

Connections Program
Social Worker Client Questionnaire

Client Name

Last _____ **First** _____ **Middle** _____

Does this youth have any nicknames? _____

Age _____ Date of Birth: ____/____/____ Sex: **M** ____ **F** ____

Biological Family Contact Information:

Can youth have contact with biological parents? ____ Yes ____ No

If yes, please list names and contact information below (if unknown leave blank):

Mother's Name: _____

Last known address: _____

City: _____ State: _____ Zip _____

Phone: _____

Status of relationship: ____ no relationship ____ Poor ____ Just ok ____ Good

Father's Name: _____

Last known address: _____

City: _____ State: _____ Zip _____

Phone: _____

Status of relationship: ____ no relationship ____ Poor ____ Just ok ____ Good

Can youth have contact with biological siblings? ____ Yes ____ No

If yes, please list names and contact information below (if unknown leave blank):

Sibling's Name: _____

Last known address: _____

City: _____ State: _____ Zip _____

Phone: _____

Status of relationship: ____ no relationship ____ Poor ____ Just ok ____ Good

Siblings's Name: _____

Last known address: _____

City: _____ State: _____ Zip _____

Phone: _____

Status of relationship: ___ no relationship ___ Poor ___ Just ok ___ Good
(if there are more siblings please attach a list and contact information)

Education:

Is youth on track to graduate: ___ Yes ___ No

If no, what is the main reason (check all that apply)? ___ Academic progress
___ Attendance ___ Behavior Other: _____

Does youth have an IEP? ___ Yes ___ No

If yes, please explain and attach a copy of the youth's IEP:

Is this youth involved in any extracurricular and or community activities?

___ Yes ___ No If yes, please list the activity/organization, days of week, and times youth attends: _____

What goals do you and your client have for the following areas?(please attach youth's independent living skills plan (ILSP) if one has been developed)

Education:

Previous/current achievements: _____

High School Goals: _____

Secondary Education Goals: _____

Major(s) youth is interested in: _____

Employment:

Is youth currently working? ____ Yes ____ No

If yes, where is youth employed? _____

How long has youth been working there? _____

What type of work is this? _____

Is this a first job? ____ Yes ____ No

If no, please complete the information below for previous employment:

Employer: _____

How long did youth work there? _____

Type of work? _____

Employer: _____

How long did youth work there? _____

Type of work? _____

Short-term Employment Goals (resume, training etc.) _____

Long-term Employment/Career Goals: _____

Housing:

Short-term housing goals: _____

Long-term housing goals (after emancipation): _____

Is youth connected with any housing programs? ____ Yes ____ No

If yes, please provide detailed information: _____

Personal Information:

Does this youth seem to develop healthy relationships with his/her peers, explain?

What would you say are some of this youth's strengths?

What are some things that this youth is interested in/hobbies?

What would you say are areas in which this youth needs to improve?

How would you describe the overall attitude of this youth?

What do you see as being major inhibitors of this youth's overall development?

How would you describe this youth's communication skills?

Does this youth have any criminal history and, if so, briefly list the offenses.
(Anything violent or dangerous to others, are they currently on probation?)

Does this youth have any known gang affiliations and if so, which one/s?

Does this youth have any history of substance use? If yes, please describe.

Does this youth have a history of sexual abuse (victim or perpetrator) ? If yes, please describe.

Is this youth currently seeing a therapist? If so, for how long and how often?

Please list any other pertinent information that may assist in the over all development and success of this youth in the Connections Program:
