Parent/Guardian Interview

Must be Conducted by Licensed Special Education Teacher **Confidential**

Student's name _____ **Date** _____

School _____ **Grade** _____

Completed by _____

Person(s) interviewed _____

1. What are your child's strengths?

2. What are your main concerns for your child in school?

3. What are your child's favorite activities?

4. What motivates your child?

5. What types of sensory activities (e.g., movement, textures, sounds, pictures, smells, tastes) appeal to your child?

6. How does your child respond to preferred or non-preferred tasks? How do you know when your child has had enough of an activity?

7. How does your child communicate wants and needs?

8. How do you know if your child is in pain?

9. What calms your child when he or she is upset?

10. With whom does your child enjoy spending time at home?

Permission to duplicate is granted if credit is maintained. Non-fillable checklist provided as an example only.

11. In what self-care activities does your child participate?

12. Does your child follow one-step directions? Multi-step directions? Please describe.

13. How does your child move throughout your home?

14. Does your child receive any outside therapy? If so, how often and at which location(s)?

15. Has your child had any recent hospitalizations or surgeries?

16. Is your child currently taking any medication?

17. Who are your child's main health care providers? Does your child's school have current releases or information on file for those providers?

18. Does your child need a rest time during a school day? If so, for how long?

19. How do you prefer to communicate with the school staff (phone call, notebook, email)?

20. What are your priorities for your child to work on this year?

21. Is there anything else you would like to share so that we better know your child?

Permission to duplicate is granted if credit is maintained. Non-fillable checklist provided as an example only.