



DIVISION OF LICENSED RESOURCES (DLR)
COMPREHENSIVE REVIEW

Youth Interview

If you are unable to interview the youth for reasons of disability or age, please complete the child observation section of the Foster Home Monitoring Visit form, DSHS 10-416.

| | |
|---|------|
| INTERVIEWER'S NAME | DATE |
| AGENCY | |
| YOUTH'S NAME | |
| PLACEMENT <input type="checkbox"/> Group Care <input type="checkbox"/> CPA Foster Home | |

1. How long have you lived here (group care or foster home)? *Ask youth to be specific, try to get a date.*
2. What chores do you do on a regular basis (frequency)?
3. Do you get an allowance? Yes No
If yes, how much and what do you use it for?
4. What kind of activities do you do while here?
 Sports Swimming Library Go to the park
 Playing Video games Watching TV
 Other:
 Are activities posted? Yes No
 Do you participate? Yes No
5. What activities do you like to participate in? What are your personal goals and how are you going to meet your goals?
6. How much unsupervised time do you have?
7. What foods do you like the best here? What do you like the least? If you are still hungry after eating, can you ask for more food? Are you provided a regular snack?
8. Where do you attend school?
How are you doing in school?
What are your favorite subjects or teachers?
9. How often do you see your case manager (from the agency)?
10. Are you in therapy? Yes No
If yes, how often do you attend? Weekly Twice a month Other:
Do you know what your treatment goals are? Yes No
Do you agree with the goals? Yes No
Comments:
11. Have you seen a doctor or dentist recently? Yes No
When is your next appointment?
Have you ever been sick or injured? Yes No
If yes, what happened?

| |
|--|
| <p>12. Are you taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are you taking and why?</p> |
| <p>13. Do you know and understand the rules and do you think that they are consistent? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you give an example?</p> |
| <p>14. What happens when you get in trouble? What are the consequences?</p> |
| <p>15. Have you or another youth ever been restrained by staff or a caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what happened?</p> |
| <p>16. If you need help, who would you go to?</p> |
| <p>17. Do you feel safe? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p> |
| <p>18. Have you practiced fire / emergency drills here? <input type="checkbox"/> Yes <input type="checkbox"/> No How would you escape from the house / facility in case of fire or other emergency?</p> |
| <p>19. Do you feel respected by staff and/or your Foster Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that happens here that makes you uncomfortable?</p> |
| <p>20. What is your social worker's name and do you know how to contact him / her?</p> |
| <p>21. Do you have access to your CASA / GAL or attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>22. Do you visit with your parents and siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A How often do you visit and how are the visits going (<i>ask youth to be specific</i>)?</p> |
| <p>23. Is there anything else you would like to share?</p> |
| <p>Reviewer's impression of youth: Physical health / hygiene / self-care: <input type="checkbox"/> Nothing observed <input type="checkbox"/> Concerns (describe): Other impressions / comments:</p> |