



Colorado Springs
Teen Court

PRE-ADJUDICATION PROGRAM
PARTICIPANT / PARENT OR GUARDIAN

KEEP THIS TOP SHEET

Forge Evolution is a nonprofit 501(c)(3) organization that empowers youth and fosters resilient communities by inspiring accountability, empathy, and personal growth. The Teen Court Program is one of the pillar programs of Forge Evolution and provides a Restorative Practice alternative to regular court sentencing for first-time misdemeanor juvenile offenders. Although the Teen Court Program works in tandem with the Municipal Court system through Forge Evolution, the organization remains a *locally-based nonprofit* that relies on community support to sustain its programs. The purpose of the Teen Court Program is to keep juveniles from committing a second offense, repair the harm caused by the offense, have the juvenile take responsibility for his/her actions, and help the juvenile become a positive part of the community.

The Teen Court Pre-Adjudication Program provides youths charged with a delinquent act, or at imminent risk of being arrested/charged, the opportunity to avoid formal criminal processing within the judicial system. The Teen Court Program has three sentencing procedures: TRIAL, PEER PANEL, or MEDIATION. In order to qualify for the Teen Court Program, the participant must agree to abide by the sentence given by the Teen Court Program. The school administration/referring party will work alongside the Teen Court Program.

You will receive notification of the participant's sentencing hearing date by email and/or phone call

IMPORTANT INFORMATION

**** PACKET SHOULD BE EMAILED WEEK PRIOR TO SCHEDULED DATE and/or Brought in day of sentence hearing****

- ◆ Participants and parents/guardians will be notified of the sentencing hearing date by email.
- ◆ Sentencing hearings are held on Tuesdays (mediations excluded). PEER PANELS begin at 4:30 PM; TRIALS begin at 5:00PM.
- ◆ A parent or guardian is **required** to be with the participant at the Teen Court sentencing hearing.
- ◆ Sentencing is determined by trained student volunteers (PEER PANELS) or a peer jury (TRIALS).
- ◆ Sentences include **COMMUNITY SERVICE** (volunteering for a **NON-PROFIT** organization) and **JURY DUTY** at a Teen Court Trial.
- ◆ Other sentencing options are possible. Examples include but are not limited to: apology letters, essays, restitution, or educational/skill building classes.
- ◆ A court fee of **\$70 IS TO BE PAID BY THE PARTICIPANT** at the sentencing hearing.
- ◆ The participant has **THREE MONTHS** from the sentencing hearing date to complete his/her sentence requirements for the Teen Court Program.
- ◆ The Teen Court Program may request school records, grades, attendance, and discipline information from the participant's school. All information from the Teen Court Program is treated as **CONFIDENTIAL**.
- ◆ **ALL correspondence will be through emails. Please provide a current email address for all updates. It is the responsibility of the Participant and Guardian to update Forge Evolution of any changes.**

PLEASE KEEP THIS TOP SHEET

Please return the following pages to Forge Evolution:

- *Information for Teen Court Program Eligibility* (to be initialed and signed by participant & parent/guardian)
- *Obligation to the Teen Court Program* (to be initialed by participant & parent/ guardian)
- *Release of Information Agreement* (to be filled out by participant & parent /guardian)
- *Exhibit E* (filled out by parent/ guardian) - **ALL information on this sheet is required by the City of Colorado Springs in order to participate in the Teen Court Program.**
- *Military/Federal Employee Form* (to be signed by participant & parent regardless of military status)
- *Release of Liability* (to be signed by participant & parent or guardian)
- *Participant Survey* (to be filled out by participant)
- *Parent/Guardian Survey* (to be filled out by parent/ guardian)
- *Authorization for Release of Information* (to be signed by participant & parent /guardian)
- *Initial Self Information Survey (ISIS)* (to be filled out by participant)

*** If you are unable to access email or the internet , please call so alternative accommodations can be made.***

Forge Evolution
Located at: 224 E. Kiowa St. , Colorado Springs, CO 80903
Mailing Address: P.O. Box 2169, Colorado Springs, CO 80901
Telephone: (719) 475-7185 Fax: (719) 385-6202
For more information visit www.forgeevolution.org



Colorado Springs Teen Court

INFORMATION FOR TEEN COURT PROGRAM ELIGIBILITY FOR DIRECT SCHOOL REFERRAL

Participant Name: _____ Date: _____
(PRINT)

Does the participant have any other criminal charges, pending or convictions?

