



Intake form for statement

Date:	Therapist:
-------	------------

IDENTIFYING DETAILS:

Child's Surname:	Child's Name:
Date of Birth:	Age:

Gender: Female Male **Race:** Black White Coloured Asian

Child Accompanied by:

Mother Father Institution Neighbor Grandparent Other Family
 School FCS Welfare Step-parent Other (Specify): _____

Address:	
Contact No.:	(H)
	(W)
	(C)

Other agencies/services involved:	
Investigation Officer:	Case No.:
Contact Person:	Contact No.:

Nature of alleged offences:
Relationship with the offenders:

School background

CASE HISTORY

How will you feel when you see a defendant?

How will it feel telling your story in front of strangers?

What is expected of you in court?

How will you feel if people think you are lying?

How will you feel if people shout at you in court?

Whose fault do you think it is that this happened?

Who do you think is to blame for what happened?

What are you most worried about?

What are you most scared of?

What do you do when you are scared?

Who do you turn to for help/support?

SLEEP

Some kids do not like getting up in the morning. How about you? What about going to sleep at night? Enquire about eating, sleeping problems?

DEPRESSION

Do you ever cry?

Do you feel really sad (where you feel like crying)

Do you feel cross (where you feel like fighting or wanting to hurt others and cannot understand why?)

COMMENTS ON:

LANGUAGE (Comments on any speech defects, volume, tone, language proficiency, vocabulary, or learning disabilities)

DEVELOPMENTAL DISABILITIES:

ANY OTHER FACTORS:

EVALUATION:
