
Greater Derry Juvenile Diversion Program

Diane Casale

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Coordinator

Take Control Enrollment Form

Date: ____ \ ____ \ ____

Name: _____ DOB ____ \ ____ \ ____ Age: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone number: H: _____ C: _____ W: _____

Parent/Guardian name(s): _____

Who does the youth live with? _____ How many siblings? _____

School: _____ Grade: _____ IEP or 504? (N) _____ (Y) _____

If yes, explain: _____

Medication: _____

Is the youth in counseling? (N) _____ (Y) _____ if yes, counselor's name: _____

Referral source: _____ Telephone number: _____

Completed by: ____ \ ____ \ ____ Does the youth have a JPPO? (N) ____ (Y) ____ Name: _____

Are there any barriers to your child participating appropriately in a two hour class? (N) ____ (Y) ____

Have there been any recent major changes in your child's life? (N) ____ (Y) ____

Incident as reported by: _____ Parent _____ JPPO: _____

Is there any additional information that the facilitators should know in order for your child to succeed in the program?
(N) ____ (Y) ____

Please fill out the entire form and mail with the non-refundable fee of \$85 to the address on the letterhead You will be notified of the next available workshop for your child's age group.