

| 1. ACTIVITIES, SCHOOL, JOB, cont. | OBSERVATIONS | SELF-REPORTS |
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| <p>School, cont.</p> <p>How about your teachers. Which teacher do you like best? What do you like about _____?</p> <p>Which teacher do you like least? What don't you like about _____?</p> <p>How much homework do you have? When do you do your homework? Does anyone help you? Tell me how that works out, having _____ help you. What subjects do you have trouble with? Do you get any special help?</p> <p>Do you ever get in trouble in school? Do you ever worry about school?</p> <p>If you could change something about school, what would it be?</p> <p>Job (ages 12-18)</p> <p>Do you have a job? How do you feel about your job/boss?</p> <p>Do you have other ways to earn money?</p> <p>Do you get an allowance?</p> | <p>SAMPLE</p> | |
| <p>2. FRIENDS</p> <p>How many friends do you have? Do you think that is enough friends? Are your friends boys or girls? How old are your friends?</p> <p>What do you do with your friends? Do they come to your house? Do you go to their house? How often?</p> <p>Tell me about someone you like. What do you like about _____?</p> <p>Tell me about someone you don't like. What don't you like about _____?</p> | | |

| 2. FRIENDS, cont. | OBSERVATIONS | SELF-REPORTS |
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| <p>Do you ever have problems getting along with other kids? What kinds of problems do you have? What do you try to do about ____?</p> <p>Do you ever feel lonely or left out of things? What do you do when that happens?</p> <p>Do you ever get into fights or arguments with other kids? Do the fights involve yelling or hitting? Does that happen with one other kid or with a group? What usually starts the fights? How do they usually end? What are some other ways you could solve that problem, besides fighting?</p> <p>Additional re: Friends (ages 12-18)</p> <p>How do you feel about dating/dances/parties? Do you have a girlfriend/boyfriend? How does your family feel about your social life?</p> <p>3. FAMILY RELATIONS</p> <p>Who are the people in your family? Who lives in your home?</p> <p>In your home, do the kids have separate rooms? How do you like having separate rooms/sharing a room with ____?</p> <p>Who makes the rules in your home? What happens when kids break the rules? Do you think the rules are fair or unfair?</p> <p>What are the punishments in your home? Who punishes you when you do something wrong? Do you think the punishments are fair or unfair?</p> <p>How do your parents get along? Do they have arguments? (If yes) What are the arguments about? How do you feel when they argue like that?</p> <p>If you could change something in your family or home, what would it be?</p> | | <p style="text-align: center; font-size: 48px; opacity: 0.5;">SAMPLE</p> |

| 3. FAMILY RELATIONS, cont. | OBSERVATIONS | SELF-REPORTS | |
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| <p>Kinetic Family Drawing (ages 6-11; optional for ages 12-18) Provide pencil and paper. Ask child to "draw a picture of your family doing something together." The questions below are asked about the drawing once it is completed. Each family member is discussed.</p> <p>What are they doing? What kind of a person is ____? Tell me three words to describe ____. How does ____ feel in that picture? What is ____ thinking? Who do you get along with best/least? What is going to happen next in your picture?</p> <p>Description of Family (ages 12-18) (If no drawing is requested.) Tell me about the people in your family. What kind of a person is ____? Who do you get along with best/least? Does your family set a time for you to be in at night? How do you feel about that?</p> | <p style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg);">SAMPLE</p> | | |
| <p>4. FANTASIES</p> <p>If you had 3 wishes, what would you wish? Reasons for each? What would you like to be when you're older? If you could change one thing about yourself, what would it be?</p> | | | |
| <p>5. SELF PERCEPTION, FEELINGS</p> <p>Tell me a little more about yourself. What makes you happy? What makes you sad? What do you do when you're sad? What makes you mad? What do you do when you're mad? What makes you scared? What do you do when you're scared?</p> <p>What do you worry about? How do you feel most of the time? What do you need the most?</p> <p>Have you had any strange experiences or things happen that you don't understand? (Pursue any indication of suicidal or strange thoughts.)</p> | | | |

| <p>6. PARENT/TEACHER-REPORTED PROBLEMS</p> <p>Problems are selected from those scored 2 on a CBCL or TRF profile scale where child has a high score, or other problems that are of concern. Six problems are recorded below before the interview. Introduce problems to child by saying: <i>"I want to talk to you about problems kids sometimes have and hear your opinion about them. Some kids have problems with _____. Is that a problem for you?"</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> | <p>OBSERVATIONS</p> | <p>SELF-REPORTS</p> |
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| <p>7. ACHIEVEMENT TESTS (Optional)</p> <p>Two user-selected standardized tests are administered. Total time 15-20 minutes.</p> <p>Mathematics test Reading Recognition test</p> | | |
| <p>8. FOR AGES 6-11: SCREEN FOR FINE & GROSS MOTOR ABNORMALITIES (Optional)</p> <p>Writing Sample Child is asked to write 3 sentences about something child likes or to write the alphabet if child cannot write sentences.</p> <p>Gross Motor Screening Child is asked to move to the opposite end of the room to "do some things on left and right and play catch." Check whether child passes each item below.</p> <p>Show right hand _____, left foot _____, left hand _____, right foot _____. Hop on one foot, left _____, right _____. Catch ball with two hands _____, right hand _____, left hand _____.</p> | | |

SAMPLE