

Center for Children and Families  
Clinical Intake Interview

Child Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Child's Age: \_\_\_\_\_ **years** \_\_\_\_\_ **months**

Interviewer: \_\_\_\_\_

Person(s) Interviewed and relationship to child:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Instructions to Interviewer:** Before conducting the clinical interview, carefully review the ratings. Copy information from other sources onto this document and make any necessary clarifications, corrections, or additions (e.g., clarify referral source, persons living in the home, school placement).

**Referral Information:**

Referral source:

Why seeking treatment/assessment at this time?

**List major problems in daily life functioning/reasons for referral, in parents' own words/terms.** These are **not** necessarily DSM-V **symptoms** but are the behaviors/areas of impairment for which the child is being referred and on which treatment will focus (e.g., school failure, lack of friends, poor relationships with parents). These general problems will be operationalized as specific targets later in the interview.

-Home

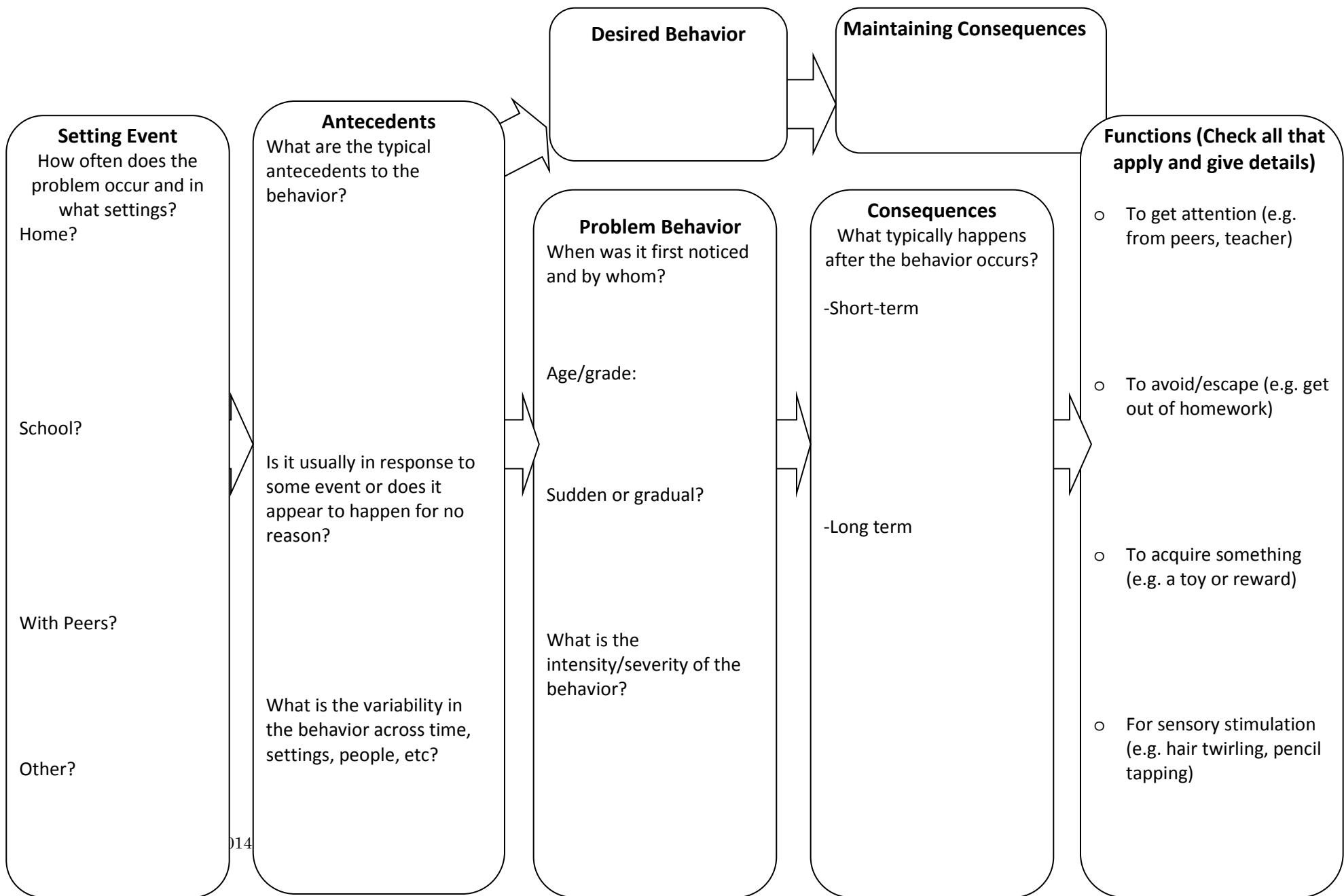
-School

-With peers

-Other (describe)

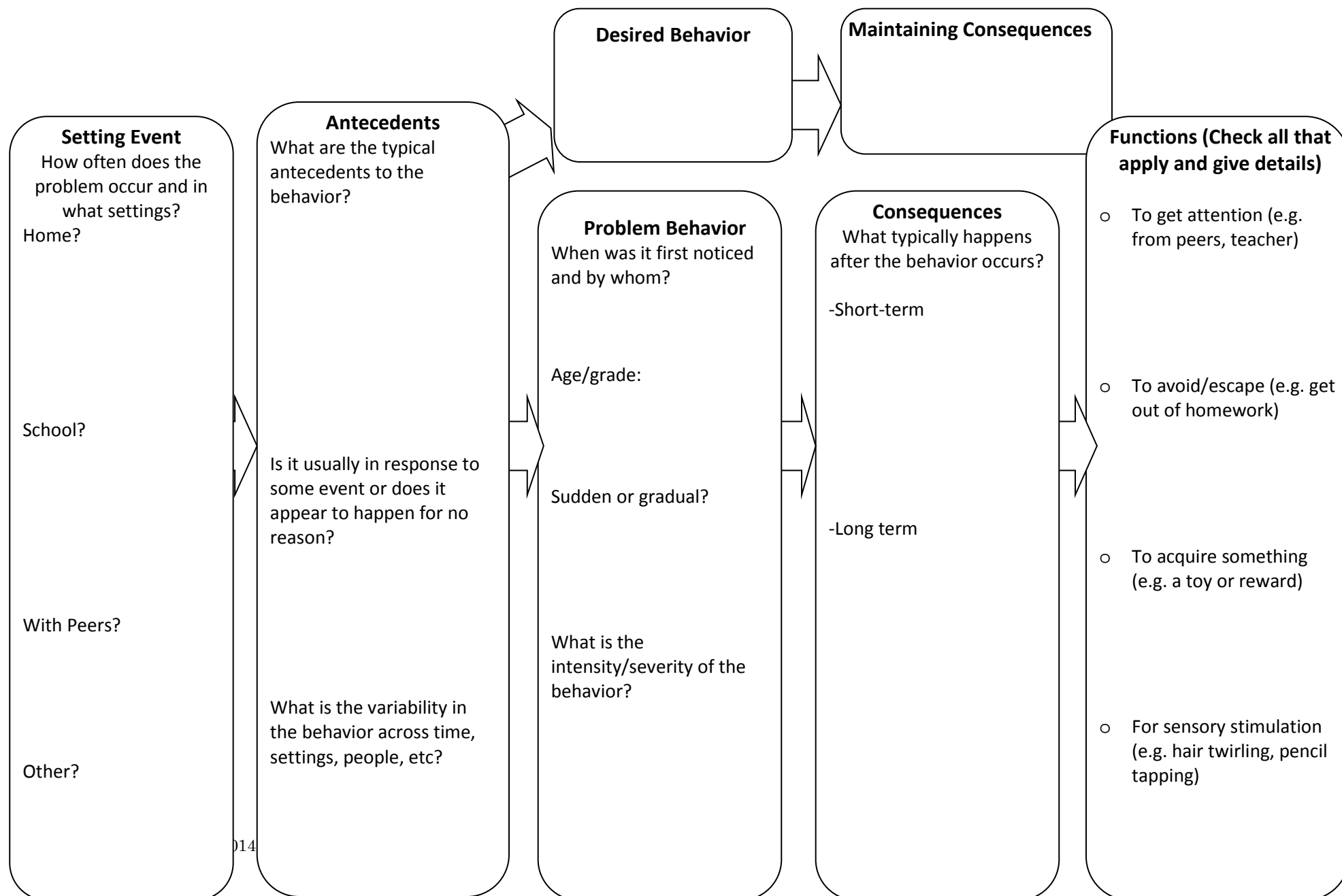
**Presenting Problems.** On the following pages, complete the attached FBA charts for the child's major presenting problems reported above. Parents should provide a specific definition of the problem behavior, its antecedents and consequences, and the function of the behavior. These charts will be used in treatment planning and determination of individualized treatment goals.

