

Child Interview – Permanency Planning / FCS

Specialist Name:

U#

Date:

Overall Evaluation

Engagement and Rapport

Meets Standards (10-8)

Needs Improvement (7-6)

Does Not Meet (5 or less)

- | | | | |
|--|-------|-----|----|
| 1) Introduced self and clearly explained overall role | _____ | Yes | No |
| 2) Explained the purpose of the interview | _____ | Yes | No |
| 3) Used appropriate tool to engage/interview the child | _____ | Yes | No |
| 4) Listened to and responded to the child's questions | _____ | Yes | No |
| 5) Appropriate use of casual conversation throughout interview | _____ | Yes | No |
| 6) Engaging and receptive towards the child | _____ | Yes | No |
| 7) Respectful to the child throughout the interview | _____ | Yes | No |
| 8) Non-threatening towards the child | _____ | Yes | No |
| 9) Non-judgmental towards the child | _____ | Yes | No |
| 10) Empathetic towards the child (verbally acknowledged fears and/or concerns) | _____ | Yes | No |

Overall Feedback - Rapport and Engagement:

Total Number:

Interviewing

Meets Standards (7-6)

Needs Improvement (5-4)

Does Not Meet (3 or less)

- | | | | |
|---|-------|-----|----|
| 1) Used open ended questions throughout majority of the interview | _____ | Yes | No |
| 2) Avoided leading and coercive questions | _____ | Yes | No |
| 3) Allowed the child to speak without interrupting (appropriate use of silence) | _____ | Yes | No |
| 4) Attentive to the child's body language | _____ | Yes | No |
| 5) Effective use of redirection and summarization | _____ | Yes | No |
| 6) Interview flowed well | _____ | Yes | No |
| 7) Spoke on the child's developmental level | _____ | Yes | No |

Overall Feedback - Interviewing:

Total Number:

Assessing Safety

Meets Standards (5)

Needs Improvement (4-3)

Does Not Meet (2 or less)

- | | | |
|---|-----|----|
| 1) Clearly identified how the child defines safe _____ | Yes | No |
| 2) Asked follow-up questions throughout the interview regarding safety, permanency and well-being _____ | Yes | No |
| 3) Gauged the child's feelings/fears/concerns regarding at least two of the following: _____ | Yes | No |
| o Visitation with parents – | | |
| o Reunification with parents/ending of Safety Plan – | | |
| o Adjustment and/or issues in the placement – | | |
| 4) Sufficiently addressed at least two of the following safety areas: _____ | Yes | No |
| o Discipline – | | |
| o Sleeping arrangements – | | |
| o Other people living/visiting the home – | | |
| 5) Sufficiently addressed at least two of the following permanency or well-being areas: _____ | Yes | No |
| o Adjustment/behavior – | | |
| o Education – | | |
| o Medical/psychological – | | |

Overall Feedback - Assessing Safety:

Total Number:

Developmental Plan Recommendations:

Grader Name:

Grader Signature: