

### **EBD Student Interview: Middle/High School**

Child's Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Interviewer: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date: \_\_\_\_\_

Directions: Please answer the following questions:

1. Do you have a best friend or a group of friends? (Who?)
2. How often do you do things with your friend(s)?
3. What activities do you like to do outside of school?
4. What are the two hardest things about school for you? How are your grades?
5. Do you complete your homework?
6. Do you have a favorite teacher? (Why?)
7. What are the things you do that get you into trouble at school?
8. Do things that happen at home ever interfere with your day at school? (What/How?)

Things that make me have a bad day in school are (e.g., not enough sleep that night before, being worried about something, being hungry, needing exercise, problems at home, feeling sick, etc.):

I'd like this person (\_\_\_\_\_) to know when I do well in school.

When I do well in school, I wish the teacher would:

One thing I would really like to do more in school is:

I feel great in school when:

I will do almost anything to keep from:

The kind of consequence at school that I dislike most is:

I get angry at school when I can't:

Things that make me worried or anxious are:

Ways that my body shows that I am nervous, worried, or anxious are (e.g., sick to stomach, headache, can't speak well, sweating, chew fingernails, feel dizzy, want to run away, other things, etc.):

I am most afraid of:

I feel very sad about:

Please rate (circle your answers) how much you LIKE to following school tasks:

Reading	Not at all	It's okay	Very much
Doing research for a project	Not at all	It's okay	Very much
Working in Groups	Not at all	It's okay	Very much
Drawing	Not at all	It's okay	Very much
Exercising or moving around in a class	Not at all	It's okay	Very much