

School Interview

Date Completed: _____ Elapsed Time: _____

Respondent name: _____

Telephone: _____

Respondent type: (check all that apply):

- ☐ School teacher (1) ☐ Daycare Provider (3)
☐ School counselor (2) ☐ Other (4) _____

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 [child's name] have any conditions, diagnoses or disorders (medical/psychological)?

3. Role performance

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

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]

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) 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]

b) At school, does s/he behave in ways that are the same or different from your sense of the average child?

[Comparison is relative to peer group (similar children), e.g. other kids in the special education classroom] [If yes, how? If no, please describe]

Compared to most children her/his age, when s/he is at school/daycare, does s/he:

Less Than
Most Kids

Same As
Most Kids

More Than
Most Kids

(1)

(2)

(3)

a) Ignore instructions when told to do something

☐☐☐

b) Disobey school rules.

☐☐☐

c) Act aggressively towards other children

☐☐☐

d) Act aggressively towards other adults

☐☐☐

Does the school/daycare think [child's name] needs special help because of his/her behavior or emotional problems?

☐ Yes

☐ No

☐ Maybe/Partial

☐ N/A

☐ Unknown

6. Motor/physical skills

Can you tell me about her/his general level of physical activity?

[physical condition, lethargy, hyperactivity, self-care]

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. Is there anyone not currently involved who you think should be part of this child's permanent plan?
[adult connection, type of support, placement]

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]?