

## Therapist Questions Suggested Interview Questions from Connecting for Kids

BASIC INFORMATION					
Organization Name:		Table #:			
Contact Name:			Phone:		
PROVIDER BACKGROU	ND				
Training/Certification:					
Specialty Skills/Interests:					
PAYMENT TYPES					
☐ Health insurance accepted*	☐ Private p	oay elp with paperwork for	Other reimbursement		
* Insurance accepted depends upon	_		prior to starting any new treatment.		
SESSION FORMAT					
☐ Meet with caregiver only ☐ Meet with caregiver & ☐ Meet with child only child together					
If you meet with my child on	ly, will I be allowed to k	now what happens in your	sessions? Yes No		
APPOINTMENTS AND T	REATMENT PLANI	NING			
How Often? Ap	pointments	Scheduling	Treatment Plan Review		
☐ Weekly ☐	30 minutes	☐ Weekdays	90 days		
Biweekly Monthly	45 minutes 1 1 hour	<ul><li>☐ Weekends</li><li>☐ During School</li></ul>	Quarterly 6 months		
Other	Other	After School	Other		
EXPECTED OUTCOMES					
What kinds of outcomes do patients typically have when working with you?					
Diagnosis & treatment Diagnosis & referral for treatment elsewhere Diagnosis & referral for diagnosis (referral for elsewhere may be available)					
NOTES					



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PROVIDER BACKG	<b>IROUND</b>			
Training/Certificatio	on:			
Specialty Skills/Inte	rests:			
PAYMENT TYPES				
Health insurance accepted dependent	Able	te pay to help with paperwork for a formal section of the section	Other or reimbursement der prior to starting any new treatment.	
SESSION FORMAT	Γ			
☐ Meet with care		with caregiver &	Meet with child only	
If you meet with my ch		<b>together</b> to know what happens in yo	our sessions? <b>Yes No</b>	
· · ·		to know what happens in yo	our sessions? Yes No	
· · ·	hild only, will I be allowed	to know what happens in yo	our sessions? Yes No  Treatment Plan Review	
APPOINTMENTS A	hild only, will I be allowed	to know what happens in yo		
APPOINTMENTS A How Often?  Weekly Biweekly Monthly	AND TREATMENT PLA Appointments 30 minutes 45 minutes 1 hour 0ther	to know what happens in you  ANNING  Scheduling  Weekdays  Weekends  During School	Treatment Plan Review 90 days Quarterly 6 months	
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