



Parent Project/ Parent Project Jr. Intake Form

Due by: September 15, 2021

Child's Name: _____ Age: _____ DOB: _____

Child Resides With: _____ Gender: ☐ Male ☐ Female

School: _____ Grade: _____ Mother's

Name: _____ Attending: ☐ Yes ☐ No Home

Address: _____ Phone

#: _____ Email: _____

Father's Name: _____ Attending: ☐ Yes ☐
No

Home Address: _____

Phone #: _____ Email: _____

Other Guardian(s) Name: _____ Attending: ☐ Yes ☐
No

Home Address: _____

Phone #: _____ Email: _____



**Please return completed form to your child's teacher or school counselor.
You may also email form to District School Social Worker, Rachel Cook, at
rcook@scottsboroschools.net.**

Behavioral Summary

1 No problem **2** Sometimes **3** Problem **4** Big Problem **5** Huge Problem

Respect/Courtesy: At Home (family/parents)? ☐1 ☐2 ☐3 ☐4 ☐5 Friends? ☐1 ☐2
☐3 ☐4 ☐5

School? ☐1 ☐2 ☐3 ☐4 ☐5

Authority Figures (principal, police)? ☐1 ☐2 ☐3 ☐4 ☐5

Following

Rules/Directions: At Home (family/parents)? ☐1 ☐2 ☐3 ☐4 ☐5 Friends? ☐1 ☐2
☐3 ☐4 ☐5

School? ☐1 ☐2 ☐3 ☐4 ☐5

Authority Figures (principal, police)? ☐1 ☐2 ☐3 ☐4 ☐5

Anger Management: At Home (family/parents)? ☐1 ☐2 ☐3 ☐4 ☐5 Friends? ☐1 ☐2
☐3 ☐4 ☐5

School? ☐1 ☐2 ☐3 ☐4 ☐5

Authority Figures (principal, police)? ☐1 ☐2 ☐3 ☐4 ☐5

School Attendance: Number of Absences this semester ☐1-5 ☐5-10 ☐10+ **School**

Performance Grades: _____

Tobacco/Alcohol/Marijuana/Other Drug Use:

I KNOW my child DOES NOT Use: ☐Tobacco ☐Alcohol ☐Marijuana ☐Other Drugs I

SUSPECT my child MAY Use: ☐Tobacco ☐Alcohol ☐Marijuana ☐Other Drugs I

KNOW my child DOES Use: ☐Tobacco ☐Alcohol ☐Marijuana ☐Other Drugs

Brief Summary of Any Other Issues or Concerns:
