

PACIFIC JUDICIAL DEVELOPMENT PROGRAM

CLIENT NEEDS ASSESSMENT FORM

a. Family

Do you live with your family?

Yes / No

Position in the family?/Parents still alive?/Divorced? _____

b. Health

Are you in good health

Yes / No

If not, can you explain _____

c. Leisure & Sport

What do you like to do in your free time? _____

d. Peer Relations

Tell me about your friends _____

e. Drug and Alcohol

Were drugs or alcohol connected to your offence?

Yes / No

If yes, please discuss _____

f. Education

What school did you go to?

Tell me about your education _____

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Australian Government
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g. Income & Employment

Are you employed now?

Yes / No

If yes, where? If not what work would you like to do? _____

h. Religion

Would you like to see a Priest, Preacher, Pastor?

Yes / No

If yes, who would you like to see? _____

i. Tell me about your offence (discuss remorse / progress)
