

Exit Interview

Please place an "X" in the appropriate box of why you are leaving the program

Graduating the Program: Terminated: Opting Out:

Entry Process

1. How did you first learn that this program was an option for you?

- | | | |
|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Friend | <input type="checkbox"/> In custody |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Family | |
| <input type="checkbox"/> Court | <input type="checkbox"/> Peer | |
| <input type="checkbox"/> Other: _____ | | |

2. Did you start this program in custody or were you out of custody and had pending your charges?

- In Detention/Jail when I entered
- Out of custody (Detention/Jail) when I entered
- In residential treatment

3. Why did you originally choose to come into this program?

- | | |
|--|--|
| <input type="checkbox"/> To get out of jail | <input type="checkbox"/> Treatment available |
| <input type="checkbox"/> Less incarceration time | <input type="checkbox"/> Support/structure |
| <input type="checkbox"/> Financial benefit | <input type="checkbox"/> Keep license |
| <input type="checkbox"/> Resources available | <input type="checkbox"/> No conviction |
| <input type="checkbox"/> Other _____ | |

Court Aspect of This Program

4. During orientation, how well was all the necessary information about program rules, regulations, and expectations explained to you?

Not at all Fair Average/Decent Good Explained well

5. What aspects of the court supervision do you feel is helpful to you (Please check ALL that you feel motivates you)?

- Positive interaction with the Judge
- Sobriety coins
- Phasing up ceremonies
- Rewards/Incentives for doing good reaching goals
- Community Service/Work Crew
- Extra recovery support groups
- Home visits
- Writing assignments/Essays
- Increasing court reporting
- Detention/Jail or threat of Detention/Jail

6. What aspects of the court supervision do you feel is LESS helpful to you in motivating you (Please check ALL that apply)?

- Positive interaction with the Judge
- Sobriety coins
- Phasing up ceremonies
- Rewards/Incentives for doing good reaching goals
- Community Service/Work Crew
- Extra recovery support groups
- Home visits
- Writing assignments/Essays
- Increasing court reporting
- Detention/Jail or threat of Detention/Jail

Treatment Aspect of This Program

7. What aspect of treatment do you feel really *HELPED* you? Please list/explain your answer below.

8. What aspect of treatment do you feel was *LEAST* helpful to you? Please list/explain your answer below.

9. While you have been in this program, have you been referred to Inpatient treatment?

- No
- I wasn't referred but I went to inpatient on my own
- Yes, and completed inpatient
- Yes, but never went to inpatient
- Yes, and went to inpatient but did not complete
- Yes, and went to inpatient twice

List Inpatient Treatment Center Name and length of stay (# of months)

10. Prior to this program, have you been under the supervision of any of the following?

- Probation/Parole
- Inpatient treatment
- Social Services/CPS
- Out-patient treatment
- Other treatment court program

Personal Experience in This Program

11. Do you feel comfortable enough to be able to talk to at least one person on the treatment court team? Please select each member on the team that you feel comfortable sharing information.

- | | |
|--|--|
| <input type="checkbox"/> Treatment Counselor/Case Manager | <input type="checkbox"/> Child Worker / CASA |
| <input type="checkbox"/> Treatment Court Coordinator | <input type="checkbox"/> Defense Attorney |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Prosecuting Attorney |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Other Counselor (MH, DV, etc) |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Educator |
| <input type="checkbox"/> I don't feel comfortable sharing with anyone at this time | |
| <input type="checkbox"/> Other (please specify) _____ | |

**12. Did you receive sanction(s) while in this program?
Please check ALL that apply to you.**

	Community Service Work Crew	Extra meetings	Jail Detention	Written assignment	Curfew EHM
YES	<input type="checkbox"/> # of hrs. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____					

13. Did you receive rewards while in this program?

- YES
 NO

If YES, what did you receive?

14. What difficulties/barriers have you experienced while in this program?

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Obtaining driver's license | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Lack of family/peer support |
| <input type="checkbox"/> Making appointments | <input type="checkbox"/> Obtaining State ID |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Sober housing |
| <input type="checkbox"/> Relating to/trust of staff | <input type="checkbox"/> Medical/Dental issues |
| <input type="checkbox"/> Other counseling/classes | <input type="checkbox"/> Changing attitude/beliefs |
| <input type="checkbox"/> Recovery environment | |
| <input type="checkbox"/> Other (please specify) _____ | |

15. Did you receive any extra services or help to overcome some of these barriers while in this program?

- YES
 NO

If YES, what did you receive? _____

16. Which community support groups do you attend?

- Alcoholics Anonymous
 Narcotics Anonymous
 Church / Youth Group
 Bible Study
 SMART Recovery
 Domestic Violence support
 Organized sober/recovery activities (bowling, softball, retreats, campouts, etc)
 Other (please specify) _____

17. In your opinion, what are YOU most proud of in your life today?

18. What comments and/or changes would you like us to know about or think about for the program?

19. If you are opting out, why are you leaving the program?
