

Family Centered Services  
123 S. Marion St.  
Bluffton, IN 46714



260-824-8574  
Nicole Sliger

## Mentee Initial Interview

**Interview by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Race/Ethnicity:** White/Hispanic/African-American/Asian/Other

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If under 18, Parent/Guardian:** \_\_\_\_\_

**Address if different from above:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Do you smoke?** \_\_\_\_\_

**Transportation (check all that apply):**

\_\_\_\_\_ Have driver's license      \_\_\_\_\_ Family drives me      \_\_\_\_\_ Have my own car  
\_\_\_\_\_ Friends drive me      \_\_\_\_\_ Walk      \_\_\_\_\_ None

**MATCHED WITH:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Family History**

1. Tell me something about your family.
2. Names and ages if siblings, where do they live?
3. Parent/Step-parents names.
4. On a scale from 1-10, 10 very supportive, how supportive are they of you and the baby?
5. How were you disciplined?
6. Will you/do you use the same form of discipline?
7. What would you like to see change or improve in your family?

## **Medical Information**

8. Do you have allergies?
9. Have you been tested for HIV/Aids?
10. Are you currently on any medication?
11. What birth control methods are you using?

## **Personal Information**

12. What kinds of things do you like to do?
13. When you become angry, how do you express your emotions?
14. Typically, do you tend to keep your emotions "bottled up" or let them "come out"?
15. Do you consider yourself a leader, follower, or a loner? Why?
16. What do you like about yourself?
17. If you could change something about yourself, what would it be?

18. If you had three wishes, what would they be?
19. Where do you want to be a year from now?
20. What do you feel your biggest needs are at this time?

### **Information About Child(ren)**

21. Do you use childcare?
22. Does this arrangement seem to work for your family?
23. Do you have a concern about your child right now?
24. Do you have any concerns about your child in the following areas?

Weight\_\_\_\_\_ Eating Habits\_\_\_\_\_ Health\_\_\_\_\_Crying\_\_\_\_\_ Sleep Habits\_\_\_\_\_

Behavior\_\_\_\_\_ Childcare/Babysitting\_\_\_\_\_ Other\_\_\_\_\_

25. Does your child have a doctor?
26. Has your child been immunized?
27. What would you like to change or improve?
28. For you, what is the best thing about being a mother?
29. What is the biggest challenge in being a mother?

### **Baby's Father**

30. What involvement do you have with the baby's father?
31. How often does the baby see his/her father?
32. Are you and the baby's father equally sharing the parenting responsibilities and financial responsibilities?
33. Are you receiving child support payments?
34. Would you like to see your relationship with the baby's father change in any way?

35. Are you currently dating anyone?

### **Social Life/Activities**

36. Do you have any close friends near your own age?

37. Do you have any close adult friends?

38. What would you like to do in your free time?

39. Do you belong to any clubs, groups, sport teams, or religious organizations?

40. Do you take your child with you when you go out to do things?

41. What kind of social life do you have apart from your child?

42. When was the last time you took time to do something nice for yourself?

43. How do you relax and deal with the stress of motherhood?

### **School Performance and Involvement**

44. Grade in school or grade completed? Currently attending school?

45. How are you doing in school?

46. How do you get along with others in school?. Do you get along with teachers?

47. Have you ever been suspended from school? If yes, for what reason?

48. Have you ever had a special class on children or parenting?

49. What are your future plans concerning schooling?

### **Experience with Outside Intervention**

50. Have you ever been involved with the legal authorities? If yes, for what reason

51. Have you ever been placed in another home by authorities?

52. Have your ever seen a counselor? If yes, who?

53. In the past, have you used drugs or alcohol? If yes, are you currently using?

54. Are you on Medicaid/WIC/Food Stamps?

### **Consideration for Potential Mentor MOM**

55. What age preference do you have for a Mentor Mom?

20-30 \_\_\_\_\_ 30-40 \_\_\_\_\_ 40-50 \_\_\_\_\_ No Preference \_\_\_\_\_

56. Describe what you hope your Mentor Mom will be like? (Personality, interests)

57. What things would you like to do with your Mentor Mom?

58. Would you feel comfortable calling your Mentor on the telephone? Suggesting activities to her?

59. Are you willing to commit to the program for one year?

60. Do you have any questions?

61. What do you want it to look like when you graduate from the Mentor Mom program?

62. What do you want to get from this program?

### **Initial Impressions:** (complete following interview)

Impressions of parent, interaction with interviewer and interest in program.

Impressions of young mother, interaction with interviewer and interest in program.

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_