

Probation/Parole Officer Questionnaire

Name of Child _____ Board #: _____ Return by: ___/___/___

Describe the problem that brought the child into care:



What do you understand to be permanency objective for the child?	<input type="checkbox"/> Reunification	<input type="checkbox"/> Long-term foster care	<input type="checkbox"/> Guardianship
	<input type="checkbox"/> Adoption	<input type="checkbox"/> Independent living	<input type="checkbox"/> Self-sufficiency
	<input type="checkbox"/> In transition	<input type="checkbox"/> No plan	<input type="checkbox"/> Unclear

If the child is a ward of HHS, have you received a copy of the written HHS Case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Were you involved in formulating the Case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the child is not a ward of HHS, have you developed a permanency plan for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Court order reflect the permanency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please estimate how long you think it will take to accomplish the plan.

Please describe any barriers you think exist to that might keep this plan from succeeding.

Please describe any services that you feel need to be provided to the family.

Please describe any problems that still exist that precipitated placement outside of the home.

Do you feel the child could return home safely at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with services (Please describe) <hr/> <hr/>
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What are the conditions the youth must abide by as a condition of their probation /parole	<hr/> <hr/> <hr/> <hr/>
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Is the youth meeting the conditions of their probation/parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Has the youth committed any new law violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
When did you last visit the youth you are assigned? ___/___/___	
Has the child been restrained in their placement either chemically or physically or by isolation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, when and by whom were you notified?	

Please include here any other information that you would like the Board to know; feel free to add extra pages if you need more room.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272