Parent/Guardian Questionnaire

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\** **Questionnaire reviewed with parent** ☐ **Yes** ☐ **No Release forms signed** ☐ **Yes** ☐ **No**

*Dear Parent,*

*Thank you for taking the time to complete this questionnaire. Your honest responses will help me to more quickly prepare a complete and accurate report for the judge. If you have any questions or if you would like to discuss any of this information further, a follow-up phone call will be completed.*

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone number: \_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone number: \_\_\_\_\_\_\_\_\_\_\_

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date this form was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History:**

**Mother’s education:** ☐GED ☐High School diploma

☐Some College ☐Professional Certificate

☐4 year College degree

Current Type of and Hours of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s education:** ☐GED ☐High School diploma

☐Some College ☐Professional Certificate

☐4 year College degree

Current Type of and Hours of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who has custody of the youth/who does the youth live with?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all people who live in the home and relationship to the child/youth:**

Name Age Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Has your child ever witnessed any of the following traumatic/scary events?**

Sudden death of a family member/close friend ☐ Yes ☐ No

Seen someone being physically abused/beaten ☐ Yes ☐ No

Seen someone overdose on drugs ☐ Yes ☐ No

Seen someone severely injured or killed ☐ Yes ☐ No

Been threatened with a weapon? ☐ Yes ☐ No

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child experienced/been the victim of:** Physical abuse/beat-up ☐ Yes ☐ No

Sexual abuse/sexual assault ☐ Yes ☐ No

Severe injury/severe accident ☐ Yes ☐ No

**Has a child protective agency (DFCS) ever been involved with your family for any reason?** ☐ Yes ☐ No IF YES, please briefly describe the **reason**(s) and the **current** status of the case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever been removed from your care (e.g., placed in foster care, lived with a relative)?** ☐ Yes ☐ No If yes: when and why?

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**Is there a family history (mother’s or father’s side) of:**

Legal involvement (arrests, jail, prison) ☐ Yes ☐ No

Alcohol / drug use ☐ Yes ☐ No

Mental illness ☐ Yes ☐ No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental History:**

**Is your child the product of a:** ☐ Full-term pregnancy ☐ Premature delivery

**Were there any problems around your child’s birth?** ☐ Yes ☐ No

If YES please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did your child experience medical problems after birth?** ☐ Yes ☐ No

If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As an infant/toddler, my child did these things:**

Crawling ☐ under 7 months ☐ 7-10 months ☐ over 10 months

Sitting up ☐ under 4 months ☐ 4-9 months ☐ over 9 months

Talking (words to phrases) ☐ under 7 months ☐ 7-24 months ☐ over 24 months

Walking ☐ under 9 months ☐ 8-18 months ☐ over 18 months

Potty training ☐ under 24 months ☐ 24-36 months ☐ over 36 months

**How would you describe your child as an infant (behavior/temperament:**

☐ Easy ☐ Difficult Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever had any significant medical issues or treatment, such as a head injury, diabetes, high blood pressure?** ☐ Yes  ☐ No

**Serious Injuries?**  ☐ Yes ☐ No

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Has anyone ever applied for Social Security disability benefits for your child?**

☐ Yes ☐ No **If they were approved for Social Security disability benefits, what for and when did he/she begin receiving benefits?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

**Name of current (last) school:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **grade:** \_\_\_\_\_\_\_\_\_\_\_

**Does your child receive Special education?** ☐ Yes ☐ No **OR** ☐ 504 Plan

**Type?** ☐ Specific Learning Disability (Specific Learning Disability) ☐Autism

☐Intellectual Disability (Intellectual Disability) ☐Gifted

☐Emotional/Behavioral Disorder (Emotional/Behavioral)

☐Other Health Impairment (OHI)

\*\*\*IF YOU HAVE A COPY OF THE IEP, PLEASE TELL YOUR CHILD’S COURT or PROBATION CONTACT SO THEY CAN GET IT TO US\*\*\*

**What behavioral problems does your child have at school?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health:**

**Has your child ever been diagnosed with a mental illness, behavioral disorder, or psychological/emotional issue?** ☐ Yes ☐ No

**Diagnoses:** ☐ ADHD ☐ Bipolar ☐ Autism ☐ Depression

☐ Anxiety ☐ PTSD ☐ ODD ☐ Conduct Disorder

☐ Disruptive Mood Dysregulation Disorder

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What mental health treatment has your child received?**

☐ None

☐ Hospitalization Where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Medication Where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Counseling Where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of Home placements:**

Foster Care Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Group Home (name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Regional Youth Detention Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of times \_\_\_

Treatment Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

**Behavior History:**

**What kinds of chores/responsibilities does your child have at home?**

☐ general cleaning ☐ caring for younger siblings ☐ respecting a curfew

☐ some cooking ☐ taking care of pets ☐ taking care of the yard

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you and your child usually get along?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What kinds of issues cause conflict between you and your child?**

☐ their bad grades/poor behavior at school ☐ their attitude ☐ talking back

☐ not doing what I tell them to do ☐ I don’t approve of their friends

☐ Being out late/all night/leaving home without permission ☐ marijuana/other drug use

Please provide more details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How do you discipline/punish when your child breaks the rules?**

☐ corporal punishment (“whooping”) ☐ let another family member deal with it

☐ take away privileges (phone, television, time with friends) ☐ give extra chores

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often is your child punished?**