IF YES, PLEASE ASK TO SPEAK WITH THE FORGE EVOLUTION STAFF.

____yes ____no

Does this charge involve any gang activity or is the participant involved in a gang?

THE TEEN COURT PROGRAM DOES NOT TAKE ANY CASES WITH PARTICIPANTS INVOLVED IN GANGS.

____yes ____no

Does the participant & the participant's parent/legal guardian understand that in order to participate in the Teen Court Program, the participant must agree to abide by the sentence imposed by the Teen Court Program & that failure to do so could result in the issuance of a ticket?

____yes ____no

Does the parent or legal guardian understand a parent or legal guardian is required to be present at the sentencing hearing?

____yes ____no

Are there any issues the Teen Court Program should be aware of before accepting the participant into the program (i.e. health or medical issues, moving out of state, not living with parents)? IF YES, PLEASE ASK TO SPEAK WITH THE FORGE EVOLUTION STAFF.

____yes ____no

PARENT PLEASE INITIAL:

I agree to complete Teen Court Program paperwork in full.

Initials

I agree to have my child pay the \$70 fee as ordered.

Initials

I understand that compliance will be based on completion of the sentence imposed by a Peer Panel, Trial or determined during a Restorative Mediation.

Initials

I understand that sentencing will include the \$70 fee (paid by the participant/guardian), community service hours (to be decided), and other possible sentencing options including classes, workshops, essays or apology letters. Therapeutic services may be a part of the program.

Initials

Participant Signature

Date

Parent Signature

Date

IF YOU HAVE ANY QUESTIONS CONCERNING ELIGIBILITY, PLEASE SPEAK WITH THE FORGE EVOLUTION STAFF

Obligation to Forge Evolution's Teen Court Program

Forge Evolution is a nonprofit 501(c)(3) organization that empowers youth and fosters resilient communities by inspiring accountability, empathy, and personal growth. The Teen Court Program is one of the pillar programs of Forge Evolution which provides a Restorative Practice alternative to regular court sentencing for first-time misdemeanor juvenile offenders. Although the Teen Court Program works in tandem with the Municipal Court system, through Forge Evolution, the organization remains a **locally-based nonprofit** that relies on community support to sustain its programs. The Teen Court Pre-Adjudication Program provides youth charged with a delinquent act, or at imminent risk of being arrested/charged, the opportunity to avoid formal criminal processing within the judicial system. We provide classes and panels in which teens can share their experiences and learn from others in similar situations. It is important to remember that the Teen Court Program is a privilege not a right. We provide these classes and panels as a service to the participant. These courses fill quickly and it is essential that participants appear for their scheduled class dates. **The Teen Court Program cannot guarantee that there will be another opening before your three-month due date.**

Participants are responsible and held accountable for fulfilling their Teen Court sentence. This includes, but is not limited to, appearing at all scheduled court dates, peer panels, mediations, and participating in and completing assigned classes. It is the responsibility of the Teen Court Program to provide participants with a date and time for any classes and all Teen Court proceedings. **Classes or programs outside the Teen Court Program including, but not limited to, online courses and community service, are the responsibility of the participant to schedule and attend.**

Participant Initial _____

Parent Initial _____

Participants are required to appear at any Teen Court event or proceedings for which they have been sentenced and scheduled. **Any classes or other Teen Court proceedings for which the participant fails to appear or reschedules, the participant will be responsible for a TWENTY DOLLAR (\$20) rescheduling fee.**

Participant Initial _____

Parent Initial _____

The Teen Court Program provides a limited number of scholarships with the understanding that it is dependent upon the participant's compliance with **all** of his/her sentence requirements. If the participant fails to complete his/her sentence by the due date given (three months from their sentencing hearing), **all scholarships will be revoked and the participant will be responsible for the full price of any and all classes – if the participant fails to complete his/her Teen Court sentence, the matter will be returned to the participant's school/referring officer and may result in the issuance of a ticket and further court proceedings outside of the Teen Court Program.**

Participant Initial _____

Parent Initial _____

We, the undersigned, agree to the terms and conditions listed and agree to pay our portion of any and all fees and fines based on these terms and conditions.

Participant Signature _____ Parent Signature _____

Print Name _____ Print Name _____

Date _____ Date _____



Colorado Springs Teen Court

YOUTH# _____

PEER PANEL/TRIAL/MEDIATION DATE _____

DUE DATE _____

LEVEL _____ ☐ PACKET GIVEN

_____ INITIAL

The Colorado Springs Teen Court by Forge Evolution needs the following release signed in order to accept your case.

