

## DRM Youth Facility Survey

Name: \_\_\_\_\_

Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

### EDUCATION

- 1) What grade are you in?
- 2) Are you attending school? If so, where and how long each day? What subjects are being covered?
- 3) Is this same school that you went to before coming here? If not, what school did you go to?
- 4) Does the schoolwork seem challenging? Is it similar to what you were doing at your last school?
- 5) Are you happy with the education you are receiving? Do you have any concerns about your education?
- 6) Are you currently expelled from any school in Maine?
- 7) Have you been suspended from school in the last year? If so, frequently? How many days total?

- 8) Do you have an IEP (are you in or receive special education?)? Or a 504-plan? If so:
- a) Have you seen the plan?
  - b) Do you know when your last IEP or 504 meeting took place? Did you attend?
  - c) Do you know what services (e.g. speech, occupational, physical therapy) are on your plan? Are you receiving them now?
  - d) If you're in high school with an IEP, have your teachers talked with you about what you want to do after high school for employment, education and living?
  - e) If you're in high school with an IEP, would you like help with planning your transition out of high school?
- 9) (For those 17-20 yrs old) : Do you have a diploma? Do you want one?

**OTHER**

- 1. Do you get to see or talk to your family (*or public guardian*) on a regular basis? Yes No
- 2. Are you permitted to use the phone to call family when you ask? Yes No
- 3. Do you get mail? Yes No
- 4. What type of things do you do during the day?

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**SECLUSION/RESTRAINT:**

- 1. Have you been secluded or restrained? Yes No
- 2. How many times? \_\_\_\_\_
- 3. What reason was given for why you were secluded or restrained? \_\_\_\_\_

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**ADMISSION**

- 1. Did you get a summary of your rights?
- 2. Did you have community supports on the outside before coming to this Placement? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. How did you come into the placement/or why are you here?  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:**

- 1. Are you taking medications? (Do you know why?) Yes No
- 2. Do you know what you are taking? Yes No
- 3. Has anyone discussed risks, benefits with you? Yes No
- 4. Who? MD RN Social Worker Other, describe: \_\_\_\_\_
- 5. Were you prescribed medications at home? Yes No

**TREATMENT PLANNING:**

- 1. Do you have a treatment plan? Yes No
- 2. Do you know what is in it? Yes No
- 3. Did you discuss the items in your plan with anyone? Yes No  
Who? Meeting Individual \_\_\_\_\_
- 4. Are you satisfied with the things in the plan? Yes No  
If not, what is wrong with it? \_\_\_\_\_

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5. Do you know what needs to happen before they discharge you? Yes No  
If yes, what

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6. When do you think you will be leaving? \_\_\_\_\_

Name of interviewer:

Date of interview:

OTHER RESIDENT COMMENTS AND OBSERVATIONS OF DRM INTERVIEWER: