

SOCIAL HISTORY INTERVIEW FORM

Today's Date: _____ Youth Services Counselor: _____

Court: _____ Judge: _____

IDENTIFYING INFORMATION OF YOUTH

Name: _____ Case Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ Age: _____ Gender: _____ Male: _____ Female: _____

Race: _____ Caucasian _____ African American _____ Hispanic _____ American Indian _____ Asian _____ Other

Ethnicity: _____ Hispanic _____ Non-Hispanic _____ Other

REASONS FOR HEARING

Offense(s) _____

Plea: Admit / Deny / Not Applicable

Date of Adjudication, if applicable: _____

Adjudication: CHINS / Delinquent / Not Applicable

Date of Disposition: _____

Disposition(s): _____

FAMILY HISTORY

Housing and Neighborhood:

Neighborhood: Upper Economic / Middle Class / Low Economic

Crime Rate: High / Moderate / Low

Type of Residence: House / Apartment / Trailer / Other: _____

Buying / Renting: No. of Bedrooms: _____

Does youth have his/her own room? Yes / No If no, shares with: _____

How many years/months has the family resided at this residence? _____

How many times has the family moved in the last 5 years? _____

Person(s) Residing in Home: Number of people residing in residence? _____

Current Caregivers:

Father's Name: _____ DOB: _____ Age: _____

Marital Status: _____ Legally Married _____ Separated _____ Common-Law _____ Widow/Widower _____ Single

Last Grade/Degree Completed: _____

Employment:

Employer: _____

Occupation: _____ Length of time on current job: _____

Criminal History: Yes / No If yes, give offense(s)/dates/disposition: _____

History of mental illness or disability: Yes / No If yes, what/how long? _____

History of drug/alcohol abuse: Yes / No If yes, what/how long/treatment interventions? _____

Notable history of criminal history/mental illness/drug abuse in extended family/paternal side:

Mother's Name: _____ DOB: _____ Age: _____
Marital Status: _____ Legally Married _____ Separated _____ Common-Law _____ Widow/Widower _____ Single
Last Grade/Degree Completed: _____

Employment:

Employer: _____
Occupation: _____ Length of time on current job: _____

Criminal History: Yes / No If yes, give offense(s)/dates/disposition: _____

History of mental illness or disability: Yes / No If yes, what/how long: _____

History of drug/alcohol abuse: Yes / No If yes, what/how long/treatment interventions: _____

Notable history of criminal history/mental illness/drug abuse in extended family/maternal side:

FAMILY ENVIRONMENT

What do you think are the good things about your family life? _____

What are some bad things about your family life? _____

How does the child behave at home? _____

How does the child respond when told to do something by parent? _____

What types of punishments are used in the home and do you think they are effective? (e.g. grounding, spanking, taking away cell phone etc) _____

How does the child respond? _____

What types of rewards are used in the home and do you think they are effective? (e.g. money, video games, pizza etc) _____

How does the child respond? _____

Has your child ever witnessed physical or verbal attacks in his/her home or family? Yes / No

If yes, please explain: _____

CHILD'S HISTORY

Birth:

Natural Child / Adopted Child Full Term Pregnancy: Yes / No If premature, by how much: _____
Any complications: Yes / No If yes, describe: _____
Normal early development: Yes / No If no, explain: _____
Is youth a parent? Yes / No If yes, what is the age of the child: _____
Does the youth have a history of violent and/or aggressive behavior (including threats w/weapon)?
Yes / No If yes, please explain the behavior?: _____

Number of prior incidents where the youth harmed someone or threatened harm with a weapon: _____
Does the youth have a history of other delinquent behavior? Yes / No
Number of prior incidents where the youth has done other delinquent things (e.g., stealing, breaking into homes, etc): _____
If yes, please explain the behavior and the age it started: _____

Physical/Mental Health

Has/does youth have any serious illnesses or injuries? Yes / No
If yes, what? _____ When? _____
Currently on medication? Yes / No If yes, what? _____
Has youth ever been evaluated by a Psychologist? Yes / No or Psychiatrist? Yes / No
Year of evaluation: _____ Reason for evaluation: _____
Any Diagnoses: _____
Currently receiving mental health services? Yes / No If yes, what services and with whom? _____

Has youth ever attended outpatient mental health treatment? Yes / No
Currently receiving outpatient treatment? Yes / No
Has youth ever received a psychiatric hospitalization? Yes / No
Number of psychiatric hospitalizations: _____ Where? _____
Did youth attend and actively participate in mental health treatment if court mandated? Yes/ No
If yes, where? _____

Youth currently enrolled in school? Yes / No Where? _____
Grade: _____ Classes: Regular / Special Education
Attendance: Regular / Minor problems / Irregular / Dropped out
If not attending school, why? _____
If not enrolled in school, last school attended: _____ Grade: _____
Has youth ever failed or been retained? Yes / No Grade(s) _____
Does youth have discipline problems in school? Yes / No
If yes, problems referred to school offices during current and/or past school year: _____

Has youth obtained and/or working on a GED, correspondence courses or vocational training?
Yes / No Completed: Yes / No If yes, when? _____

Substance Abuse:

Youth's Drug use: Regular / Occasional / Experimental only / Suspected / No use
Drug(s) of choice: _____

Age of first drug usage: _____
Youth's Alcohol use: Regular / Occasional / Experimental only / Suspected / No use
Alcoholic beverage(s) of choice: _____
Age of first alcoholic drink: _____
Does your child have a problem with drugs or alcohol? Yes / No
Has your child had substance abuse treatment in the past? Yes / No
If yes, how did he/she do in the treatment?

