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## CHILD INTERVIEW INTAKE SHEET

*Your child will be interviewed by a professional interviewer. The interview will be recorded and shared with the Multidisciplinary Team who will conduct the investigation. To ensure the highest quality of services, interviews may be observed through professional peer and supervisory review. Confidentiality will be maintained at all times. In an effort to meet your child's needs and to provide the most appropriate services, we rely on your answers to the following questions and will be happy to answer any that you may have. Thank you for your help.*

Caregiver Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_Anglo/Caucasian \_\_\_Hispanic/Latino \_\_\_African American \_\_\_

Multi-Racial \_\_\_ Asian \_\_\_American Indian \_\_\_Other (Specify)

Primary language spoken: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Please check all that apply to your child.**

\_\_\_\_\_ has a medical or mental health condition or a special need that may affect the interview.

Explain:

\_\_\_\_\_

\_\_\_\_\_ takes medication on a regular basis. \_\_\_\_\_ took medication today.

List medications:

\_\_\_\_\_

\_\_\_\_\_ has difficulty with speaking, hearing, vision, physical mobility, or other need.

Explain:

\_\_\_\_\_

\_\_\_\_\_ has a school IEP (Individual Education Plan), receives special education services or other special help at school. Explain:

\_\_\_\_\_

\_\_\_\_\_ needs special accommodations for today's interview.

Explain:

\_\_\_\_\_

\_\_\_\_\_ has been interviewed here, at another child advocacy center in the past or at another location.

Explain: (when, by whom, reason for interview)

\_\_\_\_\_

Please list anything about your culture or religious beliefs that we need to know that would help us better serve your child.

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List anything else that you want us to know about your child today.

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**Caregiver Signature**