

**Kansas Department of Correction – Juvenile Services
Parent Engagement Program
Rate Form**

Date: _____ Referring CSO: _____

Youth Name: _____

Directions:

This form will be completed at the time of the referral and on a quarterly basis. Please assign 1 point to each statement below that is true.

| Statement | Point |
|--------------------------------------------------------------------------------------------|-------|
| Parent attended court. Date of attendance: | |
| Parent attended parent-teacher conference (1 point per conference). | |
| Parent attended the youth’s extracurricular activities (1 point per activity). | |
| Parent attended case plan meeting (1 point per meeting in which they attended). | |
| Parent provided proper supervision for the youth. | |
| Parent signed all needed releases for mental health services. | |
| Parent followed through with all mental health services/recommendations (5 points). | |
| Parent attended family therapy with youth (2 points per session). | |

Total: _____

Completed by: _____ Date: _____

Office use only:
(Circle only one)
First meeting or Quarterly