

Gang Assessment Report



Event Name _____ Event Date _____

Put a in each box where question on Assessment form was marked “yes.”

City where youth lives	Family a victim of gang violence?	Family ever in jail or prison?	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Total # of Yes's
1.																	
2.																	
3.																	
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15.																	
16.																	
17.																	

Put a in each box where question on Assessment form was marked “yes.”

City where youth lives	Any family a victim of gang violence?	Any family ever in jail or prison?	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	Total # of Yes's
18.																	
19.																	
20.																	
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