



Assigned Group _____

Date _____

PARENT INFORMATION

Please complete the form below. All information will remain confidential within the leadership of BILY. Contact information is used solely for BILY-related communications.

Parent(s) name(s): _____
 Home address, city and zip: _____
 Cell phone _____ E-mail _____
 Marital status _____ How did you learn of BILY? _____

Fill in name, age, and school of attendance (if any) of your children below, and check the box next to the child(ren) whose behavior caused you to attend tonight.

Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

Assessing your situation, please reflect back over the **past six months**. Check the boxes below, if:

As parents . . .

- You and your mate have argued about how to handle your child's behavior
- You have been worried about your child's future
- You and/or your mate have lost time from work due to your child

Your child . . .

Has	Occasionally	Frequently	Routinely
Come Home Late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Other Illegal Drugs *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* (list other drugs here) _____

Your child . . .

Has run away:	<input type="checkbox"/> Overnight	<input type="checkbox"/> Several days	<input type="checkbox"/> A week	<input type="checkbox"/> More than a week
Has been physically abusive to:	<input type="checkbox"/> You/mate	<input type="checkbox"/> Siblings	<input type="checkbox"/> Themselves	<input type="checkbox"/> Home/assets
At school has been:	<input type="checkbox"/> Late	<input type="checkbox"/> Truant	<input type="checkbox"/> Suspended	
With the legal system has been	<input type="checkbox"/> Arrested	<input type="checkbox"/> On probation	<input type="checkbox"/> Other	
Has been verbally abusive and/or disrespectful to:	<input type="checkbox"/> You	<input type="checkbox"/> Your mate	<input type="checkbox"/> Other authority	<input type="checkbox"/> Siblings

Use the space below to share other information or concerns. _____

