

Caregiver Interview

Caregiver Interview

FCAPID: _____

Date Completed: _____

Respondent type: (check all that apply):

Interview: ☐ Telephone (1) ☐ In Person (2)

☐ Present Caregiver (1)

☐ Most knowledgeable caregiver, past 6 mos. (2)

Caregiver name: _____

Tel: No.: ()/ _____

Elapsed Time: _____ Hrs/Mins.

Type of Placement

1 ☐ Foster care

2 ☐ Group care

3 ☐ Relative, _____

4 ☐ Other, _____

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

About how well do you know him/her? _____

1 – Not well

4 – Very Well

2 – Slightly

5 – Extremely Well

3 – Moderately Well

9 - Missing

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]

Caregiver Interview

2. To the best of your knowledge, does this child have any of the following problems? (check all that apply)

- ☐ attention deficit/hyperactivity
- ☐ behavioral/emotional problems
- ☐ learning problems
- ☐ speech or language problems
- ☐ autism
- ☐ schizophrenia

- ☐ physical disability, orthopedic/neurological problem
- ☐ problems likely due to maternal alcohol use
- ☐ medically fragile or other health problems
- ☐ sensory problem (e.g., hearing, vision problems)
- ☐ mental retardation/developmental delay
- ☐ other _____
- ☐ **none** (child does not have any of these problem)

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]

Caregiver Interview

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

c) Any other general issues in his/her ability to form relationships with others?

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[sad/happy, anxious, feels normal distress ok, withdrawn, symptoms (nightmares)]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) What can you tell me about how [child's name] sees her/himself in terms of self-esteem and self-confidence? [positive/negative sense of self; can accomplish what s/he sets out to do]

c) 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]

Caregiver Interview

1) If child is different from others, is it a problem? [problem for whom?]

d) 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]

6. Communication and thinking

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

b) Now, please tell me about her/his basic ability to think (like other children)?
What about her/his ideas or beliefs about people and the world?
[thought distortions (e.g. obsessions), expressing odd beliefs, memory issues/loss,]

7. Motor/physical skills

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

b) Does s/he have any physical problems that affect her/his daily life?
[coordination, DME]

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

8. Is child now receiving services for emotional/behavior problems? . . . ☐ No (1) ☐ Yes (2)
- 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? ☐ No (1) ☐ Yes (2)
- If NO: Do you think child needs help with emotional/behavior problems? ☐ No (1) ☐ Yes (2)
9. About how well would you say the child was functioning?
Would you say s/he was doing: ☐ Not well (1)
☐ OK (2)
☐ Moderately well (3)
☐ Very well (4)
☐ Extremely well (5)
10. Does the child have an IEP? ☐ No (1) ☐ Yes (2)
11. Is the child receiving services for academic, learning or cognitive problems? . ☐ No (1) ☐ Yes (2)
- If NO: Do you think child needs help for academic, learning or cognitive problems? ☐ No (1) ☐ Yes (2)
- If YES: Do you think child needs more or different services for academic, learning or cognitive problems? ☐ No (1) ☐ Yes (2)
12. About how well would you say the child was doing academically, cognitively, and learning? Would you say s/he was doing: ☐ Not well (1)
☐ OK (2)
☐ Moderately well (3)
☐ Very well (4)
☐ Extremely well (5)
13. Is the child receiving services for developmental delays or disabilities? . ☐ No (1) ☐ Yes (2)
- If NO: Do you think child needs help for developmental delays or disabilities? ☐ No (1) ☐ Yes (2)
- If YES: Do you think child needs more or different services for developmental delays/disabilities? ☐ No (1) ☐ Yes (2)
14. About how well would you say the child was functioning in terms of their development? Would you say s/he was doing: ☐ Not well (1)
☐ OK (2)
☐ Moderately well (3)
☐ Very well (4)
☐ Extremely well (5)

Caregiver Interview

15. Is the child receiving services for medical or physical problems that affect his/her daily life? ☐ No (1) ☐ Yes (2)

If NO: Do you think child needs help for medical/physical problems? ☐ No (1) ☐ Yes (2)

If YES: Do you think child needs more or different services for medical/physical problems? ☐ No (1) ☐ Yes (2)

16. About how well would you say the child's overall health is?
Would you say s/he was doing: ☐ Not well (1)
☐ OK (2)
☐ Moderately well (3)
☐ Very well (4)
☐ Extremely well (5)

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]

a) Maintaining present relationships with biological family members

b) Development of future relationships with biological family members

5. Are you interested in being this child's permanent caregiver? ☐ No (1) ☐ Yes (2) ☐ DK (3)

Caregiver Interview

If yes, go to question 6, if not, skip to question 13

6. In what capacity are you available for [child's name]? (check all that apply)

- ☐ Adoption
- ☐ Guardianship
- ☐ Long-Term FC
- ☐ 3rd Party Custody

7. What problems, if any, do you see with finalization of the legal permanency plan you want (e.g. being the adoptive parent, etc.) with [child's name]?

8. Please tell me some of the important things about your relationship with [child's name] (e.g. satisfactions, frustrations/worries, quality of relationship, involvement in child's activities, etc.)

9. What problems, if any, do you see with this relationship, now and as you look ahead to the future? [perceptions/expectations of the child re: behavior, ability, possible service/support needs]

10. Who has been helpful to you while your child has been in foster care?
[services planned/received; support provided by friends, extended family etc.]

11. Do you have any comments about how you've been treated by workers involved in your case?

12. Would you be willing to take part in treatments or assessments recommended by this program?

☐ No (1) ☐ Yes (2) ☐ DK (3)

13. If you are not interested in being the child's permanent resource, are you interested in being involved in this child's life in any way, now or in the future (e.g. adult connection)?

Caregiver Interview

☐ No (1) ☐ Yes (2) ☐ DK (3)

14. 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]

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]

For Office Use Only

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)