



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.

**<1>** Parent(s) name(s): \_\_\_\_\_  
 Home address, city and zip: \_\_\_\_\_  
 Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Marital status \_\_\_\_\_ How did you learn of BILY? \_\_\_\_\_

**<2>** 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: \_\_\_\_\_

**<3>** 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"/>
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

**<4>** Use the space below to share other information or concerns. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_