RELEASE OF INFORMATION AGREEMENT

I _____, do hereby consent to the release of any

please PRINT **PARTICIPANT** name

records and reports to the Forge Evolution Colorado Springs Teen Court personnel and student attorneys, pertaining to my case from the school district or any records from any criminal justice agencies (regarding both current and future offenses), the El Paso County District Attorney's office, the Municipal Court, the Colorado Springs Police Department, and the El Paso County Sheriff's Office.

PARTICIPANT's signature

PARENT/GUARDIAN's signature

Participant Name _____

DOB _____ Age (at time of offense) _____ M or F Grade in school _____

School _____ Did this happen during school hours? YES OR NO

Offense _____ Medicaid ID# _____

If shoplifting, which store? _____ Has the store requested money from you due to this charge? YES OR NO If so, how much? _____

Have you ever received a **non-traffic** ticket before? YES OR NO If yes, for what? _____

Have you ever been a victim of a crime? YES OR NO If yes, for what? _____

Address (Be sure to include apt/lot #) _____

City _____ State _____ Zip Code _____

Parent Cell Phone # _____ Parent Home Phone # _____

Participant Cell Phone # _____ Additional Phone # _____

Participant e-mail _____

Who do you live with? _____ Parent e-mail _____

Parent / Guardian _____ Work Phone # _____

Occupation _____ Employer _____

Parent / Guardian _____ Work Phone # _____

Occupation _____ Employer _____

PARTICIPANT'S OATH OF CONFIDENTIALITY

I solemnly swear and affirm that I will give my full attention to all Teen Court proceedings which take place in my presence, and that I will not divulge any information which comes to my knowledge in the course of a Teen Court case/session.

Participant Eligibility Form

FORGE EVOLUTION'S TEEN COURT PROGRAM

THIS FORM IS REQUIRED BY THE CITY OF COLORADO SPRINGS IN ORDER TO PROVIDE ASSISTANCE IN FUNDING THE TEEN COURT PROGRAM. ALL INFORMATION IS KEPT CONFIDENTIAL AND USED SOLELY FOR STATISTICAL DATA.

Participant's Name: _____

Parent/Guardian's Name: _____

Address: _____

City and State: _____ ZIP: _____

PARTICIPANT INFORMATION (all questions pertain to the PARTICIPANT)

Disabled: ☐ If yes: _____

Sex: _____

Gender Identity

Does the participant have any children? ☐ Yes ☐ No

Ethnicity (determination of whether defendant is/is not Hispanic/Latino only)

Hispanic/Latino ☐

Non-Hispanic/Latino ☐

Racial Breakdown:

American/Black ☐

Caucasian/White ☐

or Alaska Native ☐

/Pacific Islander ☐

Asian ☐

Other ☐

Multi-racial options:

Black or African American/White ☐

American Indian or Alaska Native/White ☐

American Indian/Black or African American ☐

Asian/White ☐

More than one race ☐

PARENT/GUARDIAN HOUSEHOLD INFORMATION (all questions pertain to the PARENT/GUARDIAN)

Female Head of ☐ Yes ☐ No

Work for the m ☐ Yes ☐ No

Total # of persons in household: _____ (MUST BE PROVIDED)

What is your current living situation? (MUST BE PROVIDED):

☐ Temporary Housing ☐ "Couch Surfing" ☐ Shelter ☐ Homeless ☐ Stable Housing

Does your child have Medicaid?

☐ Yes ID#: _____ ☐ No

If not, do you need help obtaining?

Do you receive assistance from (MARK ALL THAT APPLY):

☐ Free/Reduced Lunch ☐ Unemployment ☐ Food Stamps ☐ SSI ☐ Other _____

Do you need additional assistance with resources, or services? Yes No

Annual Household Gross Income: \$ _____ (YEARLY INCOME - MUST BE PROVIDED)

I AFFIRM THAT THE ABOVE INFORMATION GIVEN IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Parent/Guardian Signature

Date

Participant / Parent Survey for Public Law 81-874

PARTICIPANT NAME: _____

☐ Not Applicable (if so, then please check box and sign below)

☐ Applicable (if so, then please fill out below information)

ACTIVE MILITARY:

Complete this section only if ANY parent (married, divorced, natural parent, step-parent, or guardian) is ACTIVE in U.S. Military

Parent's Name: _____

Branch of Service: _____ Rank: _____

CIVILIAN EMPLOYED ON FEDERAL PROPERTY:

Complete this section only if civilian parent with whom participant lives is employed on federal property

Parent's Name: _____

Name of Property: (Circle One)

Fort Carson Air Force Academy Peterson AFB NORAD

Schriever AFB VA Medical Center Pueblo Army Depot

Federal Bldg. Other Federal Property _____

Give name and address of employer:

Name of Company Address Phone

I acknowledge and certify that the above information is correct.

