



Syracuse Youth Court
1979 West 1900 South
Syracuse, UT 84075
Email: syracuseyc@gmail.com

Court Director
Lori Smith
Phone: (801) 309-3364
(text preferred)

Parent/Guardian Pre-Participation Questionnaire Date: _____

Please answer all questions accurately and completely. The information requested in this questionnaire is treated **confidentially**, and it is used to determine any additional services that you or your child may need.

Name of child participating in Youth Court: _____

Your Name: _____ Relationship to child: _____

1. Has your child ever been charged with any offense before? Yes No If yes, what was the offense, and when was he/she charged? _____
2. Briefly describe why/how you think the incident in question happened:

3. Briefly describe how you disciplined your child for this incident and for what length of time:

4. Do you think your child is **currently** using alcohol, or other drugs? Yes No If yes, list what you think is his/her drug of choice and how often he/she is using: _____
5. What kinds of family activities do you do with your child?

6. What type of grades does your child earn? Failing Average Good Excellent
7. Has your child skipped school/received a truancy ticket? Yes No If yes, how many? _____
8. Do you approve of your child's group of friends? Yes No If no, please explain why:

9. Does your child have any diagnosed learning disabilities? Yes No If yes, please provide a brief description of any treatment, including school IEP.

10. Are there any important personal or family issues that you feel we could help your child with? Yes No
If yes, please explain:

11. Please list any other concerns that you think would be of value about your child or this case.

If you need more space, please turn over and use the back. Thanks for your participation.