



Parent Interview: Developmental History for ASD Reevaluations

Background Information:

Student's Name:	Birth Date:
Person Completing this Form:	
Relationship to Child:	
School:	Grade:
Today's Date:	

1. Who does the child live with?

Name	Relationship	Age

Leisure Time:

2. What interests does your child have or how does your child spend his/her leisure time?

3. How have his/her interests changed as your child has grown older?

4. What is/was your child like when playing with other children or with adults?

5. How does your child do in group games and peer group situations?

Social:

6. How does your child respond to people he/she sees occasionally?

7. Did your child have friends when he/she was young?

8. Who are your child's friends now?

9. What kinds of things does your child do with friends?

10. How does your child react to changes in normal routines, people, and in things around him/her?

Communication:

11. How does your child try to get the attention of other children and adults?

12. Does it seem easy for your child to talk with other children and adults?

13. Does your child imitate things she/he hears or movements/gestures of others?

14. Does your child engage in eye contact when talking to other children & adults?

15. What gestures or words has your child used to help say what he/she wants?
