

Facility: \_\_\_\_\_ Dorm: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Guardian Address: \_\_\_\_\_

How long have you been here? \_\_\_\_\_ Do you know when you may leave? \_\_\_\_\_

Why here? Court ordered? : \_\_\_\_\_

Medications? \_\_\_\_\_

Do you know why you take them? \_\_\_\_\_

Have your meds changed since being here?      YES      NO

Prior Medications: \_\_\_\_\_

Can you refuse Meds? \_\_\_\_\_

Previous Placements: \_\_\_\_\_

**TREATMENT/PROGRAMS/ACTIVITIES**

Is there a level or point system? \_\_\_\_\_ What level are you? \_\_\_\_\_

How do you change levels? \_\_\_\_\_

How often do you have Individual therapy? \_\_\_\_\_ Therapist: \_\_\_\_\_

Have you had any other therapists here? (# and names) \_\_\_\_\_

Efficacy: \_\_\_\_\_ Family Therapy? How often? \_\_\_\_\_

How often do you have group therapy? \_\_\_\_\_ Do you ever refuse group? If so, why? \_\_\_\_\_

Who leads group? \_\_\_\_\_ How many are in group? \_\_\_\_\_

What do you do? Is it helpful? \_\_\_\_\_

Have you been sick or hurt since you have been here? Have you been to the doctor or hospital?

What is a typical day like? (what time do you wake up, how long are you on the unit, school, etc.) \_\_\_\_\_

What do you do when you are on the unit? Is it loud? \_\_\_\_\_

Is there somewhere you can go to be alone? Sensory Room? \_\_\_\_\_

**How would you describe being here in one word?** \_\_\_\_\_

What programs/activities are offered here? \_\_\_\_\_

How often do you go outside? \_\_\_\_\_ When was last time outside? \_\_\_\_\_

Do you know what a grievance is? \_\_\_\_\_ How to file one? \_\_\_\_\_

Have you ever written a grievance? If so, what was the outcome? \_\_\_\_\_

**Education**

Grade: \_\_\_\_\_ Previous School District: \_\_\_\_\_ School Hours: \_\_\_\_\_

Special Education Services in School? \_\_\_\_\_ Here? \_\_\_\_\_ Dyslexia Screening? \_\_\_\_\_

Does everyone work on same assignments? \_\_\_\_\_

Are your assignments for your grade level? \_\_\_\_\_

What materials do you use? Teaching methods? \_\_\_\_\_

Do you have access to computers? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Safety**

Do you feel safe here? \_\_\_\_\_ Do you feel others are safe here? \_\_\_\_\_

Why? \_\_\_\_\_

Where are staff at night when you are in your rooms? \_\_\_\_\_

Have you been involved in any fights or hurt by any resident? \_\_\_\_\_

How often are there fights? \_\_\_\_\_

Have staff ever hurt you or made you uncomfortable? Did you tell anyone? What happened? \_\_\_\_\_

Have you been restrained? \_\_\_\_\_ #? \_\_\_\_\_ Length? \_\_\_\_\_ Injury? \_\_\_\_\_

Given a shot or PRN? \_\_\_\_\_ #? \_\_\_\_\_ How did it affect you? \_\_\_\_\_

Locked in seclusion Room? \_\_\_\_\_ #? \_\_\_\_\_ How long? \_\_\_\_\_

Have you seen anyone be restrained, given a shot, or secluded? # or frequency? \_\_\_\_\_

Is there anyone who gets restrained a lot? Who? \_\_\_\_\_

Who washes your clothes? Do you have clean clothes? \_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_