

PARENT/GUARDIAN INTERVIEW

Name of Student: _____

Parents/Guardians: _____

Date: _____

1. What do you feel are your child's strengths?
2. How does your child feel about school?
3. What concerns do you have for your child in school?
4. What does your child like to do in his/her free time?
5. What types of assistance/prompts (if any) does your child need in order to follow directions and rules at home?
6. What types of assistance (if any) does your child need in order to complete his/her morning routine and bedtime routine?
7. What community groups/activities does your child belong to or participate in?

PARENT/GUARDIAN INTERVIEW

8. What kind of physical activities does your child do?

9. Does your child know his/her personal information? (Name, address, phone number, date of birth)

10. What chores does your child do around your home?

11. How much homework does your child have daily (if any)? How do you feel about that?

12. How would you describe your child's eating habits?

13. Do you feel your child has appropriate social skills/acts appropriately in public?

14. What do you feel are your child's greatest areas of need/things that he/she needs to work on?

15. Is there anything else we should know that would help the team better understand your child?