



**Who is the primary disciplinarian for the child(ren)?:**

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**Briefly describe your behavioral management strategies for discipline:**

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**What type of behavioral management strategies did your parents use? Explain:**

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**Do you use corporal punishment? Yes  No  If yes, explain:**

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**Briefly describe behavioral concerns for school (or daycare)?:**

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**Have you or your children witnessed or been a victim of abuse? Yes  No  Explain the abusive incident (in detail):**

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**Have you ever been violent toward children? Yes  No  If yes, explain:**

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**Are the children (child) violent towards others? Yes  No  If yes, explain:**

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Have you or your children ever been violent toward animals? Yes  No  If yes, explain:

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History of Alcohol or Drug Abuse: Yes  No

If so, how often: \_\_\_\_\_ what type? \_\_\_\_\_

Detail the concern (s) that you would like to explore with the parenting support course.

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List history of agency involvement (DFCS, DJJ, and Law Enforcement). Briefly explain the involvement:

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Legal history: Parent  or child  List Charges:

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Provide a detailed history of Mental Health Treatment for all household members:

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List any current or past medication for all household members: Yes  No

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**EDUCATION**

Have you ever participated in school activities with your child? Yes  No

ie: sporting events, musical events, regularly participate in

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Does your child have emotional & behavior problems? Yes  No

How were these issues resolved?

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Has your child received special help for emotional or behavioral problems in school? Yes  No

Has this child ever received special education services? Yes  No

What Services? Is there an IEP / SST-team evaluation? Yes  No

Have you ever been called to the school due to attendance & or behavioral problems? Yes  No

If so, explain: \_\_\_\_\_

Did you go? Yes  No

How were these issues resolved? \_\_\_\_\_

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Do you attend parent teacher conferences regularly? Yes  No

If yes, when was the last time you attended one? \_\_\_\_\_

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Do you believe that your child is working at grade level & or meeting the school expectations? Yes  No

If not, how long has this been going on? \_\_\_\_\_

Do you believe that your child makes effort & wants to be successful in school? Yes  No

Have you made any efforts to help him/her with school work, (i.e. got a tutor or met with the teacher to discuss strategies to help your child's learning)? Yes  No  If so, what did you do differently at home? \_\_\_\_\_

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Does your child attend classes regularly? Yes  No

a. no truancy = YES b. minor truancy (1-5 times a year) = YES c. extensive truancy = NO

What about his/her friends? Do you know his/her friends? Yes  No

Do they attend classes regularly? Yes  No

Why do you think the child gets into trouble at school?

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#### SUBSTANCE ABUSE

Does your child have a drug or alcohol problem? Yes  No  If the answer is no omit the following questions, & ask questions about the adult's usage.

Have you ever confronted your child about their drug or alcohol usage? Yes  No

If yes what happened? \_\_\_\_\_

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Do you believe that your child gets into trouble at school because he / she uses drugs or alcohol? Yes  No

Do you believe that your child gets into trouble at school because of other reasons? Yes  No

Has your child ever missed school or arrived late for school because of alcohol or drug use? Yes  No

Have you ever arranged for your child to receive services to deal with their drug or alcohol problem? Yes  No

If so when & where? \_\_\_\_\_

How many times? \_\_\_\_\_ What was the results? \_\_\_\_\_

To your knowledge has your child driven a car while drunk or high during the past month? Yes  No

Does your child seem to forget things he/she did while drinking or using drugs? Yes  No

Has your son / daughter's friends ever brought drugs / alcohol into your home? Yes  No

If so, what did you do about it? \_\_\_\_\_

(I'm now going to ask you about your own usage of drugs/alcohol)

#### ADULT SUBSTANCE ABUSE

How would you describe your usage of alcohol/drugs? \_\_\_\_\_

How much do you drink? a. rarely (couple of times a year) b. sometimes c. frequent (daily)

Describe your drinking habits. \_\_\_\_\_

Do you feel that using drugs or alcohol helps you cope with your problems? Yes  No

If yes, how so? \_\_\_\_\_

Have you ever had a car accident while you were high on alcohol or drugs? Yes  No

Have you ever accidentally hurt yourself or someone else (including your children) while high on alcohol or drugs?  
Yes  No

During the past 12 months have you driven a car while you were drunk or high? Yes  No

Do you forget things you did while drinking or using drugs? Yes  No

Does alcohol or drugs use cause your moods to change quickly like from happy to sad or sad to happy? Yes  No

