

Other:													
Other:													

Are your child's parents: Married Unmarried Separated Divorced Date of Separation:

Concerns about your child (please check all that apply): Alcohol/Drug Use Tobacco Sexual Activity Behaviors Mood/Emotions learning ability body is growing getting along with others

Is violence at home a concern? Yes No
No

Are there pets in the home? Yes

Are there guns in the home? Yes No
No

Do any family members smoke? Yes