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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): | | | | | | | | | | | | | |
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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  No  To foods?  Yes  No  To 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: | | | | | | | | | | | | | |