

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. 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 _____

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 better help us serve you child.

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