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| --- | --- | --- | --- |
| Child LAST Name       | Child FIRST Name:      | DOB:       | Gender:      |
| Address (No. and Street):      | Apt. #:      | City:      | State:      | Zip:      |
| Interviewer LAST Name:      | Interviewer FIRST Name:      | Interviewer Title:      |
| **Instructions:**This questionnaire will be completed by the MDE Coordinator/Mental Health Evaluator through conversations by phone or in-person with birthparents, placements and/or DCF Social Workers. Please check box to identify interviewee. Use a separate form for each interviewee. |
| Check box of interviewee: | [ ]  Birth/adoptive Mother | [ ]  Placement:  |       |
|  | [ ]  Birth/Adoptive Father | Name of Interviewee:  |       |
|  | [ ]  Foster Parent | Facility Name: |       |
|  | [ ]  DCF Social Worker | Other: |       |
| **INTRODUCTION:** Introduce yourself and with each person your speak with, ask the following: |
| Has the MDE been explained to you? [ ]  Yes [ ]  No |
| Do you receive a letter explaining the MDE? [ ]  Yes [ ]  No |
| Do you have any questions? [ ]  Yes [ ]  No (if yes, please list questions below): |
| 1.
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| 1.
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| 1.
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| **SOCIAL / EMOTIONAL** |
| How is the child doing?       |
| Do you have any concerns? [ ]  Yes [ ]  No If Yes, please explain:      |
| How do you feel about how the child adjusting to the placement?      |
| *Ask Placement* |
|  | Are there any behavioral issues? [ ]  Yes [ ]  No If Yes, please explain:      |
| How is the child sleeping?      |
| How is the child’s appetite?      |
| How is the child interacting with the other kids in the home/placement?      |
| How does the child behave before and after visits?      |
| *Ask Birth Parent* |
|  | How does your child behave during the visit?      |
| Were there any behavioral issues / problems in your home? [ ]  Yes [ ]  No If Yes, please explain:      |
| How was your child sleeping?      |
| How was your child’s appetite?      |
| *Ask Social Worker* |
|  | How does the child behave before, during and after the visits?      |
| **HEALTH** |
| Does the child have any health issues? [ ]  Yes [ ]  No If Yes, please explain:      |
| Does the child have any dental issues? [ ]  Yes [ ]  No If Yes, please explain:      |
| Does the child any health issues that you are concerned about?? [ ]  Yes [ ]  No If Yes, please explain:      |
| Is the Child on any medications? [ ]  Yes [ ]  No If Yes, please list them and explain:      |
| Does the child have allergies? [ ]  Yes [ ]  NoTo foods? [ ]  Yes [ ]  NoTo medications? [ ]  Yes [ ]  No If Yes, please explain:      |
| **EDUCATION** |
| *Ask Placement / Birth Parents* |
|  | Do you have any educational concerns? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Is the child receiving any special education resources? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | If not school age is the child involved in Birth-To-Three services? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Are there any behavioral problems at school? [ ]  Yes [ ]  No If Yes, please explain:      |
| *Ask Birth Parents* |
|  | Does your child go to school in the summer? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Does your child leave the classroom for any time during the day? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Have you ever attended a meeting at the school regarding evaluation or services your child receives at school? [ ]  Yes [ ]  No If Yes, please explain:      |
| *Ask Social Worker* |
|  | How many days has the child been absent?       | Of those, how many are unexcused?       | Total number of days suspended:       |
|  | Has the child been suspended? [ ]  Yes [ ]  No | If Yes, Number of suspensions?       | [ ]  In school days:      [ ]  Out of school days:       |
|  | Is the child receiving instruction in Tier 2 or Tier 3? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Does the child receive accommodations under Section 504? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | For those students with 504 accommodations and any other regular education student, has there been a referral for evaluation for special education?      |
|  | Does the child receive special education services? [ ]  Yes [ ]  No If Yes, what is the child’s primary disability?      |
|  | Does the child receive related services? [ ]  Yes [ ]  No If Yes, please explain:      |
|  | Is the child functioning at grade level? [ ]  Yes [ ]  No If No, please explain:      |
|  | Has any prior school-based evaluation been completed (e.g., psychological, OT, S/L, achievement)? [ ]  Yes [ ]  No If Yes, please explain:      |
| **FINAL** |
| What are the child’s Strengths?       |
| What are the child’s Interests?      |
| Is there anything else that you think would be helpful or useful to share about the child to aid in the overall evaluation? [ ]  Yes [ ]  No If Yes, please explain:      |