



# 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: \_\_\_\_\_

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## How’d it make him/her feel?

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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? \_\_\_\_\_

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Child’s Concerns: \_\_\_\_\_  
\_\_\_\_\_

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

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_