

**SNAP® GIRLS PROGRAM**

**CHILD SCREENING INTERVIEW REPORT**

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| **Full Name:** | | **Participant #:** |
| **Date Completed:** | **DOB:** | **Interview Completed by:** |

**ICEBREAKER:**

Begin with a brief activity, suggestions can be found in “More Creative Interventions For Troubled Children and Youth” by Liana Lowenstein, such as the “About Me Puzzle”

**FAMILY**

1. Who do you live with? Tell me about your family….

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1. What activities do you do with your family?

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1. On a scale of 1-5 how well do you get along with your mom? For younger children, you may use a 3 point scale: never get along, so-so, or always get along.

☹ 1 2 3 4 5 ☺

1. What do you really like about your Mom?

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1. What does your mom really like about you?

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1. If you could change anything about your mom what would it be?

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1. If your dad does not live with you, do you see him often?

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1. On a scale of 1-5 how well do you get along with your Dad?

 1 2 3 4 5 

1. What do you really like about your dad?

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1. What do you wish you could change?

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1. What does your dad really like about you?

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1. On a scale of 1-5 how well do you get along with your brothers and sisters?

 1 2 3 4 5 

1. What do you like about your brother(s) or sister(s)? What would you change?

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1. How often do you see your grandparents? Aunts? Uncles? Cousins?

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1. What do you do when you are with them?

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1. When you are your mom’s (dad’s) age what will you do?

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**Friends:**

1. Tell me about your friends:

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1. What have you done to be a good friend? Or what do you think a good friend is, and do you do any of these things? (Check off characteristics child listed)

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1. Who do you play with/hang out with during school? What about after school? What do you do together? Do you go to their house or do they come to yours? How old are your friends? Do they live around you?

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1. Have you ever (circle):

Hit, kicked, pushed Excluded Talked about

Said mean things to or about Told someone else’s secrets

1. How does it make you feel after you do it?

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1. Do you know other kids who do these things? **Yes or No**
2. How do you think they feel when they do these things?

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1. Are you friends with them? **Yes or No**

1. Are kids ever mean to you, tease, hit, call names….? How does it make you feel? What do you do when this happens?

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1. What do you really like about yourself? Is there something you’re really good at or something you do that makes you feel good about yourself?

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1. Is there anything you don’t like about yourself or is there anything about yourself you would change?

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1. What do people really like about you?

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**SCHOOL:**

1. What is the best part about school?

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1. Do you ever have any problems in your class? At recess?

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1. What subjects do you do best in? What subjects are hard for you?

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1. Do you go to any after school program? Where? Tell me about it?

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**FEELINGS:**

1. Angry, sad, happy, worried, scared, loved, \_\_\_\_\_\_\_\_\_\_ (animated faces). Child circles the 3 feelings faces they experience most often.
2. Ask the child to name each of the feelings they circled, as well as the corresponding questions for each:
3. What is this feeling? When would you feel like the person in this picture? What do you do when you feel \_\_\_\_\_\_\_\_\_\_\_?

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1. For each of the three feelings explore how often the child experiences the emotion:

* “ Do you feel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

A little Sometimes A lot

* “Do you feel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

A little Sometimes A lot

* “Do you feel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

A little Sometimes A lot

1. When you have this feeling what do you do that makes you feel better (Focus on problem feelings). Prompts: do you talk to anyone, play something fun or tell yourself things will get better?

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**THOUGHTS:**

1. Do you ever say things to yourself that make you feel good? Like What?

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1. Do you ever say things to yourself that don’t make you feel so good? Like what?

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**PROBLEM SOLVING- older kids**

1. Tell me about a problem you were able to solve. What was the problem? What happened? What did you do? Would you do anything different if the same problem happened again?

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1. Tell me about a problem that you couldn’t solve? What happened? What did you do? Would you do anything different if the same problem happened again?

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**PROBLEM SOLVING- younger kids**

1. Do you know what a problem is? Have you ever had a problem that you fixed by yourself? Tell me about it. **Prompts:** What did you do? Did it make your problem bigger or smaller? What would you do next time to keep the problem small?

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1. If child is unable to identify a problem refer to the checklist where child checks off which ones they’ve experienced:

* Got into trouble at school
* Had a fight with someone
* Didn’t listen

1. If you had 3 wishes, what would you wish for?

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| 1. |
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| 3. |

1. How do you get ready for school in the morning? What do you need to do? What happens (when you listen/don’t listen)?

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1. What do you know about SNAP Girls?

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1. Why would you be coming here with your family?

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1. Describe groups. **Ask Child**: When you’re in a group with people you do not know, how does that make you feel? What can a group leader do to make you feel comfortable?

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**GOALS:**

1. We spoke about some of the things that get you into trouble (review previous answers), is there anything else? **Prompts:** steal, lie, suspensions, police contact, swearing, hitting adults/parents.

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1. If you decided to make things better at home/school what would you change? (we call these things you want to change goals).

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1. How will you/your family be different if you accomplish these goals?

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**END WITH A FUN ACTIVITY OF THE CHILD’S CHOICE**

**Child’s View of Treatment:**

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**General Impressions/ Pertinent Information:**

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| Interview Completed by (signature): | | |
| Date: | | |
| Location: | | |

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