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

1. Tell me about yourself:

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1. Favorite TV Show:

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1. Favorite Color:

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| --- |
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1. Favorite Activity/Sport:

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1. Hobbies/Collections:

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1. What do you like to do with your free time after school and on weekends?

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1. Do you belong to any organized activities, clubs or sports teams?

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1. What do you really like about yourself?

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1. Is there anything you do not like so much about yourself and wish you could change?

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1. Who are the members of your family that live with you?

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1. What activities do you do with your family?

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1. What do you really like about your family?

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1. Is there anything that you would change about your family if you could?

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1. How well do you get along with your mom? On a scale of 1-10

 1 2 3 4 5 6 7 8 9 10

 not very so-so really, really

 good at all good

1. What do you really like about your mom?

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1. What do you like least about your mom and wish she could change?

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1. Do you see your dad often? Yes [ ] No [ ] Explain:

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1. How well do you get along with your dad? On a scale of 1-10

 1 2 3 4 5 6 7 8 9 10 not very so-so really, really

 good at all good

1. What do you really like about your dad?

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1. What do you like least about your Dad and wish he could change?

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1. How well do you get along with your siblings? On a scale of 1-10

 1 2 3 4 5 6 7 8 9 10

 not very so-so really, really

 good at all good

1. Interviewer’s impressions regarding child’s attitude toward family:

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1. School Information:

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| What do you think about school?  |
| What is your teacher’s name?  |
| What do you like most about school?  |
| What do you like least about school?  |
| Which subject do you do best in?  |
| Which subject do you do worst in?  |

1. What do you want to be when you grow up?

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

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1. What are your friends like? (i.e. few friends or many, age, school or neighborhood, what do you like to do together?)

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1. Child’s perception of the precipitating incident: Why are you coming to group?

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1. Have you ever stolen something? Yes [ ] No [ ]

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| What have you stolen? |
| What was the first thing you ever took?  |
| How long ago was that?  |
| Why do you steal?  |

When you steal, how do you feel:

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| --- |
| Before?  |
| During?  |
| After?  |

1. Have you ever been in trouble with the police? Yes [ ] No [ ] If yes, explain:

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**GOALS:** What do you want to accomplish/learn/work on in-group?

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**Shoot For Your Goal Sheet Started?** Yes [ ] No [ ]

At the end of groups, how will you know that you accomplished your goal?

What will be different?

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

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