

*The
Brief Child and Family
Phone Interview (BCFPI)*

Teacher Form

Interviewer Administered

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TEACHER PHONE INTERVIEW (Shaded items are required)

CHILD	
Name last first	ID NUMBER
Address street	Date of birth month day year
city province postal code	Sex male (1) female (2)
Phone	School Grade
AGENCY	
Agency Name	Agency dates (record 1, 2 or 3 of: 1. Referral 2. admission 3. discharge
Stage of Service (Circle 1:) Before During After	Date Form Completed:
TEACHER	
Informant Type Teacher	
Leave following blank, and use 'Unspecified' or record name etc. as below to record particular teacher details.	
Name: last first	
School Address: Street city province postal code	
Phone: home work	
Consent to contact for follow-up: (Circle 1:) Yes No	

Start with basic concerns, saying something like....

“Please tell me about your concerns and any help that you would like for _____.”

Record comments in box.

Move on by saying something like.....

“Thanks, that’s a good start! Now, I’d like to go on to some other questions.”

Go to the appropriate section, in accordance with your BCFPI protocol.

Externalizing

"I will read you examples of (other types of) problems which students sometimes have. Tell me whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true' of ____."

REGULATION OF ATTENTION, IMPULSIVITY AND ACTIVITY <i>"Do you notice that ____"?"</i>	never (1)	some- times (2)	often (3)	Comments
Is distractible, has trouble sticking to any activity				
Fails to finish things he/she starts				
Has difficulty following directions or instructions				
Is impulsive, acts without thinking				
Jumps from one activity to another				
Fidgets				
COOPERATIVENESS <i>"Do you notice that ____"?"</i>	never (1)	some- times (2)	often (3)	Comments
Is cranky				
Is defiant, talks back to staff				
Blames others for own mistakes				
Is easily annoyed by others				
Argues a lot with staff				
Is angry and resentful				
CONDUCT <i>"Does ____"?"</i>	never (1)	some- times (2)	often (3)	Comments
Cut classes, skip school				
Engage in vandalism				
Steal				
Destroy things belonging to others				
Physically attack people				
Use weapons when fighting				

Internalizing

"I will read you examples of (other types of) problems which students sometimes have. Tell me whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true' of ____."

MANAGING ANXIETY <i>"Do you notice that ____"?"</i>	never (1)	some- times (2)	often (3)	Comments
Worries about doing better at things				
Worries about past behaviour				
Worries about doing the wrong thing				
Worries about things in the future				
Is afraid of making mistakes				
Is overly anxious to please				
MANAGING MOOD <i>"Do you notice that ____"?"</i>	never (1)	some- times (2)	often (3)	Comments
Has no interest in usual activities				
Gets no pleasure from usual activities				
Has trouble enjoying self				
Is not as happy as other children				
Feels hopeless				
Seems unhappy, sad, or depressed				

Child Functioning

“Now let me ask you about how these problems have affected _____’s teachers, friends and school.” Tell me if it is ‘NONE’, A LITTLE’ or ‘A LOT’.”

	none (1)	a little (2)	a lot (3)	Comments
Quality of Relationships				
How much trouble has _____ had getting along with his/her teachers as a result of these problems?				
How much has _____ been irritable or fighting with friends as a result of these problems?				
How much has _____’s life become less enjoyable as a result of these problems?				
Social and School Participation				
How much has _____ stayed away from people and not mixed with them as a result of these problems?				
How much has _____ withdrawn or isolated him/herself as a result of these problems?				
How much has _____ missed school as a result of these problems?				
How much have _____’s grades gone down as a result of these problems?				

“Now, I have a few questions concerning _____’s interactions with peers. Tell me whether each ‘RARELY applies’, ‘applies SOMEWHAT’ or ‘CERTAINLY applies’.”

“Does _____ ?”	Rarely applies	Applies somewhat	Certainly applies	Comments
Invite bystanders to join in a game?				
Take the opportunity to praise the work of less able children?				
Show sympathy to someone who has made a mistake?				
Offer to help other children who are having difficulty with a task in the classroom?				
Try to be fair in games?				
If there is a quarrel or dispute will _____ try to stop it?				

Other Concerns Checklist

The interviewer may record degree of concern, if any, regarding any of the following items. Items should be selected which seem to be of concern to the teacher, or are of routine concern to the provider.

Concern	none	a little	a lot	comments
Bullying: Repeatedly bullies, teases, harasses or excludes other children from social activities				
Cruelty to Animals: Cruel to animals, hurts and/or teases animals repeatedly				
Fire: Inappropriate involvement with fire, matches, etc.				