Did he/ she attend all the sessions? _____
Did the counselors note progress? _____

Number of substance abuse residential treatment facilities: _____
Name of facility(s): _____

Number of times in substance abuse outpatient treatment: _____
Name of facility(s) and/or program(s): _____

Abuse/Neglect:
Is/has youth been physically abused: Yes / No If yes, age of first physical abuse: _____
If yes, please explain (*who was the abuser, frequency*): _____

Was the alleged physical abuse reported to DHS: Yes / No

Is/has youth been sexually abused: Yes / No
If yes, please explain, including age and other important information? (*who was the abuser, frequency*): _____

Was the alleged sexual abuse reported to DHS? Yes / No
Was the youth ever involved in counseling to address any abuse? Yes / No
Has the youth been seriously neglected (*e.g., abandoned by a parent, lacking food or clothes*)? Yes / No
If yes, age neglect started: _____ Please explain: _____

Child Welfare Involvement:
Is child DHS/Family & Children Services currently involved with your child? Yes / No
Has a child welfare agency ever been involved with your child? Yes / No
Date of first investigation for child welfare: ___ / ___ / ___
Number of previous investigations for child welfare: _____
Has your child ever been placed out of the home for the child's welfare? Yes / No
If yes, age of first placement: _____

Youth Employment:
Is youth currently employed: Yes / No If yes, where employed: _____
Type of work: _____
Does youth have any other income: Yes / No If yes, what source: _____
Have there been any problems with employers currently or in the past? (*fired, suspended*) Yes / No
If yes, please explain: _____

PEER RELATIONSHIPS

Does your child go to friends' houses or have friends over to visit? Yes / No

Does your child have a best friend? Yes / No If so whom? _____ If yes, how do you feel about this particular friend? _____

How does the child get along with friends? What types of things does your child do with his/her friends? _____

What kinds of friends does your child have? Do you have any concerns about his friends (e.g., they do drugs, they don't go to school, they are in gangs or like to fight)? _____

Do you see your child's friends as positive / negative influence / both?
As far as you know, has your child ever been significantly teased, picked on, or bullied by peers?
Yes / No
If yes, please explain, when did this occur? _____

As far as you know, has your child bullied, teased, or picked on others? Yes / No
If yes, please explain: _____

Do you see your child as a leader, follower, or both? (Circle one)
Does your child associate with street gang members? Yes / No
If yes, Gang "set" youth identifies with: _____
Have you ever seen your child be rejected by his or her peers on a consistent basis: Yes / No
If so please explain: _____

Out-of-Home Living Arrangements:

Has your child ever been separated from his/her primary caregiver (or you, if they are the primary) for a period of a few months or more? (e.g., due to divorce, institutionalized parent, etc) Yes / No
If yes, what was the youngest age of first separation? _____
If yes, please explain separations, including dates or other important information: _____

Has youth ever been in a residential treatment facility or a correctional facility? Yes / No
If yes, where/dates: _____

If the current home situation becomes unhealthy, is there other family your child could live with? (list name and the relationship) _____

LEISURE ACTIVITIES:

Does youth participate in any organized activities outside of school? Yes / No
If yes, what do they do? (church, sports, after school programs, etc.) _____

Does youth have any hobbies or special interests? Yes / No
If yes, what do they do? _____

How does youth spend most of his/her free time? _____

PERSONALITY TRAITS:

Does your child have problems with any particular authority figure(s)? (parents, teachers, bosses, probation, etc) Yes / No If yes, please explain: _____

How does your child deal with stress? (e.g., temper tantrum, withdraw, use drugs or alcohol, skip school) _____

What are some areas in your child's life that may cause them stress? (being bullied, not getting along with friends, bad grades, poor self-image) _____

Does your child ever seem to feel guilty when he/she does something bad? Yes / No
If yes, please explain with examples: _____

Does your child ever show signs of understanding how others are feeling when they are upset?
Yes / No If yes, please explain with examples: _____

Does your child get angry easily? Yes / No If yes, please explain with examples: _____

To your knowledge, has your child ever threatened someone? Yes / No
If yes, please explain: _____

How does your child feel about rules and laws? _____

Does your child tend to blame others for his/her actions or misbehaviors? Yes / No
If yes, please explain: _____

Does your child tend to attack people or lose his/her temper when others do or say something that is harmless or innocent? Yes / No If yes, please explain: _____

Is your child impulsive, that is, does he/she tend to do troublesome things or make bad decisions without thinking ahead or considering the consequences? Yes / No If yes, please explain: _____

How does your child resolve conflicts with others? _____

Does your child tend to live his/her life recklessly? (i.e., do they engage in risky or dangerous behaviors) Yes / No If yes, please explain: _____

Does your child understand and appreciate the need for treatment and help for their difficulties? Yes / No If yes or no, please explain: _____

Is your child motivated to accept help and work to get better? Yes / No
If yes or no, please explain: _____

SUPPORTS:

Are there any reliable adults in your child's life who he/she can turn to for support and help? Yes / No If yes or no, please explain: _____

Does your child turn to adults for help in times of stress or need? Yes / No If so whom? _____
If yes or no, please explain: _____

What are your child's strengths? _____