

JUVENILE CRIME PREVENTION PROGRAM

Contact Information

Date _____

Name of Child: _____

Name of Parent/Guardian (print) _____

Address:

Telephone: _____ Cell: _____

PROGRAMS:

Reason Straight _____ (Wrap) Women Reasoning About Problems _____

Q & A

1. Does your child have any medical conditions: ___ yes ___ no
Explain _____
2. To your knowledge does the child have any relatives at the _____
_____ facility?
3. Is your child on Probation: _____ yes _____ no

Probation Officer Name: _____ Number: _____

Print Name

Date

Signature

Juvenile Crime Prevention Program Survey

Dear JCPP Attendee,

Thank you for attending a JCPP session. In order to continually meet the needs of our participants and goals of JCPP we would greatly appreciate your feedback.

Thank you for your time and participation with JCPP and for completing this survey.

-Raymond Roman

Date Attended: _____

Things I like about JCPP:

Things I would change:

Suggestions:

(Please feel free to use the back or additional sheets.)

Overall rating:

1 2 3 4 5 6 7 8 9 10 (Circle One) 1= Poor 10=Great