



Straight Talk Program, Inc.

"Working Through Adversity To Create Positive Transformation..."

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www.stpinc.org

Child's Name: _____ **Grade:** _____ **Age:** _____

Mother's Name: _____

Father's Name: _____

Address: _____

Parent's Contact Numbers: (Home) _____ **(Cell)** _____

When did you first notice a change in your child? _____

What do you need assistance with?

☐ Mentoring ☐ Talking to your child ☐ Talking to parents ☐ Talking to teachers

In what areas do you feel your child is struggling?

<input type="checkbox"/> Poor grades	<input type="checkbox"/> Failure to listen	<input type="checkbox"/> Smoking cigarettes
<input type="checkbox"/> Using drugs/alcohol	<input type="checkbox"/> Poor choice of friends	<input type="checkbox"/> Problems with teachers
<input type="checkbox"/> Ditching school	<input type="checkbox"/> Failure to do chores	<input type="checkbox"/> Problems with parents
<input type="checkbox"/> Not communicating	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gang
<input type="checkbox"/> Depression		

Other: _____

Briefly describe your child's behavior and your concerns.

What has your child experienced?

- | | | |
|---|--|---|
| <input type="checkbox"/> Death in the family | <input type="checkbox"/> Rejection by boyfriend/girlfriend | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Death of a friend | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Family member incarcerated |
| <input type="checkbox"/> Friend moving away | <input type="checkbox"/> Being home alone | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Suspension/Expulsion from school | <input type="checkbox"/> Parent remarried | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> New child in family | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Accident of any kind | <input type="checkbox"/> Separation of sibling(s) | |

What approaches have you tried in order to get your child to change the “problem” areas?

- | | | |
|--|--|---|
| <input type="checkbox"/> Take away phone (other devices) | <input type="checkbox"/> Restrict activities | <input type="checkbox"/> Interventions |
| <input type="checkbox"/> Restriction | <input type="checkbox"/> Counseling | <input type="checkbox"/> Prevention |
| | <input type="checkbox"/> Talking | <input type="checkbox"/> Family outings |

Other: _____

What are you hoping will happen as a result of the Straight Talk Program assisting your child to address his/her problem(s) or concerns?

I understand that if my child does not give permission to engage in this process that I cannot force STP to “pressure” my child in an effort to assist our family and that either party can sever the relationship at any time during the process and that there is no guarantee of changed behavior.

I understand that STP is not a professional counseling program and will not attempt to diagnose my child. I understand that I am not privy to any conversations STP staff has with my child and I should not attempt to hold STP responsible for any information withheld from me unless my child expresses attempts to harm him/her or others.

I understand that STP is not responsible for transportation to or for my child other than what has been arranged and that I am not to use any volunteers as child care providers and that I must be present at all times when the volunteer is with my child except when it has been prearranged and with my written permission.

Signatures: _____ **Relationship:** _____ **Date:** _____

Signatures: _____ **Relationship:** _____ **Date:** _____

Minor: _____ **School:** _____ **Date:** _____