

AspireMN
FOLLOWUP FORM
ADULT

For agency use only:

AspireMN AGENCY NO.:

CHILD/CLIENT NO.:

End Service Date: ____ - ____ - ____

Month Day Year

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. Please answer the following questions based on the period of time from end service date to today.

1. What is your role in the child's life?

- Parent/Caregiver Referring worker/agent (P.O. or Social Worker)

2. Is your child currently living with you?

- Yes No

3. Has your child/client lived in any of the following places over the last 6 months? (✓ all the apply)

- | | |
|---|---|
| <input type="checkbox"/> With one or both parents | <input type="checkbox"/> Group home |
| <input type="checkbox"/> With another family member | <input type="checkbox"/> Residential treatment center |
| <input type="checkbox"/> Foster home | <input type="checkbox"/> Hospital/psychiatric inpatient |
| <input type="checkbox"/> Therapeutic foster home | <input type="checkbox"/> Local jail or detention facility |
| <input type="checkbox"/> Crisis or youth shelter | <input type="checkbox"/> Runaway/homeless/on the streets |
| <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Living independently | |

4. Since ending services with this agency, has your child/client or family/client's family received any of the following services? (✓ all that apply).

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Relationship Therapy | <input type="checkbox"/> Psychoeducation |
| | | *(Parent or caregiver only) | |
| <input type="checkbox"/> Chemical Dependency Tx | <input type="checkbox"/> Sex Offender Therapy | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Crisis Hospitalization |
| <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Play Therapy | <input type="checkbox"/> Eating Disorder Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Other (please specify): | | | |

5. Since ending services with this agency, the number of days my child/client has attended school has been:

- Greater than before starting services
 About the same

Adapted from the Youth Services Survey for Families (YSS-F)

Less [than before starting services](#)

Does not apply (please select why this does not apply):

Child did not have a problem with attendance before starting services

Child is too young to be in school

Child was expelled from school

Child is home schooled

Child dropped out of school

Child graduated/earned GED

Other (please specify): _____

6. Has your child/client been suspended since ending services with this agency?

Yes

No

6a. If **YES**, did the child receive (✓ all that apply):

In school suspension

Out-of-school suspension

Both in school and out-of-school suspension

Unknown

7. Has your child/client been arrested since ending services with this agency?

Yes

No

8. Please describe your child's/client's encounters with the police/law enforcement since ending services with this agency:

My child had no police/law enforcement encounters since ending services with this agency

My child's encounters have been reduced (e.g. they have not been arrested, taken by police/law enforcement to a shelter or crisis program)

My child's encounters have stayed the same

My child's encounters have increased

For the following questions please indicate if you strongly disagree, disagree, are undecided, agree, or strongly agree with each of the statements below. If the question is about something you have not experienced, fill in the circle for not applicable to indicate that this item does not apply.

- 9. My child/client is better at handling daily life-----
- 10. My child/client gets along better with family members-----
- 11. My child/client gets along better with friends and other people-----
- 12. My child/client is doing better in school and/or work-----
- 13. My child/client is better able to cope when things go wrong-----
- 14. My child/client is better able to do things he or she wants to do-----
- 15. I am satisfied with our family life right now-----
- 16. I know people who will listen and understand me when I need to talk-----
- 17. I have people that I am comfortable talking with about my child's problems-----
- 18. In a crisis, I would have the support I need from family and friends-----
- 19. I have people with whom I can do enjoyable things-----

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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