

MARION SUPERIOR COURT PROBATION DEPARTMENT JUVENILE SERVICES DIVISION
Probation Satisfaction Survey
YOUTH VERSION

Name (optional): _____

Date: _____

1. Who was your probation officer at the time your case was closed? _____
2. How many PO's did you have during the time you were on probation? _____
3. What location did you report to most often?
 Juvenile Court Building School: _____
 Southside Office (Madison & Hanna) Other: _____
 Northeast Office (Shadeland Avenue)
4. Was the Reception staff respectful and courteous to you when you reported?
 Always or usually Sometimes Never or rarely
5. When you first began supervision, were your requirements explained to you so you could understand them?
 Yes No

The following questions should be answered about your assigned probation officer at the time your case was closed.

6. Was your probation officer respectful and courteous to you?
 Always or usually Sometimes Never or rarely
7. Was your probation officer helpful and knowledgeable about resources in the community?
 Yes No
8. Did your probation officer encourage your participation in your supervision plan?
 Yes No
9. Did you feel your probation officer helped you with your problems?
 Yes
 No If not, what problems were not addressed? _____
10. Did your probation officer conduct field visits in a professional and respectful manner?
 Yes No I did not have field visits with my probation officer.
11. Did your probation officer treat you as an individual and not just like everyone else?
 Yes No
12. Did you feel that you could talk to your probation officer and he/she listened?
 Yes No
13. Would you feel comfortable contacting your probation officer in the future if problems come up?
 Yes No
14. Do you feel that you made improvement in any of the following areas during your probation supervision?
 School/education Relationship with parent(s) Behavior in the home
 Substance use/abuse Friends/Peers Making better choices

15. How often did your probation officer discuss your court-ordered fees with you?
- | | |
|---|---|
| <input type="checkbox"/> Once per month or more | <input type="checkbox"/> Less than once per month |
| <input type="checkbox"/> Never | <input type="checkbox"/> Not applicable (N/A) – no fees ordered |

General Comments

16. Do you feel connected to the outside resources that were provided to you through the probation office?
- Yes No
- If Yes, are you planning to continue to utilize the resource(s) in the future?
- Yes No

17. What recommendations for improvement do you have? _____

18. Additional comments: _____

THANK YOU FOR SHARING YOUR COMMENTS.

Please return this form to the Probation Reception Desk. You may also fax it to (317)327-8301 or e-mail it to Christine.Kerl@indy.gov