Family Interview Form

Name: _____ **DOB:** _____ **Date:** _____

Person(s) Interviewed: _____ **FSC:** _____

ROUTINE: Waking Up/Bed time/Napping	Discussion:	Possible Functional Outcome Statements Imagine ___ months from now...what are the kinds of things that you'd like to see your child do better...be able to do...would make life easier...
Could you describe what wake up time is like? • How does your child let you know she is awake? • Does she want to be picked up right away? If so, is she happy when picked up? • How does bedtime go? • Does your child sleep in bed with parents/crib/toddler bed? • Do you have a bedtime routine? • Does your child sleep through the night? If she wakes up, who wakes up with her? Does she go back to sleep? • Does your child nap? What time? For how long? How many times a day? Does this routine work for the family? If not, would you like to be different?		

Family Interview Form

ROUTINE: Diapering/Dressing/Toileting	Discussion:	Possible Functional Outcome Statements Imagine ___ months from now...what are the kinds of things that you'd like to see your child do better...be able to do...would make life easier...
Dressing • Does he help w/dressing? How? What can he do on his own? Is there a type of clothing that feels more comfortable/uncomfortable for him? Diapering • Does your child wear diapers? Are there any problems with diapering? Toileting • Does your child use the toilet? How independently? How does he let you know when he needs to use the toilet? How satisfied are you with this routine? Is there anything you would like to be different?		

Family Interview Form

ROUTINE: Feeding/Meals	Discussion:	Possible Functional Outcome Statements Imagine ___ months from now...what are the kinds of things that you'd like to see your child do better...be able to do...would make life easier...
What are feedings/mealtimes like? • How much can she do on her own? • Can she use eating utensils? What does she drink from? Regular open cup, sippy cup, straw? • Does she sit in a high chair, booster seat, or on your lap? • How does your child usually eat? Is she chewing w/coordinated movements of her mouth? Stuffing her mouth? Gagging? Choking? • What kind of food does she like? • How does your child let you know what she wants or whether she is finished? • Does she like mealtimes? How do you know? • For infants: How often does she have a bottle? What kind of formula does she drink? Breastfeeding? • Are you holding your baby when you feed her? • If old enough (>5-6 months), have you fed her solid food yet? What would make mealtimes more enjoyable for you?		

Family Interview Form

ROUTINE: Getting ready to go/Community Outings/Family Time	Discussion:	Possible Functional Outcome Statements Imagine ___ months from now...what are the kinds of things that you'd like to see your child do better...be able to do...would make life easier...
How do things go when you are getting ready to go somewhere with your child? • Does your child like outings? How do you know? • How are trips to the store, mall, etc.? Do you take your child with you? • What places do you typically visit with your child? • How does she react to other people she is not familiar with? • What are drop-off and pick-up time like for your child? Do you or others have any concerns? • What does what your family do for fun? How is your child involved? Is this a stressful activity? If so, what would make this time easier for you? Is there anything that impacts your family's ability to enjoy activities in the community		

Family Interview Form

ROUTINE: Bath time/Washing/Brushing hair & teeth	Discussion:	Possible Functional Outcome Statements Imagine ___ months from now...what are the kinds of things that you'd like to see your child do better...be able to do...would make life easier...
What is bath time like? • Does she like the water? How do you know? • How involved is your child in bathing herself and playing in the water? • How does she communicate with you? What do you talk about? • Is your child comfortable with bathing/tooth brushing/hair brushing? Are these routines usually a good time? If not, what would make it better?		

Is there anything else that you would like to tell us about your child or your family?

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_____ _____

Family Service Coordinator **Date**