

The Away from Supervision/Runaway Event Survey -CP

Youth's Name: _____ Date of Run: _____

We at _____ would really like for you to take a few moments to help us become more informed about why you decided to runaway and what situations or events occurred while you were away. We are very concerned when a youth decides to run away and we would like for you to help us understand why you made this decision, so we can look at ways to improve our program and your experience while in placement here. We are very happy that you have returned. Thank you very much for your assistance.

1. When did you first realize that you wanted to run away or leave the home?

2. Did you tell anyone that you were going to leave? _____ Yes _____ No

If yes, who did you tell? _____ another youth in the home _____ family _____ friend _____ other

3. If you left from a home visit, please answer the following questions:

a. Where were you before you left? _____ house _____ outside _____ friends _____ other

b. Who saw you leave? _____ another youth _____ teacher _____ friend/student _____ no one _____ other

c. Would you say it was? _____ easy to leave _____ somewhat difficult _____ very difficult

4. If you left from school, please answer the following questions:

a. Where did you leave from? _____ classroom _____ cafeteria _____ office _____ gym _____ other

b. Who saw you leave? _____ staff _____ family _____ friend _____ no one

c. Would you say it was? _____ easy to leave _____ somewhat difficult _____ very difficult

d. Why did you decide to leave from school? _____

5. Where did you go when you ran? _____

6. Who were you with while you were gone? _____

7. While you were gone, did anyone or anything scare you or bother you? If yes, explain

8. Did you engage in any sexual activity while you were gone? _____ Yes _____ No

If yes, please answer the following questions:

a. Did anyone force or threaten you into performing a sexual activity for money, food, drugs, shelter, clothes, etc..? _____ Yes _____ No

b. Did anyone give you anything (items listed above) to get you to perform a sexual activity? _____ Yes _____ No

c. Did anyone else get something (items listed above) because you performed a sexual activity? _____ Yes _____ No

d. Did you have sex with anyone that you did not want to have sex with to receive items like money, food, clothing, shelter, drugs, etc..? _____ Yes _____ No

9. Did anyone force or bribe you into performing a work function for them while you were gone?

_____ Yes _____ No

10. How comfortable were you with the choices you made?

_____ not comfortable _____ so-so _____ OK _____ good _____ great

11. Is there something you wish you had done differently? If so, what? _____

12. Did you try to follow your Runaway Contract? _____ Yes _____ No

a. What part did you follow? _____

13. What can we do to keep you or other youth from running in the future? _____

14. Is there anything else you would like to share with us concerning your experience? _____

Signatures:

Child: _____

Foster Parent/Worker _____

***Reminder: Please contact local law enforcement and have the child removed from the NCIC registry.**