

**OSAGE NATION SOCIAL SERVICES  
CHILD AND FAMILY ASSESSMENT**

**SUPPLEMENTAL QUESTIONNAIRE:  
CHILD BEHAVIORS**

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| 1. Has your child ever been in a physical fight?<br>If yes, please explain:                              | Yes | No |
| 2. Did anyone get hurt?<br>How badly?  | Yes | No |
| 3. What was the age of the other person? _____   |     |    |
| 4. Has your child had more than one physical fight in the last year?<br>If yes, how many? _____          | Yes | No |
| 5. Has your child ever assaulted an authority figure?<br>If yes, please explain:                         | Yes | No |
| 6. Has your child ever been involved in an assault that led to charges?<br>If yes, please explain:       | Yes | No |
| 7. Has your child ever carried a weapon?<br>If yes, please explain:                                      | Yes | No |
| 8. Has your child ever used a weapon to commit a crime?<br>If yes, please explain:                       | Yes | No |
| 9. Has your child ever hurt anyone physically or sexually?<br>If yes, please explain:                    | Yes | No |
| 10. Has your child ever run away?<br>If so, how many times? _____<br>Where did your child run away from? | Yes | No |
| 11. Is your child currently involved with a gang?<br>If yes, which gang?                                 | Yes | No |

12. Has your child ever been involved with a gang? Yes    No  
If yes, which gang?

13. Has your child ever stayed out all night against your wishes? Yes    No  
If yes, what did your child do when he/she stayed out all night?

14. Does your child currently have charges pending against him/her? Yes    No  
If yes, please complete the following:  
List charges:

What are your thoughts about the incident your child was involved in?

What punishment has your child received at home?

15. Has your child been arrested for anything other than the present charge? Yes    No  
If yes, please complete the following:  
When was he/she arrested? \_\_\_\_\_ Where? \_\_\_\_\_ County: \_\_\_\_\_  
Why was he/she arrested?

What happened with regard to that arrest?

16. Is your child currently on probation? Yes    No  
If yes, please complete the following:  
Date of next court hearing \_\_\_\_\_ County \_\_\_\_\_ Judge \_\_\_\_\_  
OJA Worker: \_\_\_\_\_ Worker's Phone # \_\_\_\_\_  
When did your child's probation begin? \_\_\_\_\_ When does your child's probation end? \_\_\_\_\_

17. Is your child required to complete any conditions for his/her probation? Yes    No  
If yes, please list conditions (such as community service, drug testing):

18. Which conditions has your child completed?

19. Has your child had any other contact with the police or OJA? Yes    No  
If yes, please explain:

20. Please write any comments or questions that you have about your child's behaviors and/or information regarding services/resources?