**Define Specific Behavioral Target:**



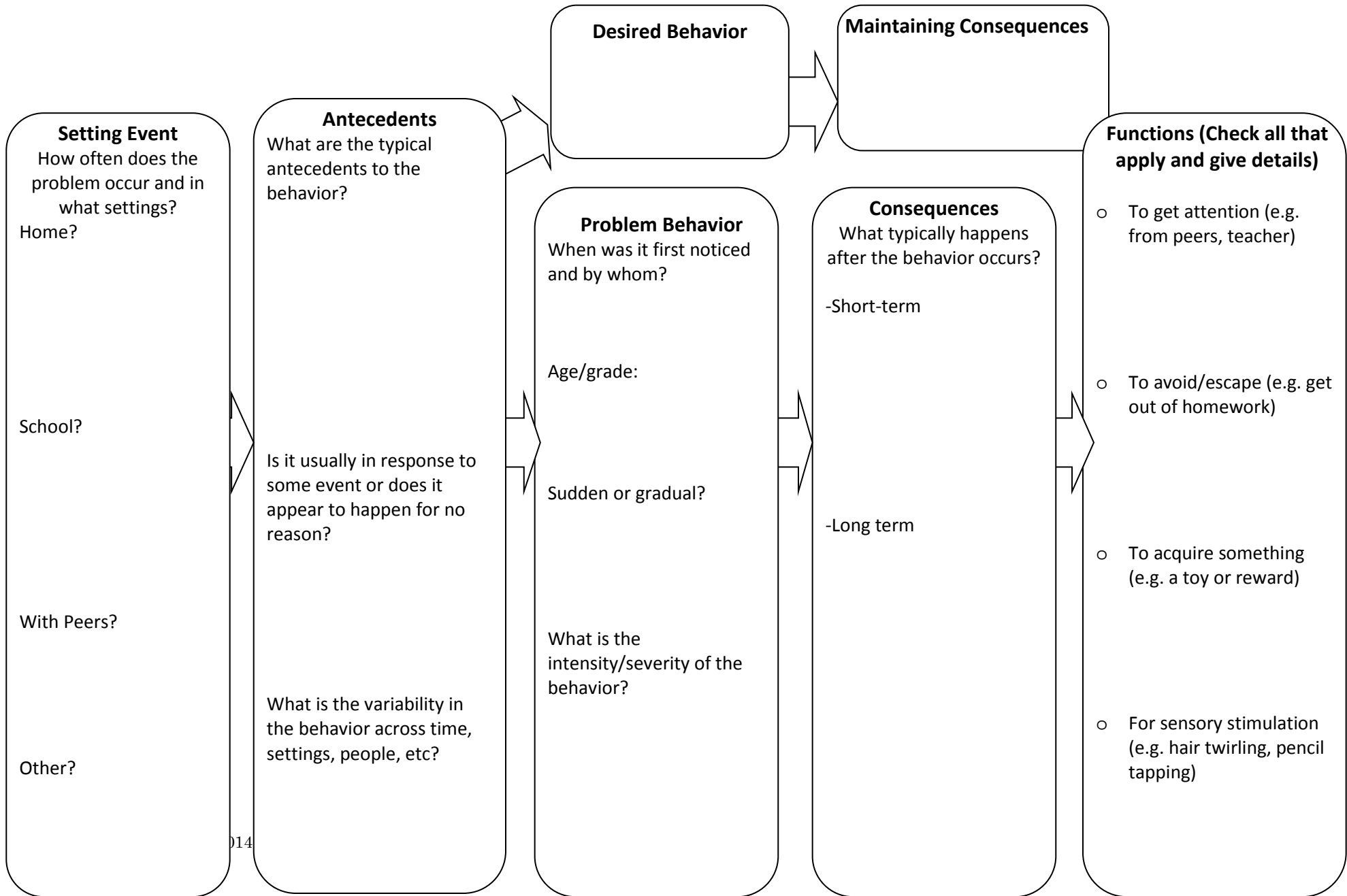
<b>What effect does the behavior have on the child and those around him/her?</b>	
<b>What is the level of impairment associated with the problem behavior?</b>	
No Problem Does not need intervention	Extreme Problem Definitely needs intervention
<b>How do the parents feel about the behavior? What is their expectation of change, i.e. how optimistic/pessimistic are they about change?</b>	
<b>What have the parents tried to do to modify the consequences and what have been the results? How consistent have parents' reactions been?</b>	
<b>Clinician Notes:</b>	

