

**CARSON CITY DRUG COURT
WEEKLY PARENT REPORT FORM**

Date: _____

Participant Name: _____

Progress since last report: _____

Is participant:

- _____ Getting up on time?
- _____ Getting ready for school on time?
- _____ Going to school?
- _____ Doing homework?
- _____ Observing curfew?
- _____ Associating with people prohibited from seeing?
- _____ Using drugs or alcohol?
- _____ Moody or angry?
- _____ Stealing?
- _____ Lying?
- _____ Completing chores?
- _____ Obeying you?
- _____ Behaving respectfully to parents and others?
- _____ Talking to you about Drug Court?

Are there any comments or anything we should know to help your child get off of and stay off of drugs?

Is there anything we can do that will help you to control your child's alcohol/drug use?

