

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 you 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? _____