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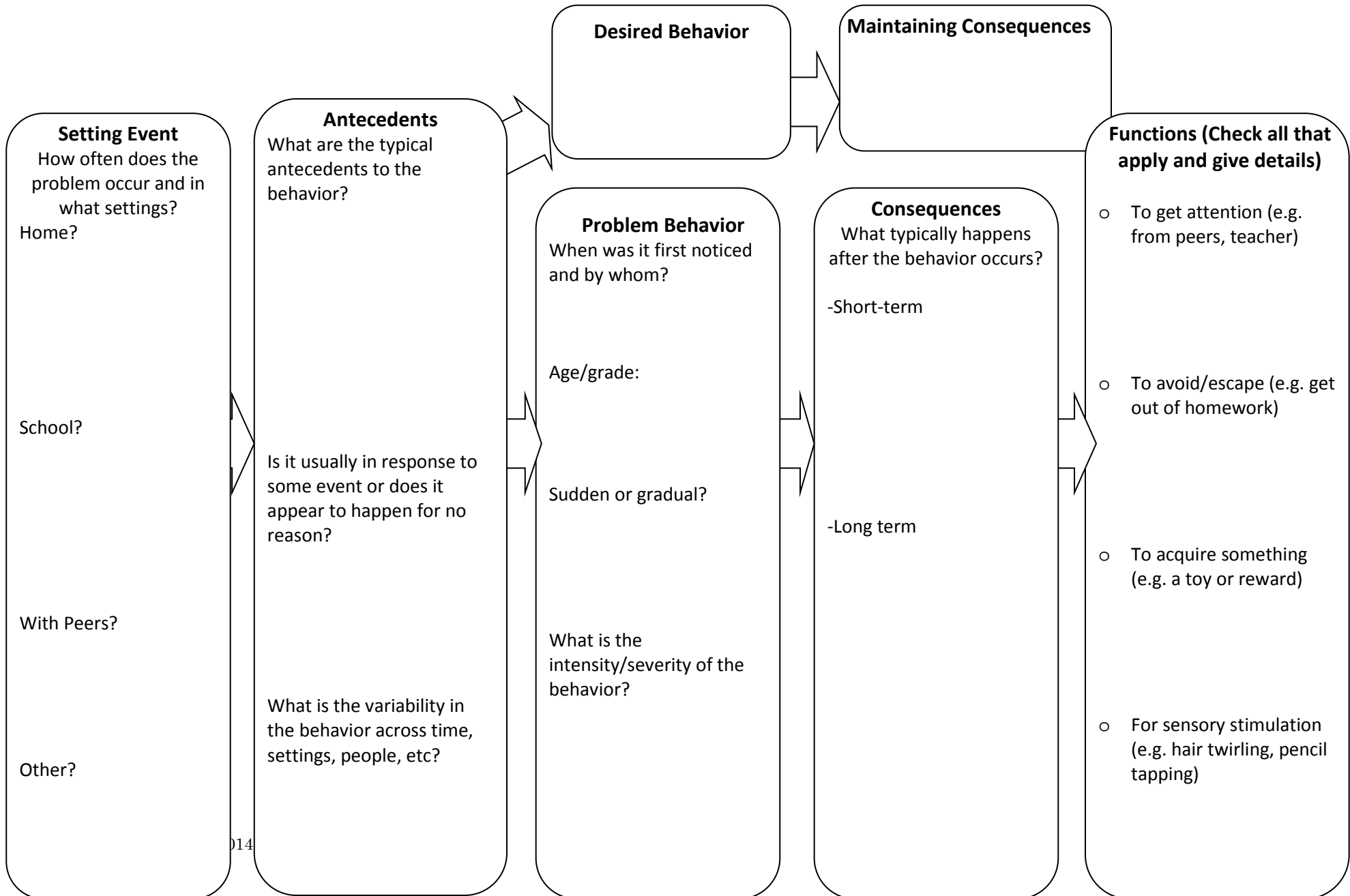
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