

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

*Teacher Form*

*Teacher Administered Version*

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Below are some examples of problems which students sometimes have. Indicate whether each is 'NEVER' true, 'SOMETIMES' true, or 'OFTEN' true of this child. Add any comments you feel we should have.

<b><i>Do you notice that this child .....?</i></b>	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				
<b><i>Do you notice that this child .... ?</i></b>	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				
Seems angry and resentful				
<b><i>Does this child .....?</i></b>	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				
<b><i>Do you notice that this child ...?</i></b>	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				
<b><i>Do you notice that this child .....?</i></b>	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				
Is unhappy, sad, or depressed				

The preceding problems can affect children's relationships with teachers and friends and their participation in school. Please indicate for the questions below whether these problems have

had '**NONE**', '**A LITTLE**', or '**A LOT**' of effect on this child. Add any comments you feel we should have.

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How much has this child withdrawn or isolated him/herself as a result of these problems?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

Please indicate whether the following statements about this child's interaction with peers '**RARELY APPLIES**', '**APPLIES SOMEWHAT**' or '**CERTAINLY APPLIES**'.

	Rarely applies (1)	Applies somewhat (2)	Certainly applies (3)	Comments
Does this child invite bystanders to join in a game?				
Does this child take the opportunity to praise the work of less able children?				
Does this child show sympathy to someone who has made a mistake?				
Does this child offer to help other children who are having difficulty with a task in the classroom?				
Does this child try to be fair in games?				
If there is a quarrel or dispute will this child try to stop it?				

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

### School Performance

**Grades**

<b><i>In which grade does this child take all or most courses?</i></b>	grade _____	ungraded special school _____
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<b><i>Has this child ever repeated or failed a grade?</i></b>	Yes (1)	No (2)	1 <sup>st</sup> year in school (3)	Don't know (4)
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<b><i>How would you describe this child's current school performance in .....</i></b>	Below 50% (1)	D (50-59%) (2)	C (60-69%) (3)	B (70-79%) (4)	A (80-100%) (5)	Don't know (6)
Language/reading						
Spelling						
Arithmetic or Math						
Overall						

**Special Education and support**

<b><i>Is this child 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.</i></b>			Yes, full time (1)	Yes, part time (2)	No (3)	Don't know (4)
Type of special support	Date started	Length of Support	Comments			

**Special test results - Psychological and educational tests**

<b><i>Has this child been assessed by psychological services or speech and language services?</i></b> (Record details in comment section.)	Yes (1)	No (2)	Don't Know (3)	Comments
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**Talents and Skills**

<b><i>Does this child have special skills in .....</i></b> ?	Yes (1)	No (2)	Don't Know (3)	Comments
Sports				
Academic work				
Arts or music				
Technical skills				
Interpersonal skills				
Other skills				

**Please add any information concerning this child, his/her home or school situation which might have bearing on his/her behaviour or academic performance.**

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**Thank you for answering these questions. Please return this form as instructed.**