Please help our agency make services better by answering some questions about the services your child received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!!
Please answer the following questions to let us know how your child is doing.

29. Is your child currently living with you?  
☐ Yes  ☐ No

30. Has your child lived in any of the following places in the last 6 months? (CHECK ALL THAT APPLY)
   ☐ a. With one or both parents  ☐ g. Group home
   ☐ b. With another family member  ☐ h. Residential treatment center
   ☐ c. Foster home  ☐ i. Hospital
   ☐ d. Therapeutic foster home  ☐ j. Local jail or detention facility
   ☐ e. Crisis Shelter  ☐ k. State correctional facility
   ☐ f. Homeless shelter  ☐ l. Runaway/homeless/on the streets
   ☐ m. Other (describe): ____________________________

31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)
   ☐ Yes, in a clinic or office  ☐ Yes, but only in a hospital emergency room  ☐ No  ☐ Do not remember

32. Is your child on medication for emotional/behavioral problems?  
☐ Yes  ☐ No

32a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?  
☐ Yes  ☐ No

33. Is your child still getting services from this Center?  
☐ Yes  ☐ No

34. How long did your child receive services from this Center?
   ☐ a. Less than 1 month
   ☐ b. 1 -5 months
   ☐ c. 6 months to 1 year
   ☐ d. More than 1 year (skip to questions 41)

35. Was your child arrested since beginning to receive mental health services?  
☐ Yes  ☐ No

36. Was your child arrested during the 12 months prior to that?  
☐ Yes  ☐ No

37. Since your child began to receive mental health services, have their encounters with the police...
   ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
   ☐ b. stayed the same
   ☐ c. increased
   ☐ d. not applicable (They had no police encounters this year or last year)

38. Was your child expelled or suspended during the last 12 months?  
☐ Yes  ☐ No

39. Was your child expelled or suspended during the 12 months prior to that?  
☐ Yes  ☐ No

40. Since starting to receive services, the number of days my child was in school is
   ☐ a. Greater
   ☐ b. About the same
   ☐ c. Less
   ☐ d. Does not apply (please select why this does not apply)
      i. Child did not have a problem with attendance before starting services
      ii. Child is too young to be in school
      iii. Child was expelled from school
      iv. Child is home schooled
      v. Child dropped out of school
      vi. Other: ____________________________

41. Was your child arrested during the last 12 months?  
☐ Yes  ☐ No

42. Was your child arrested during the 12 months prior to that?  
☐ Yes  ☐ No

43. Over the last year, have your child’s encounters with the police...
   ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
   ☐ b. stayed the same
   ☐ c. increased
   ☐ d. not applicable (They had no police encounters this year or last year)

44. Was your child expelled or suspended during the last 12 months?  
☐ Yes  ☐ No

45. Was your child expelled or suspended during the 12 months prior to that?  
☐ Yes  ☐ No

46. Over the last year, the number of days my child was in school is
   ☐ a. Greater
   ☐ b. About the same
   ☐ c. Less
   ☐ d. Does not apply (please select why this does not apply)
      i. Child did not have a problem with attendance before starting services
      ii. Child is too young to be in school
      iii. Child was expelled from school
      iv. Child is home schooled
      v. Child dropped out of school
      vi. Other: ____________________________
Please answer the following questions to let us know a little about your child.

A. Are either of the child’s parents of Spanish/Hispanic/Latino?
   - ☐ Hispanic or Latino Origin   ☐ Not of Hispanic or Latino Origin

B. What is your Child’s Race? (mark all that apply)
   - ☐ American Indian or Alaska Native   ☐ Asian   ☐ Black (African American)
   - ☐ Native Hawaiian or Other Pacific Islander   ☐ White (Caucasian)   ☐ Other: Describe __________

C. Child’s Birth Date: __________

D. Child’s Gender:   ____ Male   ____ Female

E. Does your child have Medicaid insurance?   ____ Yes   ____ No

Thank you for taking the time to answer these questions!