

Contractor Interview Form

Name: Carli Bryant Position: BHP

Date: 2.20.20 Start Time: 12:30 pm End Time: _____

Interviewee Information:

ON TIME

1. Who referred you to us and what do you know about Transformations? What do you know about the position you are applying for?

Worked Did internship here as a TCS w/
Chris Davis.

Professional Readiness:

1. What type of hours and income are you seeking?

Direct client contact 10-15 hrs. ~~\$~~ Interested in taking commercial insurance.

2. What skills do you have that would benefit you in a self-employed position?

Self-sufficient, organizes time well.

3. How would self-employment be difficult for you?

Resume Review:

1. Master's or Bachelor's Degree? Provider Type? (LCSW/CSW, LPCC/LPCA, LMFT/MFTA, LPAT/LPATA, LBA/LABA, LPP)

Pursuing OA

2. Level of experience working with children with a psychiatric diagnosis?

Yes. Name of the Innocents. Children's Home of Northern KY
Completed intake. Diagnoses "a lot". References DSM-5.

3. What type of clients do you like to work with and those you do not?

Supervision:

1. What attracts you to this type of work?

Enjoys home-based/Community. Can be more effective.
Likes the flexibility.

2. What learning goals do you have?

Wants to enhance understanding of Autism spectrum.

3. How do you measure effectiveness with clients?

Review progress/regression towards goals. Focus on joining

4. What would you do if a child/youth reported their parent/guardian spanked him/her and left a mark?

File a report

Interpersonal Skills:

1. What causes poverty?

Thoughtful. Systemic oppression. Lack of resources/education. It's fair to say some people are lazy.

2. Have you directly or indirectly experienced bigotry, if so, what was your response?

3. Tell me about your personal boundaries?

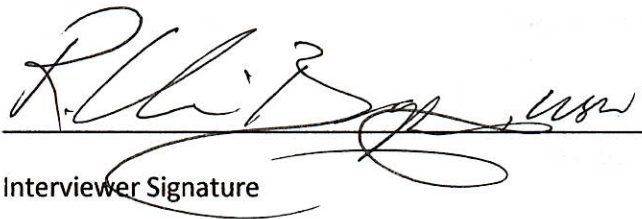
4. What do you do for self-care?

Exercise. Food

Interviewer Comments:

Definitely offer pointers.

Plan:



Interviewer Signature



Date

Contractor Interview Form

Name: Carl Bryan

Position: BHP

Date: 2/20/20

Start Time: 12:30

End Time: _____

Interviewee Information:

1. Who referred you to us and what do you know about Transformations? What do you know about the position you are applying for?

Self-former intern

Associate director of community based services HCTI

Professional Readiness:

1. What type of hours and income are you seeking? 10

2. What skills do you have that would benefit you in a self-employed position?

Making own schedule

3. How would self-employment be difficult for you?

Resume Review:

1. Master's or Bachelor's Degree? Provider Type? (LCSW/CSW, LPCC/LPCA, LMFT/MFTA, LPAT/LPATA, LBA/LABA, LPP) LCSW

2. Level of experience working with children with a psychiatric diagnosis?

✓

3. What type of clients do you like to work with and those you do not?

Supervision:

1. What attracts you to this type of work?

Ex. in home & residential

2. What learning goals do you have?

Artisan, Family work

3. How do you measure effectiveness with clients?

treatment planning
feeling engaged

4. What would you do if a child/youth reported their parent/guardian spanked him/her and left a mark?

✓

Interpersonal Skills:

1. What causes poverty?

systemic
cycles policy

2. Have you directly or indirectly experienced bigotry, if so, what was your response?

lack of ed. resources oppression

3. Tell me about your personal boundaries?

personal space
hours

4. What do you do for self-care?

work out

Interviewer Comments:

Yes

Plan:



Interviewer Signature

2.20.20

Date