



How Well Do You Know...?

“Open – Ended Questions” to use in getting to know a Child’s Perspective for Advocacy Purposes

Name: _____ Age: ____ Placement: _____ Date: _____
School: _____ Grade: _____ Reg/ Sp.Ed. classes _____
Favorite Subject: _____ Grade: ____ Teacher: _____
Least Fav Subj: _____ Grade: ____ Teacher: _____
Favorite Activity: _____ How often/ When: _____
Child’s Best Friend: _____ Age: ____ What activities do they do together? _____
Biggest complaint about home-life: _____
Communicate with family? _____ When: _____ Method: _____
Most recent accomplishment: _____

How’d it make him/her feel?

What makes them really angry? _____
Favorite TV show: _____ Book: _____ Video Game: _____ Music: _____
Favorite thing in their room: _____
What do they want to be when they grow up? _____ Why? _____
Does he/ she know anyone who works in this profession? _____
Favorite Food: _____ Least favorite food: _____
Take Medication: _____
How do you feel about taking it? _____
Allergies: _____
If someone gave you a gift that would change your life for the better, what would it be? _____

Child’s Concerns: _____

Where does he/she feel most safe: _____ with whom? _____
Questions for Judge: _____?

Interview By: _____ Date: _____