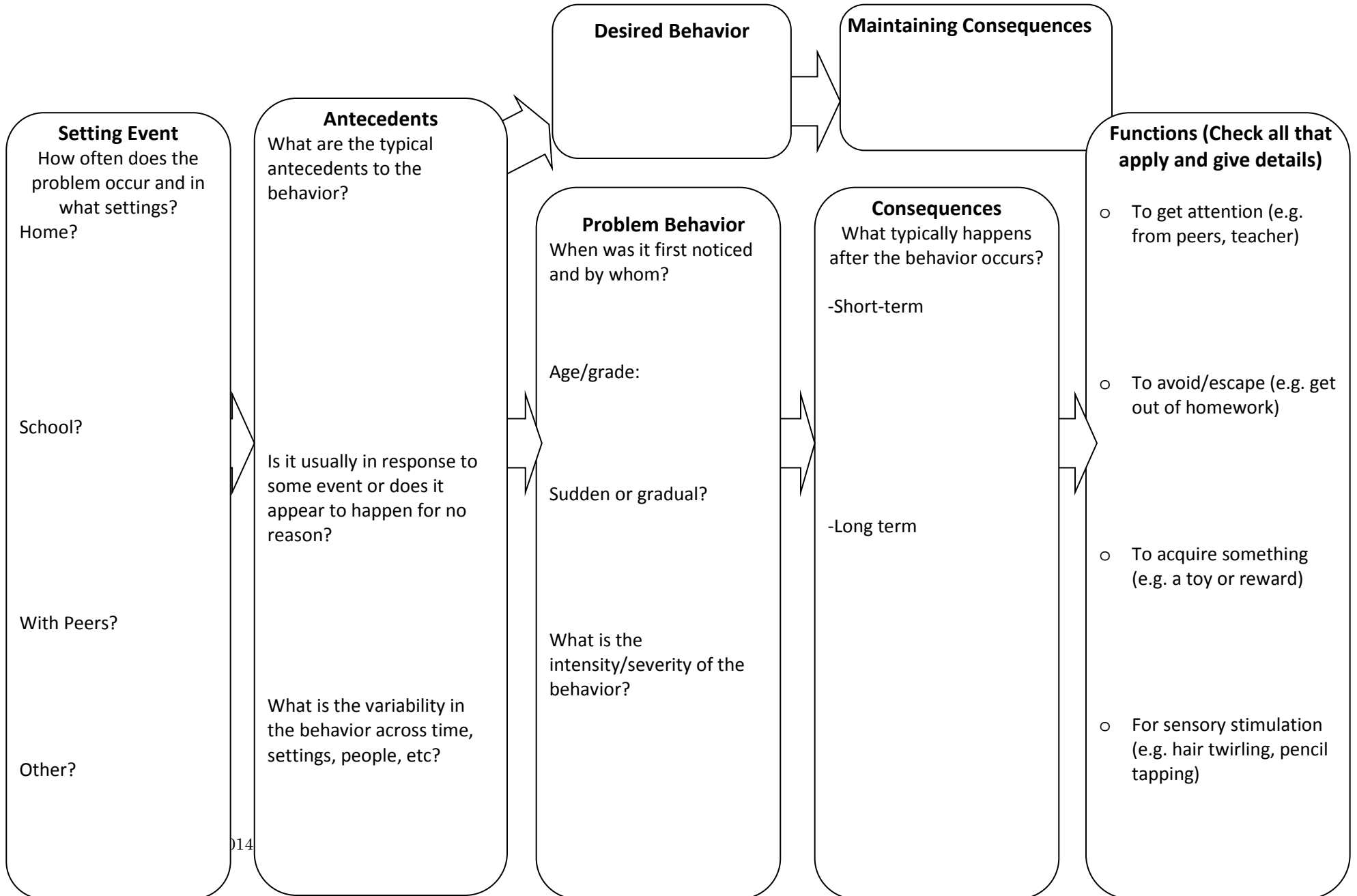
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**Clinician Notes:**

