

MDT: Student Perspective Interview Form

Purpose: The purpose of this form is to ascertain student perspective of strengths, real concerns and hoped for outcomes to be used for consideration by the Multi-Disciplinary Team (MDT).

This form is intended to be used by the School Social Worker (or designee) to provide interview prompts to glean relevant information that may be used in the development of a Multi-Disciplinary Team Action Plan (MDT Action Plan). It is not expected that all items are responded to by the student.

Primary goals for this interview process are:

1. Establish positive rapport and the foundation for trust between the School Social Worker (or designee) and student.
2. To gather information that will assist the MDT in identifying interventions and supports that may lead to positive outcomes for the child and family.
3. To inform the student about the MDT process, discuss the potential benefits of the process..

Student: _____ DOB: _____ Gender: _____ Grade: _____ Teacher: _____

Parent/Guardian Name(s): _____ Date: _____

Address: _____ Phone: _____

◇ **What are your favorite things to do?**

At Home:	With Family:	With Friends:	At School:

◇ **Describe what a really good day is like (or what it would be like) for you...**

At Home:	At School:

◇ **What is the best time you ever had?**

◇ **What are you really good at (strengths; skills)?**

At Home:	At School:

◇ **What is stressful to you? (See Stress List):**

--

◇ **Do you have concerns that you wish would get better? (See Page 4 Concerns List)**

At Home :	At School:	About Yourself:

What would make it better? (See Page 4 Outcomes List)

--	--	--

◇ **Are there any adults in your life who you really like and trust?**

If yes, who?

Trusted Adult(s) Outside of School:	Trusted Adult(s) at At School:

◇ **Are there any big changes in how you've been feeling or behaving at home or school?**

Yes (explain): No Difference

◇ **Have there been any recent changes or troubles at home or school that might explain why you have been feeling or behaving differently?**

Yes (explain): Not that I can think of

“What Matters to Me” Checklist

Item:	Matters to me:		
Spending time with my family	A Lot	A Little	Not at All
Playing with friends	A Lot	A Little	Not at All
Playing with my pet(s)	A Lot	A Little	Not at All
Taking care of my pet(s)	A Lot	A Little	Not at All
Spending time alone	A Lot	A Little	Not at All
Being noticed when I do something well	A Lot	A Little	Not at All
Peace	A Lot	A Little	Not at All
Having less stress in my life	A Lot	A Little	Not at All
Participating in sports or exercise	A Lot	A Little	Not at All
Participating in dance or cheerleading	A Lot	A Little	Not at All
Participating in scouts (cub scouts , brownies, girl scouts, boy scouts)	A Lot	A Little	Not at All
Getting good grades in school	A Lot	A Little	Not at All
Honesty	A Lot	A Little	Not at All
Being well-liked by my teachers	A Lot	A Little	Not at All
Being well-liked by my peers	A Lot	A Little	Not at All
Having a neat and clean room	A Lot	A Little	Not at All
Staying up late	A Lot	A Little	Not at All
Love	A Lot	A Little	Not at All
Cooking or Baking	A Lot	A Little	Not at All
Learning new things	A Lot	A Little	Not at All
Being listened to	A Lot	A Little	Not at All
Improving the world	A Lot	A Little	Not at All
Being smart	A Lot	A Little	Not at All
Going to church or synagogue (your place for worship)	A Lot	A Little	Not at All
Power	A Lot	A Little	Not at All
Texting friends or Talking to friends on the phone	A Lot	A Little	Not at All
Reading books or magazines	A Lot	A Little	Not at All
Being clean or neat	A Lot	A Little	Not at All
Music (listening to music; singing; playing an instrument)	A Lot	A Little	Not at All
Earning money (or having money)	A Lot	A Little	Not at All
Courage or Bravery	A Lot	A Little	Not at All
Eating healthy foods	A Lot	A Little	Not at All
Watching TV shows or Movies	A Lot	A Little	Not at All
Taking risks or doing dangerous things	A Lot	A Little	Not at All
Playing video games	A Lot	A Little	Not at All
Art (drawing; coloring; painting; clay,...)	A Lot	A Little	Not at All
Building things (Legos; models; Lincoln Logs,...)	A Lot	A Little	Not at All
Learning new things	A Lot	A Little	Not at All
Feeling Happy	A Lot	A Little	Not at All
Helping others	A Lot	A Little	Not at All
Fairness	A Lot	A Little	Not at All
Humor or Laughing	A Lot	A Little	Not at All
Other thing that really matters to me: _____	A Lot	A Little	Not at All
Other thing that really matters to me: _____	A Lot	A Little	Not at All

General Concerns list:

<input type="checkbox"/>	I am sad	<input type="checkbox"/>	I am tired a lot
<input type="checkbox"/>	I have a lot of stress	<input type="checkbox"/>	I get agitated or irritated (mad) easily
<input type="checkbox"/>	I lose control of my temper	<input type="checkbox"/>	I don't concentrate well/ I am easily distracted
<input type="checkbox"/>	I have too much energy	<input type="checkbox"/>	I am worried a lot
<input type="checkbox"/>	I don't get enough sleep or tired/fatigued	<input type="checkbox"/>	I sleep too much
<input type="checkbox"/>	I don't eat enough	<input type="checkbox"/>	I eat too much
<input type="checkbox"/>	Sometimes I can't stop thinking about things that bother me	<input type="checkbox"/>	I don't spend time with peers (or communicate with them) after school or on weekends
<input type="checkbox"/>	I don't have any close friends	<input type="checkbox"/>	I bully (or pick on) peers or my siblings
<input type="checkbox"/>	I physically hurt others (siblings, peers, parents, pets)	<input type="checkbox"/>	I do unsafe things or take dangerous risks
<input type="checkbox"/>	I say mean things to others	<input type="checkbox"/>	I take dangerous risks
<input type="checkbox"/>	I get bullied or picked on	<input type="checkbox"/>	I talk negatively about myself (I put myself down)
<input type="checkbox"/>	I have arguments at home about doing homework	<input type="checkbox"/>	I don't like to be told what to do
<input type="checkbox"/>	I have trouble concentrating or paying attention	<input type="checkbox"/>	School is very boring for me
<input type="checkbox"/>	I am unmotivated or disinterested in school	<input type="checkbox"/>	I am in 'trouble' a lot at school
<input type="checkbox"/>	I have low grades	<input type="checkbox"/>	I have problems completing homework
<input type="checkbox"/>	I am late to school a lot or absent a lot	<input type="checkbox"/>	I don't get along with my teachers
<input type="checkbox"/>	I don't like to be told what to do	<input type="checkbox"/>	I have thoughts about self-harm
<input type="checkbox"/>	I have trouble socially in school: <input type="checkbox"/> I don't like my peers <input type="checkbox"/> I get in fights <input type="checkbox"/> I am by myself a lot <input type="checkbox"/> I get picked on or teased	<input type="checkbox"/>	Physical/Health problems or complaints: <input type="checkbox"/> Headaches <input type="checkbox"/> Stomach aches <input type="checkbox"/> Physically uncomfortable a lot <input type="checkbox"/> Other _____

Possible Outcomes List:

<input type="checkbox"/>	To be less mad	<input type="checkbox"/>	To be less frustrated or irritated (less mad)
<input type="checkbox"/>	To be happy more often (less sad or tearful)	<input type="checkbox"/>	To be more calm (less worried or anxious)
<input type="checkbox"/>	To think more positively about myself or about the future (Be less negative)	<input type="checkbox"/>	To get along better with family members (specify)
<input type="checkbox"/>	To have fewer temper outbursts	<input type="checkbox"/>	To be less involved in risky or unsafe behavior
<input type="checkbox"/>	To have more communication or fun with peers	<input type="checkbox"/>	To sleep more regularly and normally
<input type="checkbox"/>	To have less trouble getting homework done	<input type="checkbox"/>	To be on-time for school
<input type="checkbox"/>	Eat more regularly and more healthily	<input type="checkbox"/>	To have improved grades
<input type="checkbox"/>	To improve school attendance	<input type="checkbox"/>	To participate in fun or interesting after school activities
<input type="checkbox"/>	To have fewer behavior problems at school	<input type="checkbox"/>	To handle emotions (sad, frustrated, worried, angry) better in school
<input type="checkbox"/>	To be more socially involved at school (have more fun with peers; positive communications with peers)	<input type="checkbox"/>	To be less socially isolated
<input type="checkbox"/>	Other (please explain): _____	<input type="checkbox"/>	