Concern	none	a little	a lot	comments
Substance Use: Recurrent use of alcohol or drugs leading to impaired functioning (e.g., substance-related absences, suspensions, or expulsions from school)				
	none	a little	a lot	comments
Specific Fear: Unusually strong and persistent fear of something specific (e.g. animals, needles, heights)				
Social Phobia: Persistent fear and avoidance of social situations with peers, or social performance demands due to a fear of embarrassment or scrutiny				
Obsessions: Recurrent thoughts or impulses cause distress or impair functioning				
Compulsions: Repetitive behaviours (e.g. hand washing, ordering, or checking) cause distress or impair functioning				
Movement Problems: Recurrent movements (tics) or vocalizations cause stress or impairment				
Thought Problems: Delusions, hallucinations, paranoia, disorganized speaking or behaviour resulting in significant impairment				
School Refusal: Persistent unwillingness or refusal to regularly attend school due to anxiety or a fear of separation				
Selective Mutism: Consistent failure to speak in some situations (e.g. school) but speaks comfortably in other situations (e.g. home)				

<<<< The following 6 items are 'pilot' screening items re Selective Mutism. They are optional, under review, and may be dropped or changed in future versions.>>>>	never	some-times	often	
In the past 2 months did this child speak to his/her parent at home?				
In the past 2 months did this child speak to his/her parent at school?				
In the past 2 months did this child speak to other children outside of school?				
In the past 2 months did this child speak to other children at school outside of the classroom?				
In the past 2 months did this child speak to other children in the classroom?				
In the past 2 months did this child speak to the teacher at school?				

Concern	none	a little	a lot	comments
Victimized/Bullied: Is repeatedly bullied, teased, harassed, or excluded from social activities by others				

Concern	none	a little	a lot	comments
Trauma: Experienced or witnessed an event(s) that threatened death or serious injury to self or others resulting in intense fear or helplessness. Re-experiences the event, attempts to avoid similar settings and shows increased arousal (sleep difficulties, irritability, etc.)				
Speech Difficulties: Significant difficulty speaking or understanding speech				
Development Problems: General development significantly below age				
Learning Problems: Academic progress significantly below ability. Record examples in 'comment' section.				
	none	a little	a lot	comments
Sleep Difficulties: Persistent difficulty falling asleep, staying asleep, awakening from anxiety-provoking nightmares, or prolonged sleep during the day which causes stress or impairment				
Eating Problems: Not maintaining weight, significant loss of weight, fear of being overweight, disturbed thinking about body shape or weight				
Urination Problem: Urinates in bed or clothing several times per week				
Bowel Movement Problem: Bowel movements in inappropriate places (e.g., clothes, floor) several times over a three month period				
Sexual Problems: Problems with sexual behaviour or identity which cause distress or impairment				

School Programs

“Now, a few questions about your school.”

<i>“Does your school have a school wide social skills training program?”</i>	No (0)	Planning stage (1)	Yes (2)	Comments
<i>“Does your school have a peer mediation program?”</i>	No (0)	Planning stage (1)	Yes (2)	

School Performance

“Now, I have a few questions concerning _____’s school performance.”

Grades

<i>“In which grade does ____ take all or most courses?”</i>	grade ____	ungraded special school ____		
<i>“Has _____ ever repeated or failed a grade?”</i>	Yes (1)	No (2)	1 st year in school (3)	Don't know (4)

"How would you describe _____'s current school performance in?"	E Below 50%	D (50-59%)	C (60-69%)	B (70-79%)	A (80-100%)	K Don't know
Language/reading						
Spelling						
Arithmetic or Math						
Overall						

Special Education and support

"Is _____ currently receiving special education or special teaching, or any other behavioural, speech, psychology or social work support?" Record each type in comment section along with date started and length of support.			Yes, full time	Yes, part time	No	Don't know
Type of special support	Date started	Length of Support	Comments			

Special test results - Psychological and educational tests

"Has _____ been assessed by psychological services or speech and language services?" Record details in comment section.	Yes	No	Don't Know	Comments
	(1)	(2)	(3)	

Talents and Skills

"Does _____ have special skills in.....?"	Yes (1)	No (2)	Don't Know (3)	Comments
Sports				
Academic work				
Arts or music				
Technical skills				
Interpersonal skills				
Other skills				

"Have we missed any information about _____, his/her home or school situation which might have bearing on his/her behaviour or academic performance?"

"Thank you."

Inform teacher of next steps in your organization's service delivery process.