Parent Interview

Student:_____ **Birthdate:**_____

Parent/Caregiver:_____ **Date:** _____

CURRENT CONCERNS: What are your current concerns?

STRENGTHS

1. What does your child do well? What are his/her greatest strengths?

2. What activities does your child enjoy?

3. What responsibilities does your child have at home (i.e. chores)?

4. Does your child participate in any extracurricular activities or sports?

DEVELOPMENTAL HISTORY:

1. Is there a family history of developmental or learning issues?

2. Did you have any concerns during your pregnancy (toxemia, seizures, diabetes)?

3. Any health concerns or hospitalizations during infancy or early childhood (feeding issues, respiratory distress, seizures, failure to thrive, jaundice, etc)?

4. Does your child have a medical diagnosis? Hospitalizations? Any current health concerns (seizures, asthma, allergies, lead poisoning, etc)? Medications?

5. When did you first notice that your child's development seemed different from other children? Describe any concerns you had prior to age four.

6. At what age did your child

_____ Use single words? _____ Walk independently?

_____ Speak in short sentences? _____ Become toilet trained?

7. Did your child ever stop talking? If yes, at what age? For how long?

8. Did you notice concerns regarding your child's vision? (general vision problems, eye contact, intense interest in mirrors/lights, holds objects close to eyes, stares off into space, unusual visual interest such as spinning or studying objects)

9. Did you notice concerns regarding your child's hearing? (failed screening, ear fluid/infections, concern about hearing impairment/deafness, covers ears when hearing everyday sounds, seems to hear better on some days)

10. Have you had any concerns regarding his or her motor skills? (awkward, delays in gross motor skills/ fine motor tasks, repetitive motor behaviors/spinning and finger posturing)

SOCIAL INTERACTION:

1. Do you currently have any concerns about your child's behavior or social skills? If yes, what are your concerns? At what age did you first have concerns about your child's social skills?

2. How would you describe your child's ability to play/interact with other children his or her age? (initiating, playing parallel, perseverative interests)

3. Does your child have **more** difficulty making and keeping friends when compared to other children of your child's same age?

4. What types of activities does your child enjoy participating in? Does your child show an interest in being with other children? Does your child prefer interacting with adults?

5. How does your child express his/her emotions and feelings? Does your child use a typical range of facial expressions that are appropriate for the situation?

6. What calms your child down? Does your child seek you out for comfort when tired, upset or sick?

7. Does your child understand basic safety rules and concepts for his/her age? Does your child need **more** or the **same** amount of supervision than other children his/her age need?

COMMUNICATION

1. Is your child currently able to use their finger to point to something or to request something?

2. If you give your child one direction at a time, can he/she follow the direction? Can he/she follow a series of directions? Give examples.

3. How does your child communicate at home?

4. How does your child initiate conversations with family members? With adults? With other children?

5. Does your child

_____ greet others

_____ respond to greetings

_____ make requests,

_____ describe events

_____ comment on activities

_____ share information about thoughts/interests/feelings

_____ ask for help

6. Does he or she appropriately carry on back-and-forth conversation with other people?

7. Does your child changes intonation and pitch appropriately during conversations?

8. Does your child's voice sound like it lacks emotion or sounds monotone or has a melodic vocal (sing-song) intonation? Speak using an unusual volume or pitch?

9. What gestures does your child use? (nod, wave, point, etc.)

10. Does your child have difficulty understanding nonverbal cues such as facial expressions or changes in vocal tone? Give an example.

11. Does your child repeat phrases or sentences heard in the past that have little or no relationship to the current situation?

12 Does your child ever pull you to a desired item or use your hand as a tool instead of talking?

13. Do you notice anything unusual about your child's language skills? (mixing up pronouns, persisting on certain topics, repeating scripts from television shows, etc.)

RESTRICTED, REPETITIVE, OR STEREOTPYED BEHAVIOR/INTERESTS/ACTIVITIES:

1. Have you noticed differences in how he or she responds to touch, sound, smells, or light? (licks, smells, sniffs inedible objects)

2. Do you have any concerns about your child's eating? (unusual cravings, picky eater, restricted preferences?

3. Are there unusual behaviors that seem different from other children? (flapping arms, walking on tip-toes or in circles, rocking, rapid lunging, obsessed with routines, self-abusive behavior)?

4. Describe your child's favorite activities. What holds your child's attention? Does your child initiate these activities independently?

