

Example Screening Interview for Participation in Group Play Therapy

Name of Parent: _____

Name of Child: _____ Date of Birth: _____

Interviewer's Name: _____ Date: _____

[Note: It is advised that the parent interview does not take place in front of the child.]

1. Please identify your child's problems at home, school, or both.

2. Which of the following behaviors does your child display? Check all that apply.

____ Appears lonely

____ Bites or scratches others

____ Has low self-esteem

____ Argues with others

____ Threatens or bullies others

____ Talks back to adults when corrected

____ Fidgets or moves excessively

____ Is easily embarrassed

____ Doesn't listen to what others say

____ Gets angry easily

____ Disobeys rules or requests

____ Is easily distracted

____ Has temper tantrums

____ Shows anxiety about being in a group
children

____ Acts sad or depressed

____ Disturbs ongoing activities

____ Acts impulsively

3. How does your child spend his/her free time?

4. What kinds of games or toys does he/she particularly enjoy?

5. Please describe any medical and/or psychological history for your child.

6. Has your child been classified by your school and/or diagnosed?

7. List of Current Medications

Medication

A: _____ Dosage: _____

Reason: _____

Medication

B: _____ Dosage: _____

Reason: _____

Medication

C: _____ Dosage: _____

Reason: _____

8. Does your child have any food allergies? Please describe.
9. Does your child have any special dietary requirements? (i.e., Kosher)
10. Is your child currently receiving therapy? Please describe.
11. Does your child have any special abilities? Please describe.
12. Does your child have any special difficulties? Please describe.
13. Please describe your child's conduct and/or attitude in school?
14. Does your child make friends easily?
15. Does your child have a best friend?
16. Does your child have a group of friends?

17. Does your child participate in clubs or special interest groups? Please describe.
18. Please describe your child's awareness of his/her social problem?
19. On a scale of 1-10, how motivated is your child? (i.e., to do well in school, make friends, behave in socially appropriate ways).
20. What is your current relationship status (i.e., single, married, civil union, domestic partnership, separated, or divorced)? If separated or divorced what is the current/permanent custody arrangement? (Note: appropriate documentation must be obtained).
21. Please describe your goals for enrolling your child in the group.
22. Is there a day of the week that your child is unable to attend the group? (We will try our best to accommodate).

Interviewer's Observations of the Child:

Describe child and parent interactions:

Interviewer and Child (alone for 10-15 minutes)

A. Describe child and interviewer interactions:

B. Describe the child's play behavior and affect:

C. Describe the child's language skills:

D. Describe the child's ability to follow directions: