

MDT: Parent (Guardian) Perspective Interview Form

Purpose: The purpose of this form is to provide prompts that gain parent/guardian perspective of real concerns and hoped for outcomes, to be used to inform the Multi-Disciplinary Team.

- *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 parent/guardian.*
- *It is anticipated that establishing rapport and gathering parent perspective may take multiple session over the course of weeks. If, after 21 days from the initial contact with the parent, insufficient information has been gathered to proceed with an MDT meeting, the School Social Worker (or designee) should alert the referring team and a decision should be made to: withdraw the referral for the MDT process, formally extend the expected timeframe for information gathering, or decide to proceed with an MDT Meeting despite the lack of information.*

Primary goals for this interview process are:

1. *Establish positive rapport and foundation for trust between the School Social Worker (or designee) and parent/guardian (note: the social worker or designee will sustain family contact after an MDT plan is established).*
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 parent/guardian about the MDT process, discuss the potential benefits of the process, affirm consent for the process, and set the stage for parent/guardian engagement in the process.*

Student: _____ Grade: _____ DOB: _____ Date: _____ Home Phone: _____

Parent/Guardian: _____ Address: _____ Email: _____

Part 1: Positive Perspective: What Is Going Well?

Prompts to elicit positive perspective to help keep focus on positive outcomes

- Describe what it looks like and feels like when things are going well (going as you hope they would) for you, your child or the family.
- Describe what a good day is like (or would be like) for you, your child or the family?
- What is your favorite time the family has (or ever had) together?
- What is your favorite day of the year? What is your child's favorite day of the year? Why?
- What is the best time (most fun or joy) your child has ever had?
- What would your child say is his favorite thing to do at home or with family?
- What do you think matters most in the world to your child (interests; values; what does he/she care about; likes to do)?
- What does (or could) the school do that has been (or could be) most helpful to you or your child?
- What resources are available in school or the community that are, or might be, helpful?
- In your opinion, what is your child good at (strengths; skills)?

Part 2: Concerns

Physical Health Concerns:

- Physical illness, medications, fatigue, allergies, general health worries/concerns, etc.

		Level of Concern		
Physical Health Concerns	<input type="checkbox"/> Medical concerns (describe):	High	Medium	Low
	<input type="checkbox"/> Medication concerns:	High	Medium	Low
	<input type="checkbox"/> Physical development	High	Medium	Low
	<input type="checkbox"/> Physical complaints: _____	High	Medium	Low
	<input type="checkbox"/> Sleep Difficulties: __too much sleep __difficulty sleeping / not enough sleep	High	Medium	Low
	<input type="checkbox"/> Food-Related Concerns: __Unhealthy Diet __Eats too much __Eats too little ____Thinks too much about food	High	Medium	Low
	<input type="checkbox"/> Has too much energy or too little energy	High	Medium	Low
	<input type="checkbox"/> Concerns related to prescription medications (describe):	High	Medium	Low
	<input type="checkbox"/> Vision Concerns <input type="checkbox"/> Hearing Concerns	High	Medium	Low
	<input type="checkbox"/> Is or might be using drugs (non-prescription) or alcohol	High	Medium	Low

Emotional Regulation or Mood Concerns:

- (Sad, Depressed; Mad, Angry; Anxious, Worried; Mood Swings, Ups and Downs)

		Level of Concern		
Emotional Regulation or Mood Concerns	<input type="checkbox"/> Is sad or tearful	High	Medium	Low
	<input type="checkbox"/> Moods are up and down (variable; change quickly)	High	Medium	Low
	<input type="checkbox"/> Has temper tantrums	High	Medium	Low
	<input type="checkbox"/> Seems unmotivated or disinterested in family activities	High	Medium	Low
	<input type="checkbox"/> Is worried or anxious a lot	High	Medium	Low
	<input type="checkbox"/> Is easily agitated, angered or irritated	High	Medium	Low
	<input type="checkbox"/> Has mentioned hearing or seeing things that aren't there	High	Medium	Low
	<input type="checkbox"/> Talks negatively about himself/herself	High	Medium	Low
<input type="checkbox"/> Has engaged in or has mentioned thoughts about self-harm	High	Medium	Low	

Social or Behavior Concerns:

		Level of Concern		
Social or Behavior Concerns	<input type="checkbox"/> Doesn't seem to have friends (or any "close" friends)	High	Medium	Low
	<input type="checkbox"/> Doesn't communicate with, peers/friends after school or on weekends	High	Medium	Low
	<input type="checkbox"/> Is a target of bullying or teasing	High	Medium	Low
	<input type="checkbox"/> Hurts others (siblings, friends, parents, pets) or is overly aggressive (physically or verbally)	High	Medium	Low
	<input type="checkbox"/> Repeats behaviors over and over	High	Medium	Low
	<input type="checkbox"/> Fixates on things (gets stuck; thinking loops)	High	Medium	Low
	<input type="checkbox"/> Always disagrees, or says 'no' when asked to do something	High	Medium	Low
	<input type="checkbox"/> Takes dangerous risks	High	Medium	Low
	<input type="checkbox"/> Has social troubles in school: __ Isolated __ Gets in Fights/Conflicts	High	Medium	Low
	<input type="checkbox"/> School behavior concerns (frequent calls from school regarding behavior)	High	Medium	Low
	<input type="checkbox"/> Gets in trouble or has behavior issues in the community (neighborhood or town) / Mischievous	High	Medium	Low
	<input type="checkbox"/> Causes a lot of problems at home	High	Medium	Low
	<input type="checkbox"/> Has difficulty in relationships with family members	High	Medium	Low

		Level of Concern		
Education or School Related	<input type="checkbox"/> Daily (or almost daily) struggles about completing homework	High	Medium	Low
	<input type="checkbox"/> Problems getting started on homework	High	Medium	Low
	<input type="checkbox"/> Doesn't concentrate well or is easily distracted	High	Medium	Low
	<input type="checkbox"/> Seems unmotivated or disinterested in school	High	Medium	Low
	<input type="checkbox"/> Low grades or low academic performance	High	Medium	Low
	<input type="checkbox"/> Sudden change in school performance	High	Medium	Low
	<input type="checkbox"/> Concerns about: ___Reading ___Writing ___Math ___Communication Skills	High	Medium	Low
	<input type="checkbox"/> Late to school or absent a lot	High	Medium	Low
	<input type="checkbox"/> Communication with people at school (receiving info from or giving info to school)	High	Medium	Low
	<input type="checkbox"/> Unresolved issues with people at school (from student or parent perspective)	High	Medium	Low
	<input type="checkbox"/> Transportation issue to/from school	High	Medium	Low

Education/School Concerns:

- Are there any concerns that have occurred for a long time that haven't changed even though you've tried (chronic concerns)?

- What are some of the barriers that prevent things from getting better (what has gotten in the way of progress)?

- Are there any issues that are extremely urgent that you believe need to be addressed first/right away (immediate concerns)?

Part 3: Natural Supports (Human Resources) and Invitees to MDT Meeting

- Who are the people in your life who you trust and are supportive to your family (relatives, friends, neighbors, mental or physical health providers, etc.)?
 - Should any of these people to be invited to the MDT Solutions Meeting?
 - Discuss who would be the most effective and supportive individuals to attend the MDT Meeting.
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Part 4: Family Culture (information about the child's family):

IMPORTANT: Many of the family culture questions are best answered as they occur in the flow of conversation, led to by concerns raised by the parent/guardian. Some questions below are more likely than others to elicit defensive or disengaging responses. It is more important to establish positive rapport and begin to build trust than to gather answers to all the questions below. The interviewer should use his/her professional judgment always in the interest of fostering positive engagement and relationship.

Softer Family Culture Questions (in most cases, easier to elicit engaged responses):

- Languages spoken:
 - Primary Language Spoken at Home: _____
 - Other Languages Spoken at Home: _____
- Something that is really important to know about your family:
- What matters most to your family (what is most important or valuable to you)?
- What is daily life like in your home (daily stressors; routines; chores,...) ?
- What are some of the causes of stress for your child? Your family?
- Are there on-going stressors related to:
__Housing __Transportation __Employment __Communication __Safety __Nutrition
__Communicating with your child's school

More Difficult Family Culture Questions (gather only if possible while sustaining positive rapport: usually better to gather in the flow of conversation responding to the parent lead):

- How do problems get solved in your family?
- Are people in your family likely or unlikely to trust people outside the family?
- How are emotions/feelings expressed in your family?
- Are expectations different for boys and girls in your family's culture (are boys and girls treated differently)?
- How are decisions made in your family (who usually has the most power)?

Part 5: Family History (attain if possible):

IMPORTANT: As in the previous section, some questions below are may elicit defensive or disengaging responses. It is more important to establish positive rapport and begin to build trust than to gather answers to all the questions below. The interviewer should use his/her professional judgment always in the interest of fostering positive engagement and relationship.

- Describe any family history of physical health, mental health or behavioral concerns:

- Describe any family history or current use of:
 - Prescribed or Illegal Drugs
 - Alcohol?

- Is there ever a feeling of being unsafe in the home?

- Is there a family history of violence?

- Describe any family history of being in trouble with the law:

Part 6: Family Perspective: Desired Outcomes Checklist (mostly child outcomes)

- Use as needed to help parent/guardian identify specific outcomes desired from the MDT process:

<input type="checkbox"/>	Child is happier or feels 'OK' more often (less sad or tearful)	<input type="checkbox"/>	Child is calm more often (less worried, anxious, irritable, agitated, angry)
<input type="checkbox"/>	Feels more positive about himself/ herself	<input type="checkbox"/>	Mood isn't so hot and cold
<input type="checkbox"/>	Child gets along better with family members (specify)	<input type="checkbox"/>	Child says 'Yes' or 'OK' more often when asked to do something (or just does what is asked)
<input type="checkbox"/>	Child has more fun with peers; communicates better with peers	<input type="checkbox"/>	Fewer reports of problems at school
<input type="checkbox"/>	Fewer struggles over homework or chores	<input type="checkbox"/>	Handles emotions (sad, frustrated, worried, angry) better: ___ At Home ___ At School
<input type="checkbox"/>	Improved school attendance or gets to school with less struggle	<input type="checkbox"/>	Child is less involved in risky or unhealthy behavior
<input type="checkbox"/>	Child eats regularly and more healthily	<input type="checkbox"/>	Child sleeps more regularly and normally
<input type="checkbox"/>	More participation in fun or interesting activities after school	<input type="checkbox"/>	Child enjoys school more
<input type="checkbox"/>	Better communication from school to home (or home to school)	<input type="checkbox"/>	Improved grades
<input type="checkbox"/>	Better relationship between parent and school	<input type="checkbox"/>	There is less stress at home/ We find solutions to problems that cause stress (specify)
<input type="checkbox"/>	Better relationship between child and teacher (or other school person)	<input type="checkbox"/>	Other:

Is there anything else that is an important outcome to strive for in an MDT Solutions plan?

- Yes (describe):