

Assessment:

Living Situation - Adolescent

1. Have you ever lived away from your parents for any reason?

- No
- Yes

1a . What was the reason for you living away from your parents?

- Gone to camp
- Visit with relatives
- Parents emigrated to new country
- Foster home
- Group home
- Jail or Juvenile Detention
- Other (Specify:_____)

2. Were you placed in foster care?

- No
- Yes

2a. How many times were you placed in foster care?

_____ times

2b. For what length(s) of time were you placed in foster care?

2c. How old were you each time you were placed in foster care?

3. Why were you placed in foster home?

- Parent is unable to pick me up from place I was
- Parent is unable to care for me because of illness or accident
- Parent is in jail
- Parent is suspected of abuse or neglect
- Parent is unable to control my behavior

4. Have you lived in a group home or treatment facility?

No
Yes

4a. How many times have you lived in a group home or treatment facility?
_____times

4b. For what length(s) of time were you placed in a group home or treatment facility?

4c. How old were you each time you were placed in a group home or treatment facility?

5. Have you ever been put in jail or juvenile hall or detention center?

No
Yes

5a. How many times were you put in jail or juvenile hall or detention center?
_____times

5b. For what length(s) of time were you put in jail or juvenile hall or detention center?

5c. How old were you each time you were placed in jail or juvenile hall or detention center?
