## GAL/CASA Interview

FCAPID:	Date Completed:	
Respondent name:	Interview:	(1 – Telephone 2 – In person)
	Elapsed Time: _	Mins.
If the GAL/CASA volunteer is unfamiliar with FCAP your role and your activities in assessment. Mention present identified needs and 6 months of follow-up assist brief and targeted as feedback for the evaluator).	ost-assessment services,	including collaborative planning to
About how long have you known (child's name)?	years me	onths
About how well do you know him/her?	<ul><li>1 – Not well</li><li>2 – Slightly</li><li>3 – Moderately Well</li></ul>	5 – Extremely Well
I. Overall strengths, functioning and other key issu	ies	
1. What are the most important things I need to know about this child based on your experience? [Probe: strengths, unique characteristics, challenges, barriers to permanency]		
2. To the best of your knowledge, does [child's name] (medical/psychological)?	have any conditions, dia	gnoses or disorders

· -	rvices have been provided to the child, bid and effective or ineffective for each clie	ological parents and other key individuals? ont, why did placements fail]
Child		
Biological p	arents	
Others (spec	cify, e.g. siblings, other relatives, foster pa	arents)
II. Permanent plan	1	
1. What are the pri 1a. Primary:	mary and secondary permanent plans for Reunification 1b. Secondary Adoption Guardianship Long-Term FC 3 <sup>rd</sup> Party Custody Independent Living	
	-	issues impacting this child's permanent plan? permanency, barriers as perceived by worker)

2b. Do you think the present caregiver might be willing to accept this child permanently?	No (1) Yes (2) DK (3)
If Yes, which plans might be acceptable to this caregiver? (check all that apply)	☐ Adoption ☐ Guardianship ☐ Long-Term FC ☐ 3 <sup>rd</sup> Party Custody
3. What do you think is in the best interests of the child?	
4. What skills would be needed in order to care for this child?	
5. What should be done about continuing relationships between this child and his/her biological family members? [Parents, siblings, grandparents, other relatives]	
a) Maintaining present relationships with biological family members	
b) Development of future relationships with biological family members	
6. Are you aware of any additional potential placements for this child? [significant adult connection, type of support, placementinclude names/telephone numb	oers/addresses]

III. Culture, religion, and ethnicity/race
1. How do you think this child identifies as far as culture, religion, and ethnicity/race?
2. Do you believe that this child's racial, cultural, and religious traditions are able to be attended to in their current placement? If not, what do you think could improve?
IV. Other issues
1. Is there anything else you would like to discuss about this child?  [follow-up on questions skipped; other service providers; adult/placement resources]
2. Who else should we talk to about [child's name]?