adult in the home?	1	2	3	4	5
c) Threatened to harm or hurt other children at home?	1	2	3	4	5
d) Harmed or hurt other children at home?	1	2	3	4	5
e) Damaged or broke things on purpose around the home?	1	2	3	4	5

9. How much does this child have to be watched to make sure s/he does not get into trouble or hurt anyone in the home?

- 1 - Watched rarely
- 2 - Watched some of the time
- 3 - Watched most of the time
- 4 - Watched all the time

10. How much does your supervision of this child interfere with your work or other things you do around the home?

- 1 - Does not interfere
- 2 - Rarely interferes
- 3- Sometimes interferes
- 4 - Most of the time interferes
- 5 - Always interferes

11. In the last 6 months, how many times has this child run away from home overnight or stayed out all night without permission?

- 1 - None, not run away
- 2 - Once
- 3 - Two or more times

12. In the last 6 months, has s/he run away for a week or longer?

- 1 - No
- 2 - Yes

School/Daycare-- *The following section is about your knowledge of this child's experiences and behavior at school or daycare. Please answer these questions with the following time frame in mind: Think about this child's school behavior during their **most recent quarter (3 months) at school**. If answering during the summer and the child is not in school/daycare, use the final quarter of the past school year.*

13. What school year and quarter are you using when answering questions about this child's behavior at school or day care?

School year: _____

Quarter: 1 - First (Sept.-Nov.)
2 - Second (Nov.-Jan.)
3 - Third (Jan.-Mar.)
4 - Fourth (Apr.-June)

14. During the most recent school quarter (identified above), has this child attended daycare, school or an educational program?

1 - No 2 - Yes

If NO, why?

- 1 ___ too young
- 2 ___ dropped out
- 3 ___ graduated/GED
- 4 ___ other, specify:

If child has NOT been in school/daycare at all, go to Question 20, Page 4 (Community Section)

15. What type of school or daycare program did this child attend during the most recent school quarter? (circle all that apply)

- 1 - regular program
- 2 - vocational program
- 3 - alternative program
- 4 - special education academic

program

- 5 - behaviorally disturbed program
- 6 - other _____

16. During the most recent school quarter, did s/he have problems getting to school or attending classes?

1 - No 2 - Yes

17. During the most recent school quarter did this child:

- | | |
|--|----------------|
| a) Refuse to go to school/daycare (but was not ill) . . . | 1 - No 2 - Yes |
| b) Get suspended from school/daycare due to misbehavior . . . | 1 - No 2 - Yes |
| c) Get sent to detention more than once . . . | 1 - No 2 - Yes |
| d) Get sick and was kept out of school/daycare . . . | 1 - No 2 - Yes |
| e) See the principal or other authority figure more than once . . . | 1 - No 2 - Yes |
| f) Skip school without permission . . . | 1 - No 2 - Yes |
| g) Get expelled from school/daycare due to misbehavior . . . | 1 - No 2 - Yes |

If this child refused to go to school, was expelled or suspended, why?

18. Did s/he receive any special services in school/daycare during the last quarter because of behavior or emotional problems? 1 - No 2 - Yes

19. What services did s/he receive? (check all that apply)

- ☐ No special services received
- ☐ In special class or program at regular school
- ☐ In a special school
- ☐ Other, specify:

20. Is her/his behavior at school/daycare still a problem now? 1 - No 2 - Yes

21. Which best describes this child's grades? (choose one answer)

- 1 - failing all or most classes
- 2 - failing about half her/his classes
- 3 - grade average is lower than 'C'
- 4 - grade average is 'C' or above
- 5 - school/daycare does not use grades

Community: The following questions are about experiences or behaviors this child has had in the community. By "community" we mean your local neighborhood or **other** neighborhoods where this child has spent time while in your care.

22. Has this child carried a gun or other weapon in the last 6 months? 1 - No 2 - Yes

23. To the best of your knowledge, has this child ever carried a gun or other weapon? 1 - No 2 - Yes

24. In the last 6 months how involved has this child been with gang activities?

- 1 - No involvement
- 2 - Very little involvement
- 3- Some involvement
- 4 - A great deal of involvement

25. Has this child been accused of doing inappropriate sexual things? 1 - No 2 - Yes

26. Has this child actually done inappropriate sexual things? 1 - No 2 - Yes

If 'Yes' to either of these 2 questions (#23, #24) on sexual behavior above:

What did this child do?

Was it reported to social services or the police? _____

27. Do you have concerns about other children being around this child because of her/his sexual behavior? 1 - No 2 - Yes

28. During the **last 6 months**, has this child:

- | | | |
|---|--------|---------|
| a) Had any trouble with the law (criminal justice system)? | 1 - No | 2 - Yes |
| b) Been arrested or held in custody by the police? | 1 - No | 2 - Yes |
| c) Been referred to alternative services instead of going to court? | 1 - No | 2 - Yes |
| d) Been convicted of a crime? | 1 - No | 2 - Yes |

29. To the best of your knowledge, has this child:

- | | | |
|--|--------|---------|
| a) Ever had any trouble with the law (criminal justice system)? | 1 - No | 2 - Yes |
| b) Ever been arrested or held in custody by the police? | 1 - No | 2 - Yes |
| c) Ever been referred to alternative services instead of going to court? | 1 - No | 2 - Yes |
| d) Ever been convicted of a crime? | 1 - No | 2 - Yes |

30. Is this child **now** on probation or under court supervision because of breaking the law?

1 - No 2 - Yes

If Yes, please explain:

Other Issues

31. In general, is this child:

- | | | |
|--|--------|---------|
| a) too critical or blaming of her/himself? | 1 - No | 2 - Yes |
| b) too easily upset if s/he makes mistakes? | 1 - No | 2 - Yes |
| c) too sensitive to being corrected or criticized? | 1 - No | 2 - Yes |

32. During the last 6 months has this child said or done anything that makes you think s/he may be suicidal or having suicidal thoughts?

1 - No 2 - Yes

33. Has s/he talked about committing suicide or wanting to kill her/himself?

1 - No 2 - Yes

34a. For girls: Has she ever been pregnant?

1 - No 2 - Yes

If yes, how many times?

___ times pregnant

34b. For boys: Has he ever gotten a young woman pregnant?

1 - No 2 - Yes

If yes, how many times?

___ times

35. In the past 6 months, about how often has this child had alcohol (wine, beer, or hard liquor)?

- 1 - None, no use in past 6 months
2 - Less than once a month
3 - Once a month
4 - Once a week (4 times a month)
5 - More than once a week

36. In the past 6 months, about how often has this child used other drugs (marijuana, speed, crack, or other street drugs)?

- 1 - None, no use in past 6 months
2 - Less than once a month
3 - Once a month
4 - Once a week (4 times a month)
5 - More than once a week

37. In the past 6 months, has this child had a really frightening or stressful experience?

1 - No 2 - Yes If Yes, what happened?:

Thank you very much for answering these questions!.

If you have any comments, questions or concerns please write them in the space below.

Return this survey along with the other completed forms to the project social worker listed on the cover page.

Thank you!