Parent Interview

Child's Name: ______________________ Age: ____ Grade: ____ Sex: ❑ Male ❑ Female

Birthdate: ____________ Birthplace: ____________ Languages Spoken at Home: ____________

Home Address: ____

City State Zip

School Child Currently Attends: ____

A. Child's Developmental & Medical History

Name of Child's Physician: ______________________ Date of Last Physical Exam: ________

Please describe the child's general health status: ______________________________

1. To your knowledge does the child have any allergies? ❑ Yes ❑ No (If yes, specify): ____________

____

2. If the child has had any of the following medical conditions, please indicate by checking the box:

❑ Chronic Ear Infections
❑ Seizures
❑ Mumps
❑ Diphtheria
❑ Swollen Glands
❑ Head Injuries
❑ Anemia
❑ Measles (rubeola)
❑ Chicken Pox
❑ Rheumatic Fever
❑ Frequent Colds
❑ Convulsions
❑ Asthma
❑ Rubella
❑ Scarlet Fever
❑ Heart Problems
❑ Tonsillitis
❑ Frequent Respiratory Infections
❑ Other (specify): ____

3. Was there any observable changes in the child's behavior after or other unusual behavior following any of the illness marked in #2? ❑ Yes ❑ No (If yes, specify): ______________________________

4. Are there any medical issues about the child you believe are important? ❑ Yes ❑ No (If yes, explain): ____

____

5. Is the child currently on any medication? ❑ Yes ❑ No (If yes, explain and indicate dosage): ________

____

6. Does the child have any visual problems? ❑ Yes ❑ No (If yes, describe): ____________

____

7. Does the child have any speech problems? ❑ Yes ❑ No (If yes, describe): ____________

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Adapted from: "Case History Form" created by the Learning Improvement Center, University of Louisville Kentucky, and Sattler, J.M. (1990) Assessment of Children. San Diego: Author (pp. 434-438).

B. Psychological and Social History

1. Has the child had previous testing or psychological examinations? ❑ Yes ❑ No (If yes, give date, agency, and summary of the major results): ______

______

______

______

______

______

2. Please describe the kinds of activities in which the child engages in the neighborhood and in the home.

______

______

______

______

______

3. Have there been any unusual changes or events recently in the home? ❑ Yes ❑ No (If yes, explain):

______

______

______

______

______

4. Is there any evidence of emotional tension, fear, irritation or lack of confidence in the child? ❑ Yes ❑ No (If yes, please describe): ______

______

______

______

5. Do you have any *significant* problems with the child in terms of (check all that apply):

- ❑ tantrums?
- ❑ excessive activity level?
- ❑ poor attention span?
- ❑ impulsivity?
- ❑ aggressiveness?
- ❑ withdrawal?
- ❑ low self-confidence?
- ❑ low motivation?
- ❑ following directions?
- ❑ eats poorly?
- ❑ gives up easily?
- ❑ nightmares?
- ❑ prefers to be alone?
- ❑ wets bed?
- ❑ bites nails?
- ❑ bangs head?
- ❑ defiance?
- ❑ getting along with parents?
- ❑ getting along with siblings?
- ❑ getting along with teachers?
- ❑ getting along with playmates?
- ❑ poor motor coordination?
- ❑ difficulty with speech or language?
- ❑ oversensitivity?
- ❑ engaging in dangerous behavior to self or others?
- ❑ is stubborn?
- ❑ trouble going to sleep?
- ❑ is clumsy?
- ❑ is shy or timid?
- ❑ more interested in things than in people?
- ❑ sucks thumb?
- ❑ rocks body?

C. Educational Concerns

Place a check next to any educational problem that your child currently exhibits:

- ❑ Has difficulty with reading
- ❑ Has difficulty with arithmetic
- ❑ Has difficulty with spelling
- ❑ Has difficulty with writing
- ❑ Has difficulty with other subjects (describe): ____________________

1. What do you perceive to be your child's educational strengths? ____________________

2. What do you perceive to be your child's educational needs? ____________________

3. Does your child seem to be experiencing school problems? ❑ Yes ❑ No If yes, what is your opinion regarding the nature of the child's problem(s)? ____________________

4. How do you believe these problems can be best addressed? ____________________

5. What is your goal for your child's education? ____________________

6. What is your goal for your child's future as an adult? ____________________

7. How do you believe school personnel can assist your child in meeting the goals you have for him or her as an adult? ____________________

D. Disciplinary Concerns

What disciplinary techniques do you usually use when your child behaves inappropriately? Please check the box next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

- ❑ Ignore problem behavior
- ❑ Scold child
- ❑ Spank child
- ❑ Threaten child
- ❑ Reason with child
- ❑ Redirect child's interest
- ❑ Tell child to sit on chair
- ❑ Send child to his or her room
- ❑ Take away some activity or food
- ❑ Don't use any technique
- ❑ Other technique (describe): ____________________

____

What disciplinary techniques are usually effective? ____________________

____

____

With what type of problem(s)? ____________________

____

____

What disciplinary techniques are usually ineffective? ____________________

____

____

With what type of problem(s)? ____________________

____

____

What have you found to be the most satisfactory ways of helping your child? ____________________

____

____

E. Other Information

What are your child's favorite activities?

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

What activities would your child like to engage in more often than he or she does at present?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

What activities does your child like least?

1. ____________________
2. ____________________
3. ____________________
4. ____________________