Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RBI Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routines-Based Interview**

I’d like to ask you about the day to day life of your family, so that by the end of the conversation we will be able to identify the things you want and need from early intervention. Is that ok? If there’s anything you don’t want to share, don’t say it, and know that we can end at any time. At the end, we will have a list of things you want to work on.

3.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

2.) How does **your** day begin?

-What is everyone else doing?

I’ll be asking you to rate the different times of the day as we go along.
How happy are you with the beginning of your day on a scale of 1-5, 1 being very unhappy, 5 being great? (Use box above)

1.) Let me begin by asking what your main concerns are:

I will ask you more about these as we go throughout your day.

4.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

5.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

6.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

7.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

8.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

9.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

10.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

11.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

12.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

3.) What happens next:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

Is there anything else we should talk about to get a picture of what your daily life is like? Any events that we missed? Weekends? Transitions? Car Rides? Public Places?

*Is there anything you would like to change about this time of day? What is everyone else doing? How is your child participating in this activity? How much can your child do for himself? What would you like to see happen next during this time of day?*

What are you currently worrying about when you lay in bed at night?

If there’s anything you could change in your life what would it be?

*What activities do you enjoy doing as a family?*

* Let me go back over some of the things that *might* be things you like to work on.
* Out of those, what would you like to work on? Be specific about which time of day you’d like to see that skill improve (During meal time? Transitions?)
* Can you rate them by priority?
* Are there any concerns or priorities that we haven’t discussed about her development or your family?