Have you ever missed work because you were hung over or partied too late the night before? Yes  No

Do you find it hard to support your family because you spend too much money on drugs or alcohol? Yes  No

Do any of your children or extended family members tell you to cut down on your drinking or drug use? Yes  No

Do you ever argue with friends or family members about your drinking or drug use? Yes  No

Do you have friends that feel comfortable bringing drugs or alcohol into your house? Yes  No

#### MENTAL HEALTH

Has your child ever been evaluated/assessed for mental health/behavior problems? Yes  No

Has your child been placed on medication? Yes  No

Is your child taking any medication for a mental health problem? Yes  No

If yes, who prescribed the medication? \_\_\_\_\_

If yes, for what problem? \_\_\_\_\_

Is the medication helping to appropriately address the issues? Yes  No

How long has your child been taking the medication? \_\_\_\_\_

Should he / she be taking medication? Yes  No

Has your child ever received Psychological services? Yes  No

By whom? \_\_\_\_\_

Does your child tell you that he/she hears things no one else around him/her hears? Yes  No

Do you have rules about what your child can & cannot do? Yes  No  How does he/she generally respond to these?  
\_\_\_\_\_  
\_\_\_\_\_

Do you think your child loses control & gets into fights easily? Yes  No

Do you & your child argue a lot? Yes  No

If yes, what do you argue about? \_\_\_\_\_

How do these arguments usually end? \_\_\_\_\_

Do you believe that your child has a hot temper? Yes  No

Does your child seem sad most of the time? Yes  No

Does your child have trouble sleeping? Yes  No

Are there recent changes in your child's sleep pattern? Yes  No

If yes, please describe: \_\_\_\_\_

Does your child sleep too much? Yes  No

How much time does your child spend sleeping each day? \_\_\_\_\_

Is your child restless & can't sit still? Yes  No

If yes, please describe \_\_\_\_\_

How would you describe your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she have one best friend, many or none?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child cry frequently? Yes  No  If yes, what does he/she cry about?  
\_\_\_\_\_  
\_\_\_\_\_

### **SOCIAL RELATIONSHIPS**

Do you approve of your child's friends? Yes  No

What causes you the most concern about his / her friends?  
\_\_\_\_\_  
\_\_\_\_\_

Who is your child's closest friend? \_\_\_\_\_

KNOWS NAME Yes  No

Do you know this child's family? Yes  No

From your perspective, why does your child like his / her friend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talk with friend = YES

a. do things together (less emphasis on talking or sharing feelings) = YES

b. has none = NO

Yes  No

Does your child like to hang out with a group, or one or two friends at a time?

- a. prefers individual friends
- b. b. mixed
- c. prefers groups
- d. don't know

Has your child's friends ever been in trouble with school or the law? Yes  No

What kind of trouble? \_\_\_\_\_

How do you know this? \_\_\_\_\_

Do you know if your child's friends use drugs or alcohol? (Yes they use/No they do not) Yes  No

**FAMILY RELATIONSHIPS/PARENTING SKILL**

(To Parent: Your relationship with your child is critical. I need an understanding on what happened with the relationship.)

How would you describe your current relationship with your child? \_\_\_\_\_

\_\_\_\_\_

Has your child ever lived away from you for any length of time? Yes  No

a. If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

With whom? \_\_\_\_\_

What does your child do that makes you the angriest? \_\_\_\_\_

\_\_\_\_\_

When did you notice that your relationship with your child had gotten worse? \_\_\_\_\_

\_\_\_\_\_

What was your relationship life before it became so difficult? \_\_\_\_\_

\_\_\_\_\_

What could make it better? \_\_\_\_\_

\_\_\_\_\_

Do you think you are consistent in your disciplinary practices? \_\_\_\_\_

\_\_\_\_\_

What disciplinary practice re you the most comfortable with? The least? \_\_\_\_\_

\_\_\_\_\_

What does your child do that really sets you off? \_\_\_\_\_

\_\_\_\_\_

Do you have rules for your child? What are they? \_\_\_\_\_

\_\_\_\_\_

What happens when your child breaks the rules? \_\_\_\_\_

Who do you talk to when you have problems with your child? Family members / friends / no one / other

Is there anyone in the family who can give you a break when you need time away from your child?

