

**Caregiver Interview**

FCAPID: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Respondent name: \_\_\_\_\_

In person: ☐ Yes ☐ No \_\_\_\_\_

Elapsed Time: \_\_\_\_\_ Hrs/Mins.

Type of Placement

- ☐ Foster care
- ☐ Residential treatment
- ☐ Relative (licensed) \_\_\_\_\_
- ☐ Relative (unlicensed) \_\_\_\_\_
- ☐ Suitable adult
- ☐ In-home dependency
- ☐ Other group care \_\_\_\_\_

About how long have you known (child's name)? \_\_\_\_\_ years \_\_\_\_\_ months

**I. Overall strengths, functioning and other key issues**

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 this child have any of the following problems? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> attention deficit/hyperactivity | <input type="checkbox"/> physical disability                              |
| <input type="checkbox"/> behavioral/emotional problems   | <input type="checkbox"/> problems likely due to maternal alcohol use      |
| <input type="checkbox"/> learning problems               | <input type="checkbox"/> major health problems                            |
| <input type="checkbox"/> speech or language problems     | <input type="checkbox"/> hearing or vision problems                       |
| <input type="checkbox"/> autism                          | <input type="checkbox"/> mental retardation/developmental delay           |
| <input type="checkbox"/> other _____                     | <input type="checkbox"/> none (child does not have any of these problems) |

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### 3. Role performance

a) How is [child's name] doing at **school/daycare**? [grades, schoolwork, rules, behaviors]

b) How is s/he doing at **home** with meeting your family's rules and expectations?  
[follows routines, does chores, obeys]

c) Have there been any community or legal problems with [child's name]?  
[vandalism, shoplifting, trouble w/ neighbors, assaults, legal violations; note when occurred]

### 4. Relating to others

a) How does s/he get along with other children?  
[liked/not liked by children, bossy/submissive, deviant/pro-social peers, number/age of friends]

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- b) How does s/he get along with grown-ups?  
[seeks/avoids contact, tries to please/gets into conflict]

### 5. Behavioral and emotional functioning

- a) Can you tell me more about [child's name]'s moods and emotions?  
[sad/happy, anxious, feels normal distress ok, withdrawn, symptoms (nightmares)]

- b) Does s/he behave in ways that are the same or different from your sense of the average child?  
[If yes, how? If no, provide examples]

- c) Is there anything else about [child's name]'s emotions or behavior that is important to know? [being suicidal--suicidal gestures, talks about wanting to die, hurts self on purpose] [drug/alcohol use--type, quantity/frequency past 6 months, impact on functioning]

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### 6. Communication and thinking

What can you tell me about [child's name]'s basic ability to communicate and use language?  
[speech impediments; clarity; understandable; communication difficulties]

### 7. Motor/physical skills

Can you tell me about her/his general level of physical activity?  
[physical condition, lethargy, hyperactivity, self-care]

**The following questions are regarding the types of services that the child is receiving.**

### 8. Is child now receiving services for emotional/behavior problems?

☐ Yes   ☐ No   ☐ Maybe/Partial   ☐ NA   ☐ Unknown

If YES: Were these services provided (read each, check all that apply):

☐ In school  
☐ At home  
☐ At a clinic

If YES: Do you think child needs more or different services for emotional/behavior problems?

☐ Yes   ☐ No   ☐ Maybe/Partial   ☐ NA   ☐ Unknown   .   .   .   .   .

If NO: Do you think child needs help with emotional/behavior problems?

☐ Yes   ☐ No   ☐ Maybe/Partial   ☐ NA   ☐ Unknown

### 9. About how well would you say the child was functioning?

Would you say s/he was doing:

☐ Not well  
☐ Slightly  
☐ Moderately well  
☐ Very well  
☐ Extremely well  
☐ Skip

### 10. Does the child have an IEP?

☐ Yes   ☐ No   ☐ Maybe/Partial   ☐ NA   ☐ Unknown

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11. Is the child receiving services for academic, learning or cognitive problems?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

If NO: Do you think child needs help for academic, learning or cognitive problems?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

If YES: Do you think child needs more or different services for academic, learning or cognitive problems?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

12. Is the child receiving services for medical or physical problems that affect his/her daily life?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

If NO: Do you think child needs help for medical/physical problems?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

If YES: Do you think child needs more or different services for medical/physical problems?

☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

## II. Permanent plan

1. What do you think the child wants in terms of a permanent situation?

2. What do you think is in the best interests of the child?

3. What qualities/characteristics of a family (or of your family) would be best for this child?  
[structure, rules, routines, family composition]

4. What should be done about continuing relationships between this child and his/her biological family members? [Parents, siblings, grandparents, other relatives]. What about developing relationships [parents, siblings, grandparents, other relatives?].

## Caregiver Interview

5. Are you interested in being this child's permanent caregiver?  
☐Yes   ☐No   ☐Maybe/Partial   ☐NA   ☐Unknown

6. Is there anyone else who you think should be part of this child's permanent situation/plan?  
[adult connection, type of support, placement--include names/telephone numbers/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 would improve this setting?

### **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]

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**Summary assessment for respondents as permanent resource (answered "YES" to question 5)**

[evaluator rating based on completed interview]

Respondent's intention about child being part of their family?

- ☐ None (1)
- ☐ Weak (2)
- ☐ Moderate (3)
- ☐ Strong (4)
- ☐ Not applicable (8)
- ☐ DK; can not be assessed (9)

Respondent's intention to finalize the preferred legal plan for the child?

- ☐ None (1)
- ☐ Yes, limited (2)
- ☐ Yes, moderate (3)
- ☐ Yes, strong (4)
- ☐ Not applicable (8)
- ☐ DK; can not be assessed (9)