5. Do you have concerns about your child's activity level or attention span?

6. Does your child have any interests that seem unusual for his/her age or seem unusual in intensity?

7. Are there any unreasonable fears or unusual reactions to situations?

8. What coping skills does your child use? What does he/she do to calm him/herself?

8. How does your child react to changes in daily routine or schedule? (appears anxious, easily upset, adjust if prepared ahead of time, responds negatively or with tantrums when given commands/requests/directions)

9. Does he or she appear overly concerned with order and routine in his/her play or daily activities (i.e., lining things up, needing things in a certain order)

10. Does he or she seem more interested in the parts of toys or objects than the actual toy?

11. Does your child frequently engage in one-sided conversations about favorite topics?

12. What kind of assistance does your child need in performing daily tasks? (dressing, bathing, taking care of belongings, playing with friends)

SKILL ACQUISITION:

1. Does your child have difficulty learning new skills?

2. Does your child demonstrate any unusual or seemingly advanced skills?

RECENT BEHAVIOR

Thinking about your child's behavior the last 3-6 months, please check any of the following behaviors that your child has exhibited.

❑ Difficulty making friends ❑ Difficulty relating to peers ❑ Doesn't get along with siblings ❑ Doesn't get along with parents ❑ Is physically aggressive ❑ Is verbally aggressive ❑ Has wide mood swings ❑ Breaks things ❑ Is shy ❑ Clings to people ❑ Tires easily ❑ Eats poorly ❑ Is easily distracted ❑ Frequently cries ❑ Has trouble learning ❑ Has low self-esteem	❑ Refuses to do homework ❑ Exhibits repetitive behaviors they can't seem to stop ❑ Has difficulty following directions ❑ Gives up easily ❑ Is overly energetic ❑ Engages in dangerous behavior ❑ Lies ❑ Steals ❑ Injures self ❑ Injures others ❑ Wets bed ❑ Worries a lot ❑ Has excessive fears ❑ Has frequent temper tantrums

Please describe more about the behaviors you have observed:

1. When were these problems first noticed?

2. Are there any warning signs that your child shows that help you predict that the difficult behavior(s)might occur? (e.g. becomes restless, agitated, withdrawn, begins to speak loudly, changes in mood, etc.)

3. When does the behavior occur? When doesn't the behavior occur? Where does the behavior most often occur?

4. What tends to "set off" the problem behavior(s)? What is typically happening around the child

when the behavior(s) occur?

5. What consequences have you tried at home to change the behavior(s)? Which ones are effective?

6. Briefly describe your child's current difficulties in school.

7. How long have the school problems been a concern?

8. What do you think school staff could do differently to help your child with the concerns?

9. Finally, when considering your child's behavior, what seems to be the motivation behind those behaviors?

To Gain:
❏ Attention from peers
❏ Attention from adults
❏ An object, activity, or event
❏ Sensory stimulation (sight/visual, hearing/auditory, smell, taste, physical, movement)

To Avoid:
❏ Attention from a peer or adult
❏ Social interaction with a peer
❏ Setting, activity, or event
❏ Demanding or boring task
❏ Sensory stimulation (internal stimulation that is painful or discomforting)

Family and Cultural Issues
1.Quite often, childhood learning problems are temporary, brought on by changes in the life of a child and the family. From the list below, indicate which events have occurred in your family:

☐ Divorce/Separation ☐ Parent started working ☐ Sibling Leaving home

☐ Sibling getting married ☐ Death in family ☐ New person in family

☐ Illness in family ☐ clothing concerns ☐ Job loss/ layoff

☐ Neighborhood concerns ☐ Housing concerns ☐ Homelessness

☐ Drugs/Alcohol Abuse ☐ Law/legal problems ☐ Foster home placement

☐ Residential Placement ☐ Family member in treatment ☐ child trauma/abuse

☐ Catastrophic event in family (e.g., fire, flood) ☐ Other (explain)

Please indicate more about the information marked above:

_____
_____
_____
_____
_____

2.As you think about your family's cultural background and heritage (language, traditions), what would you like school staff to know about your child that might make a difference in the assessment of learning and/or behavior:

_____
_____
_____
_____
_____

3. Do you feel your child's school problem(s) could be the result of a cultural or racial misunderstanding? If
so, please explain:

_____
_____
_____
_____

4. Do you think your child's problem(s) in school could be related to language barriers? If so, explain:

_____
_____
_____
_____

5.Describe how your family gets along and completes tasks:

_____
_____
_____
_____

OTHER:
Is there any other information that might be helpful to share?

Sources: 2006 Supplement to "Promising Practices for the Identification of Individuals with Autism Spectrum Disorders".; MDE Home and Family Interview