**Child's Household (refer to Family Information Form for details):**

Who lives in the home?:

a. Who are the primary caretakers?

b. Who are the primary disciplinarians?

What are the interactions like between the child and other adults in the home? Include stepparents, grandparents, adult siblings, other relatives, fiancés, etc.

What are the responsibilities of the other adults in the home for the child?

**School Information**

1. Current placement of child in school (see Academic Classification form, if available)

School:

District:

Grade:

# children in class:

# teachers/aides:

Nature of class placement, Circle one:

**Regular**

**Regular + Resource (describe below)**

**Inclusion**

**15:1:1, 6:1:1,**

**Other (describe below)**

If not a regular classroom, describe how placement occurred:

Does the child have a current IEP or 504 plan? (**Get copy for folder of any 504/IEP including IEPs for speech, etc.**)

Current grades (List by subject):

2. Academic history

Previous grades (List by major subject areas):

Has the child ever been retained, expelled or suspended?

Describe (number of times, grade, and circumstances):

Has the child been in special placement in the past?

Nature of class placement, Circle one:

**Regular + Resource (describe below)**

**Inclusion,**

**15:1:1, 6:1:1,**

**Other (describe below)**

When and how did this placement occur, and how long was the child in this placement?

3. Intelligence and Achievement Testing

Has your child ever been tested for intelligence, achievement, or learning problems?

If so, when and where was the most recent test administered?

What was the purpose of the assessment and what were the results (e.g. for special education placement)?

*If child has been tested, obtain a copy of reports from parent or a release to contact the testing agency to obtain results.*

4. Current teacher/school report

List problems noted on teacher rating scales.

Other than what we've already discussed above, has a teacher, principal, counselor, etc. complained to parents of, or noted a need for improvement in child's behavior or academic performance?

Other than what we've already discussed above, what additional issues have been discussed at recent parent/teacher conferences or meetings?

Parent Report of teacher/school assets and liabilities (e.g. cooperative versus resistant):

- a. How cooperative has the current teacher been in helping the parent with their child's needs in the classroom?
- b. How cooperative has the principal/other administrator been in helping the parent with their child's needs in the classroom?

- c. How would you describe your relationship with the teacher (e.g. cooperative versus oppositional)?
- d. How would you describe your relationship with the school administration (e.g. cooperative versus oppositional)?
- e. How often do the parents and teacher/administration communicate:  
 By note: \_\_\_\_\_ By phone: \_\_\_\_\_ Face-to-face? \_\_\_\_\_

Reason for communication (e.g. especially good day, problem in the classroom):

### **Previous Treatment**

*See Family Information Form and Phone Screen. **Review, clarify and correct items directly on the Family Information Form. Initial and date for any changes made.** Record additional notes or clarifications here. . Obtain physician/provider releases if not previously done.*

### Psychoactive medication

### Psychosocial treatment

### Classroom interventions

### School psychologist/counselor:

### Other:



**Current Treatment**

See Family Information Form and Phone Screen. **Review, clarify and correct items directly on the Family Information Form; initial and date for any changes made.** Record additional notes or clarifications here. Obtain physician/provider releases if not previously done.

**Psychoactive medication**

Do parents have concerns about using medication?

**Psychosocial treatment**

Do parents have any concerns about psychosocial treatments?

**Classroom interventions****School psychologist/counselor:****Other:**

**Patient/Family Strengths:** "We've been focusing on areas of concern about your child. Now I would like you to describe some of the positive things about your child and family."