**Parent Interview Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To develop the best possible program, we need your assistance and knowledge of your child information that you wish to include for future reference by the IEP Team.**

**What do you feel are the strengths of your child?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Tries new things |  | Has a sense of humor |  | Does well in home activities |
|  | Makes new friends easily |  | Has neat ideas |  | Says please and thank you |
|  | Encourages others |  | Talks clearly |  | Is happy |
|  | Offers help to others |  | Good feelings about self |  | Plays well with others |
|  | Likes books |  | Understands what is said |  | Is a good sport |
|  | Admits mistakes |  | Listens attentively |  | Has good eye contact |
|  | Does chores when asked |  | Follows instructions |  | Has good appetite |
|  | Does homework |  | Asks for help |  | Has limited fears |
|  | Does not give up easily |  | Keeps trying |  | Makes self understood |
|  | Adjusts well to changes to routine |  | Adjusts well to different people |  | Proud of self |
|  | Likes music |  | Likes to be read to |  | Smiles at people |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you feel are your child’s weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Argues with you |  | Is too serious  |  | Is easily distracted  |
|  | Eats things that are not food |  | Acts without thinking |  | Trouble making friends |
|  | Trouble with going from one task to another  |  | Won’t do work  |  | Worries about others |
|  | Worries about what parents think |  | Does not listen well |  | Does not ask for help |
|  | Stays mad along time |  | Has eye problems |  | Is critical of self |
|  | Refuses help |  | Forgets things |  | Has ear problems |
|  | Complains about work |  | Tries to hurt self |  | Has a short attention span |
|  | Does not seem happy |  | Has fevers |  | Whines |
|  | Does not adjust well to change |  | Needs to be shown how to do something |  | Needs a lot of supervision |
|  | Is nervous |  | Always wants to be right |  | Is easily upset |
|  | Is overly active  |  | Day dreams  |  | Has toileting accidents |
|  | Does not understand the first time he/she hears something  |  | Gets upset when things are lost |  | Bullies brothers/sisters |
|  | Needs very simple directions |  | Has bad allergies |  | Has frequent colds |
|  | Is nervous about answering |  | Repeats one thought over and over |  | Climbs on things |
|  | Stares blankly |  | Gets mad if he/she doesn’t get own way |  | Won’t read |
|  | Won’t mind |  | Can’t read  |  | Throws temper tantrums  |
|  | Can’t understand math |  | Won’t do math homework |  | Is shy with others |
|  | Does not play well with others  |  | Cannot say what he/she is thinking about without a long wait |  | Stays sick a lot |
|  | Does not talk very well  |  | Has ear infections |  | Does not make all the sounds correctly when he/she talks |
|  | Gets mad/angry when he/she can’t do something fast |  | Does not laugh much |  | Is afraid of dying |
|  | Breaks things  |  | Has seizures  |  | Avoids people  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How do you think your child learns best? (What kind of situation makes learning easiest?)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | One on one with a teacher  |  | One on one with a friend |  | One on one with parent |
|  | One on one with sister/brother |  | Working with picture books |  | With work sheets |
|  | With objects (like for counting)  |  | Working in a classroom |  | Watching someone else do the activity first |
|  | With lots of rewording of the directions |  | When my child is close to the one teaching  |  | With no noise in the room |
|  | With music |  | With the computer as a tool  |  | With my child in my lap |
|  | With my child sitting next to me in a soft chair |  | With my child seated at a table  |  | With my child seated at a desk |
|  | With the lights turned on low |  | With bright light in the room |  | With a snack |
|  | Without food around |  | With the TV/radio on |  | With no TV/radio on |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe educational skills that your child practices at home regularly (e.g., reading, crafts, using the computer).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Reads to others |  | Does chores (helps at home) |  | Gets along with siblings/friends |
|  | Draws pictures with pencil, crayons, markers |  | Likes to cook |  | Uses the computer every day to do research/games |
|  | Likes to make crafts |  | Plays video games |  | Writes stories or poems |
|  | Readers independently  |  | Takes care of personal needs (brush teething, bathing, etc) |  | Completes task independently  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any behaviors that are of concern to you or other family members? If so, please describe the behaviors.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Wets bed at night  |  | Says, “I wish I were dead”.  |  | Argues about everything |
|  | Breaks things |  | Does not sleep well  |  | Refuses to go to bed |
|  | Refuses to do homework |  | Tantrums |  | Argues a lot |
|  | Is sad |  | Has stomach problems  |  | Has allergies |
|  | Makes noises when playing  |  | Refuses to play with others  |  | Babbles to self |
|  | Acts without thinking  |  | Complains about health |  | Has headaches |
|  | Stays alone all the time |  | Is easily distracted  |  | Is too serious |
|  | Voice is scratchy sounding  |  | Does not laugh/smile  |  | Screams  |
|  | Talks about dying  |  | Bites nails  |  | Does not seem able to finish something |
|  | Has trouble making decisions  |  | Is easily frustrated  |  | Threatens to hurt others  |
|  | Uses foul language  |  | Is difficult to understand |  | Self-abusive  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you handle these behaviors at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**These behaviors occur most with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**These behaviors occur the least with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your child’s special talents or hobbies?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Music  |  | Coloring |  | Riding horses |
|  | Telling stories |  | Reading  |  | Memorizing  |
|  | Saying poetry |  | Dressing up |  | Bicycling |
|  | Remembering information  |  | Cooking  |  | Gardening  |
|  | Art  |  | Photography |  | Working puzzles  |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any particular fears? If so, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any particular concerns about your child’s school program this year? If so, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your main hopes for your child this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there other information that would help us gain a better understanding of your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child currently have any health problems or medical diagnosis? Please describe.**

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**Does your child take medication? If so, please list and give dosage and time of day taken.**

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**Do you and your child work with any community agencies? (Mental Health, Family Court, etc.)**

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Rev. 12/14