Signature of Parent / Guardian

Date



Colorado Springs Teen Court

AGREEMENT AND RELEASE OF LIABILITY

In accordance with Section 4-3-111 of the Code of the City of Colorado Springs, as amended, I understand that, as a condition of a Teen Court Program, Teen Court program deferred sentence or probation, I may be required to perform public service and/or attend classes or workshops at another agency.

- I. I understand that I am responsible for all medical bills if injured while performing public service work or attending classes or workshops.
- II. I further understand that I am personally liable for any willful act that may cause injury to a City employee or a member of the public.
- III. I also understand that personal liability may extend for any willful act that may cause property damage to the City or damage to public or private property.
- IV. In an emergency I understand I will be taken to the nearest adequate medical facility.
- V. I understand that in the event I am incapacitated, my next of kin/guardian will be notified.
- VI. I understand that if I am not medically insured, I will be taken to Memorial Hospital.

I swear or affirm that I have read the foregoing Agreement and Release of Liability and enter into such Agreement knowingly, intelligently and voluntarily and hereby release the City and/or private agency from any liability as a result of injury, accident, incapacity, or property damage incurred or caused by my performing such public service work. Further, any questions I have had concerning this Agreement and Release of Liability have been answered to my satisfaction.

SIGNED: _____

Date: _____

PARTICIPANT

SIGNED: _____

Date: _____

PARENT/GUARDIAN

PARTICIPANT SURVEY

PRINT CLEARLY AND LEGIBLY

THIS DOCUMENT WILL BE USED IN YOUR TEEN COURT SENTENCING HEARING.

Please feel free to write more about any question on the back of the sheet.

1. What is the charge that brought you to the Teen Court Program? _____

2. Do you believe you did anything wrong? YES or NO

3. Was anyone physically hurt by this crime? YES or NO If yes, who? _____

4. Were anyone's feelings hurt by this crime? YES or NO If yes, who? _____

5. Did this crime cost anybody money? YES or NO If yes, who? _____

6. Do you think there is anything you should do to repair the harm? YES or NO

If yes, what? _____

If no, why not? _____

7. Do you feel you owe an apology to anyone as a result of this crime? YES or NO

If yes, who? _____

Why? _____

If no, why not? _____

8. Do you believe your actions and behavior have any impact on the community?

9. What do you think you might learn from this incident?

10. Are there any circumstances we should consider that are involved with this crime, such as family, school, illness, or death in the family?

11. Do you believe you would benefit from individual or family therapy services? YES or NO

12. If therapy services are provided, do you agree to participate? If no, why not?

PARENT/GUARDIAN SURVEY

Please provide thorough and complete responses. This document will be used in your child's Teen Court sentencing hearing.

Participant's Name: _____

Your relationship: _____ (parent/guardian)

Does the participant live with you? YES NO (CIRCLE ONE)

Do you think the participant did anything wrong? YES NO (CIRCLE ONE)

1. How has this event affected you and your family?
2. Does the participant realize this? Explain.
3. Has the participant expressed any regret about the incident?
4. Are there any consequences within the family as a direct result of this crime? (examples include punishment, grounding, chores)
5. What would you like to see happen as a result of this program?
6. Are there any extenuating circumstances that the Teen Court Program should be aware of if the participant is sentenced to community service, jury duty or classes?
7. Does your child have any learning disabilities or physical limitations of which the Teen Court Program should be aware?
8. Does your child struggle with depression, suicidal thoughts, or attempts?
9. Do you feel your child would benefit from individual or family therapy services? YES or NO
10. Would you be willing to participate in therapy services with your child if necessary? YES or NO
11. Do you feel you would benefit from a Parenting Class to help manage the challenges you have faced during these events? YES or NO.

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby give my consent to Forge Evolution including any Mental Health Services provided through Forge Evolution to obtain and exchange oral or written information about me with the Court, Probation, MTR Program, Agency Providers, Agents of the Court, the Teen Court Program, Healthcare Professionals, Education Programs/Facilities, Parent/Legal Guardian, Attorneys, Mission Possible, and/or any other Professional Representative in connection with my case.