☐ Frequently (weekly) ☐ Occasionally (monthly) ☐ Rarely (less than once a month)

**What types of punishment is administered?**

☐ Whooping ☐ Take away privileges/possessions

☐ Restrict to the home or bedroom ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How does your child react to being punished?**

☐ Cries ☐ Sulks ☐ Pouts ☐ Withdraws ☐ Talks Back

☐ Becomes Aggressive ☐ Ignores it and does what he wants anyway

**How effective is the punishment?**

☐ His/her behavior improves ☐ His/her behavior remains the same

☐ His/her behavior worsens

**Are you concerned about your child’s behavior or functioning?**

☐ At home ☐ In school ☐ In the community ☐ No concerns

**What services/programs/interventions do you think might be helpful for your child?**

☐ Counseling/therapy ☐ Family Counseling ☐ Medication

☐ More Time with Family ☐ Sports/other organized activity ☐ Mentor

☐ Better Group of Friends ☐ Help With School Work/Tutor

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What does your child do in his/her free time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Below is a list of behaviors you may or may not have seen in your child. Please indicate if the behavior is a problem, the degree of the problem, and describe the problem behavior and frequency.**

**Please check one box:**

**Mild:** Behavior has slight effect or only occurs occasionally

**Moderate:** Behavior has a serious impact and occurs frequently

**Severe:** Behavior has a significant impact and occurs frequently

| **Behavior** | **Not a**  **problem** | **Mild** | **Moderate** | **Severe** | **Please Explain** |
| --- | --- | --- | --- | --- | --- |
| Difficulty concentrating, easily distracted |  |  |  |  |  |
| Makes Careless Mistakes |  |  |  |  |  |
| Restless, cannot sit still |  |  |  |  |  |
| Difficulty organizing |  |  |  |  |  |
| Impulsive, acts without thinking |  |  |  |  |  |
| Avoids doing things that require effort |  |  |  |  |  |
| Often loses things |  |  |  |  |  |
| Lacks energy |  |  |  |  |  |
| Forgetful |  |  |  |  |  |
| **Becomes bored easily** |  |  |  |  |  |
| **Can’t stay in seat** |  |  |  |  |  |
| **Difficulty doing things quietly** |  |  |  |  |  |
| **Talks too much** |  |  |  |  |  |
| **Often fidgets, cannot sit still** |  |  |  |  |  |
| **Is immature** |  |  |  |  |  |
| **Interrupts** |  |  |  |  |  |
| **Has difficulty waiting** |  |  |  |  |  |
| **Becomes Easily Frustrated** |  |  |  |  |  |
| **Demands Attention** |  |  |  |  |  |
| Disobedient at school |  |  |  |  |  |
| Disobedient at home |  |  |  |  |  |
| Loses temper/has temper tantrums |  |  |  |  |  |
| Is easily annoyed |  |  |  |  |  |
| Is angry/resentful |  |  |  |  |  |
| Argues with adults |  |  |  |  |  |
| Refuses to do what asked/breaks rules |  |  |  |  |  |
| Annoys others |  |  |  |  |  |
| Blames others for his mistakes/when he/she is in trouble |  |  |  |  |  |
| Uses profanity |  |  |  |  |  |
| **Does not get along with other kids** |  |  |  |  |  |
| **Is bullying or mean to others** |  |  |  |  |  |
| **Threatens others** |  |  |  |  |  |
| **Has assaulted or fought with or injured an adult** |  |  |  |  |  |
| **Has assaulted or fought with or injured another child/teen** |  |  |  |  |  |
| **Has used a weapon that can harm someone** |  |  |  |  |  |
| **Has been mean or cruel to animals** |  |  |  |  |  |
| **Has forced someone to have sex** |  |  |  |  |  |
| **Has set fires to damage property** |  |  |  |  |  |
| **Damages or destroys property** |  |  |  |  |  |
| **Has broken into a house/building/car** |  |  |  |  |  |
| **Has stolen items from others** |  |  |  |  |  |
| **Lies to con others** |  |  |  |  |  |
| **Skips school** |  |  |  |  |  |
| **Stays out all night** |  |  |  |  |  |
| **Runs away from home** |  |  |  |  |  |
| **Hangs out with kids who get into trouble** |  |  |  |  |  |
| **Feels no guilt about misbehaving** |  |  |  |  |  |
| Trouble sleeping |  |  |  |  |  |
| Is often sad or depressed |  |  |  |  |  |
| Irritable |  |  |  |  |  |
| No interest in anything |  |  |  |  |  |
| Lacking energy |  |  |  |  |  |
| Says negative things about self |  |  |  |  |  |
| Talks about killing self |  |  |  |  |  |
| Has tried to kill self |  |  |  |  |  |
| Has hurt, cut, or burned self on purpose |  |  |  |  |  |
| Stays to self, does not talk to others |  |  |  |  |  |
| Has talked about suicide/wanting to kill themselves |  |  |  |  |  |
| Complains of aches/pains |  |  |  |  |  |
| Worries |  |  |  |  |  |
| Is fearful |  |  |  |  |  |
| **Drinks alcohol** |  |  |  |  |  |
| **Smokes weed/marijuana** |  |  |  |  |  |
| **Uses other drugs** |  |  |  |  |  |
| Sees/hears things others do not see or hear |  |  |  |  |  |
| Odd behaviors or beliefs |  |  |  |  |  |

Please provide any additional details you want to share about your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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