What area of parenting do you find the most difficult? \_\_\_\_\_

Where have you gotten the best advice about parenting? \_\_\_\_\_

What do you think you do best as a parent? \_\_\_\_\_

When your teen was a child & he / she got hurt how did you handle it? \_\_\_\_\_

Who prepares your child's meals? \_\_\_\_\_

Who selects & buys your child's clothing? \_\_\_\_\_

Who takes your child to the doctor / dentist? \_\_\_\_\_

What does your child like to do? \_\_\_\_\_

What makes your child feel good? \_\_\_\_\_

What do you do for fun with your child? \_\_\_\_\_

Does your child talk to you about problems he / she may be having? Yes  No

When does he / she do that? \_\_\_\_\_

What kinds of behaviors do you praise your child for? How often? \_\_\_\_\_

Does our child have a positive relationship with his / her father / mother? \_\_\_\_\_



**Tell me about the family you grew up in. What are some of your happy memories? Your hurtful memories? \_\_\_\_\_**

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**What was your relationship like with your parents? \_\_\_\_\_**

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\_\_\_\_\_9. I understand by signing this contract I authorize the release of all information and acknowledge that the **Parenting Support Program** does not limit confidentiality and may release information to liaisons, referring courts, law enforcement, department staff and monitors, the Department's Probation Division, the Board of Pardons and Paroles.

\_\_\_\_\_10. I understand that reporting to class without the handbook will result in an extra class for each day that I report to class without my book. If I must replace the handbook, then I must pay \$25 to obtain a new book.

\_\_\_\_\_11. I understand that there is a dress code for attending sessions. No tank tops, short shorts, or article of clothing displaying drug related wording or pictures.

**Participants also acknowledge Parenting Support's duty to warn policy, mandatory reporting requirements and programmatic responses or breaking the contract.**

**I have read or had read to me the above statements, and I understand my responsibilities outlined in this contract for participation in the Parenting Support Program. Therefore, my signature signifies that I accept and agree to the requirements and rules of the Parenting Support Program.**

\_\_\_\_\_  
Print Full Name (Legal Name)

\_\_\_\_\_  
Signature of Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCMS Staff Witness Print Full Name (Legal Name)

\_\_\_\_\_  
PCMS Staff Signature of Full Name

\_\_\_\_\_  
Date

*PeaceWay Counseling & Mediation Services, Inc.*

2405 Bemiss Road  
Valdosta, Georgia 31602  
Tel. (229) 333-2351  
Fax (229) 333-2353

**Parenting Support Program Contract**

Instructions: Read each line and place your initials on the line beside each statement.

\_\_\_\_\_ 1. I understand that I must participate in the initial orientation and an intake/screening interview. I understand that neither the orientation nor the intake/screening interview count towards the number of sessions required.

\_\_\_\_\_ 2. I will attend \_\_\_\_\_. I will be on time participating adequately, paying all required fees, completing all assignments and adhering to the contract.

\_\_\_\_\_ 3. I understand that two (2) absences will result in automatic termination from the program unless a leave of absence has been approved by the referral source and the PeaceWay program consultant, prior to the second (2<sup>nd</sup>) absence. Lateness is considered an absence.

\_\_\_\_\_ 4. I understand every time I accumulate three (3) tardies this will add an additional class to the total number of classes I must complete. Please note that no one will be allowed in the class if they are more than fifteen (15) minutes late. **If you are terminated from the group you will be subject to a re-enrollment fee of \$75.**

\_\_\_\_\_ 5. I am responsible for all fees to be paid at the time service is rendered. Payment must be in the form of a money order, cashier's check, credit or debit card. **NO CASH OR PERSONAL CHECKS.** There is a \$3 processing fee for all debit or credit card payments.

\_\_\_\_\_ 6. I agree to be alcohol and drug-free for all parenting support sessions.

\_\_\_\_\_ 7. I will respect others and group rules.

\_\_\_\_\_ 8. I will complete the **Parenting Support Program** where I originally enrolled unless approval to change **Parenting Support Program** location is obtained from the court or other referral and the original program director.

\_\_\_\_\_9. I understand by signing this contract I authorize the release of all information and acknowledge that the **Parenting Support Program** does not limit confidentiality and may release information to liaisons, referring courts, law enforcement, department staff and monitors, the Department's Probation Division, the Board of Pardons and Paroles.

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\_\_\_\_\_  
Print Full Name (Legal Name)

\_\_\_\_\_  
Signature of Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCMS Staff Witness Print Full Name (Legal Name)

\_\_\_\_\_  
PCMS Staff Signature of Full Name

\_\_\_\_\_  
Date