

Service Provider Interview

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FCAPID: _____

Date Completed: _____

Service Provided: _____

Elapsed Time: _____ Mins.

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]

2. Referral reason(s):

3. Diagnosis (es):

Treatment begin date: _____ Mo/Da/Yr

Frequency of tx: _____

Treatment end date: _____ Mo/Da/Yr

☐ check here if continuing

Service Provider Interview

4. Who is involved in the treatment session? How much time is spent with each participant?

5. Treatment Goals:

1.) What are your treatment goals?

2.) Interventions

Tell me a little about how you're addressing the treatment goals. What is your model of treatment/What interventions are you using (ask for the names of specific treatments; seek out details re: components)?

If not getting enough specific details: Walk me through a typical session (who do you meet with, how topics/skills covered are decided on, how is it set up/structured, what do you do with the child/caregiver? What are the expectations outside of the session, practice/homework in between sessions)?

a) Medications:

b) Name of psychiatrist and last appointment: _____

c) Overall assessment of treatment (as of this date or end of service)

Progress toward treatment goals

Client understanding of need for treatment and their participation/compliance/ability to benefit:
(include both the child/youth and their caregiver's perception)

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 skills will be needed in order to care for this child?

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. Is there anyone who you think should be part of this child's permanent plan/potential placement resources? [significant adult connection, type of support, placement--include names/telephone numbers/addresses]
 - a) Other adults for permanent plan

b) Potential 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?

3. Does the child talk to you about their racial/ethnic identity? Do they have a sense of pride surrounding their racial/ethnic group(s)?

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]?