

Caseworker Interview

Date Completed: _____

Respondent name: _____

Elapsed Time: _____ Hrs/Mins.

Reunification? Yes ☐ No ☐

If the referring worker is unfamiliar with FCAP, provide a brief summary about the purpose of the program, your role and your activities in assessment. Mention post-assessment services, including collaborative planning to meet identified needs and 6 months of follow-up assistance. Inform caseworker of Review Team date and time, as well as purpose of Review Team.

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 - Skip |

The case referral form provided a brief explanation of why this child was referred to FCAP.
Can you provide any additional information about the reason for referral?

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, orthopedic/neurological problem |
| <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) |

3. In addition to the information available in the ISSP, what types of services have been provided to the child, biological parents and other key individuals?
[what has been tried and effective or ineffective for each client, why did placements fail]

Child

Biological parents

Others (specify, e.g. siblings, other relatives, foster parents)

II. Permanent plan

1. What are the primary and secondary permanent plans for this child?

1a. Primary: ☐ Reunification
☐ Adoption
☐ Guardianship
☐ Long-Term FC
☐ 3rd Party Custody
☐ Independent Living

1b. Secondary: ☐ Reunification
☐ Adoption
☐ Guardianship
☐ Long-Term FC
☐ 3rd Party Custody
☐ Independent Living
☐ None/NA

2. What is the current status of these plans and related legal issues impacting this child's permanent plan?
(elicit information about steps that need to be taken to finalize permanency, barriers as perceived by worker)

2a. What do you think the child wants in terms of a permanent situation?

- 2b. Do you think the present caregiver might be willing to accept this child permanently? ☐ Yes
☐ No
☐ Maybe
☐ N/A
☐ Unknown

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

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

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]?