This information is released in compliance with Colorado Statutes and Federal Regulations. Information to be released:

<input checked="" type="checkbox"/> Monthly Reports from Treatment Providers	<input checked="" type="checkbox"/> BHS/ Mental Health Assessments/Evaluations-Treatment Plan/Goals
<input checked="" type="checkbox"/> Attendance Data	<input checked="" type="checkbox"/> UA/BA Drug Test Results
<input checked="" type="checkbox"/> Clinical Progress Data – Group Information	<input checked="" type="checkbox"/> Mental Health & Diagnostic Reports/Summary
<input checked="" type="checkbox"/> Probation Order	<input checked="" type="checkbox"/> Protected Health Information
<input checked="" type="checkbox"/> Education/Treatment Termination Data	<input checked="" type="checkbox"/> Education Information (IEPs/504 plans, etc.)
<input checked="" type="checkbox"/> Referral Information	<input checked="" type="checkbox"/> Pre-Sentence Investigation Report
<input checked="" type="checkbox"/> Teen Court Order	<input checked="" type="checkbox"/> Description of Offense
<input checked="" type="checkbox"/> Risk Assessments	<input checked="" type="checkbox"/> SNCD, Wrap plan, Crisis Plan
<input checked="" type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Other (specify):

I understand that there is potential for information disclosed as a result of this authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPPA Privacy Regulation. HIPPA Privacy Regulations do not permit Municipal Court/Mission Possible to condition treatment, payment, enrollment, or eligibility for benefits upon receipt of this authorization. I understand that my alcohol and/or drug treatment records are protected under the federal regulation governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part II, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this authorization at any time by giving written notice, except to the extent that action that has already been taken to comply with it. Without such revocation, this authorization will expire when involvement with Hi Fi, WRAP, Mission Possible or upon the closure of the court case by the Court, or will expire 12 months from the date of my signature. I understand that I have the right to refuse to sign this form subject to the conditions noted below.

I received a copy of these conditions and requirements and have read them carefully with a full understanding. I understand that if I violate these conditions, a bench warrant may be issued for my arrest and/or I will be brought before the court for possible revocation and imposition of any suspended sentence and/or additional sentence.

Participant's Printed Name _____ Date _____

Parent's/Guardian's Printed Name _____ Date _____

Participant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY

Case Number: _____

Teen Court Number: _____

Name: _____

Address: _____

Agency Name: _____

Agency Address: _____

(Initial) Self Information Survey

Self-Report for Ages 10-19

Name: _____ Date: _____ Sex: ☐ Male ☐ Female Age: _____

Instructions: Below is a list of things that you might have in *yourself, your family, friends, neighborhood, school, and community*. For each item that describes you check if the item is true. You must answer all questions as best you can.

<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>	I...
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have people to look up to.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Cooperate with people around me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Think getting an education is important to me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Know how to behave in different social situations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Feel that my parent(s)/ guardian(s) watch me closely.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Feel that my parent(s)/ guardian(s) know a lot about me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Try to finish what I start.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Can solve problems without using illegal drugs and/ or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Feel supported by my friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Know where in my community to get help.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Belong at my school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Think my family will support me during difficult times.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Feel treated fairly in my community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Am aware of my strengths.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Think it is important to be involved in my community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. There is a trusted adult who is around when I am in need.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Believe my family really tries to help me.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Can count on my friends when things go wrong. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Can talk about my problems with my family. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have at least one friend with whom I can talk about anything. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Believe there is a trusted adult in my life who cares about me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Tend to appreciate when expectations are clearly set for me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Follow expectations when they are set for me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Am involved in a sport, club, or other group in my community. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Feel like an important member of my school community. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Use alcohol or drugs even if they cause social challenges, leading to fights or not getting along with others. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Enjoy spending time in my neighborhood. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Believe people in my family depend on me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Believe when I am not in school my friends or teachers notice. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Believe it is hard to pay attention in school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Help members of my family. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. In general, go to school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Get in trouble at school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Am physically active. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. In general, watch TV on the weekdays. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Do drugs or drink alcohol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Have been bullied in the last year. |

<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>	I believe it is clear how/ how much adults expect me to...
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Watch TV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Be physically active.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Treat my friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Attend school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Behave at school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Abstain from alcohol and drugs.

PLEASE MAKE SURE THAT YOU PUT YOUR NAME ON THIS SURVEY BEFORE
TURNING IT IN
