

*Dear Parent/Guardians of:*

*Your child’s educational progress is being reviewed and discussed by the school’s MTSS team. By filling out the parent interview form, you can help us better understand your child’s history, special health needs, and developmental progress. We will use the information you provided and progress in general education to plan appropriate interventions and supports. The information shared shall be considered confidential and will not leave the district without your written consent.*



**PARENT INTERVIEW FORM**

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| Child’s Name: | Birthdate: |
| Age | Grade: |
| School of Attendance: | Completed By: |

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| **HOME AND FAMILY LIFE** |
| Who does the child live with? |
| Does your child reside in more than one home?  If so, please explain: |
| Does the child have any siblings? |
| If yes how many siblings? |
| Ages of siblings? |
| Parent Name/Role***:***  Preferred Name: |
| Highest Level of Education: |
| Parent Name/Role: Preferred Name: |
| Highest Level of Education: |
| What languages are spoken in the home? |
| What language/s do you speak when talking to your child? |
| What language does the child speak most often? |
| Has your child ever been separated from his or her parents for more than a month?  If so, explain for what reason and how long |
| Are there any family problems or changes that could be affecting your child?  If yes would you please elaborate? |
| Are there any other important caregivers involved in the raising of your child?  If yes, who are they and what is their role? |
| Does your family have a history of learning disabilities?  How is this family member related to your child and what were their academic challenges? |
| Has anyone in your family had speech or language delays that required therapy?  If yes, can you elaborate? |
| Has anyone in your family required therapy to address mental health disorders?  If yes, can you elaborate***?*** |

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| **PREGNACY AND BIRTH HISTORY** |
| Did the birth mother receive prenatal care throughout the pregnancy? |
| Did the mother experience and relevant medical problems during pregnancy?  If yes, please explain: |
| Were any prescribed medications taken throughout the pregnancy?  If yes, please explain: |
| Were any drugs or alcohol used during pregnancy? |
| Was your child born full-term? If no, were there any complications? |
| Were there any complications during delivery? If yes, please explain: |
| Following birth, did your child require any other medical interventions? (oxygen, nicu, ect)  If yes, please explain: |

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| **DEVELOPMENTAL HISTORY** |
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| (*Provide the age at which your child met the following developmental milestones)* |
| Sitting up: Crawling: Walking: |
| Single words: Phrases: Complete Sentences: |
| Toileting:  Dressing:  Eating with Utensils: |
| If you are unsure when your child met milestones, did their development appear typical?  If no, please explain further: |
| Did your child’s language development ever seem to stop for a period of time?  If yes, please explain: |
| Can your child follow simple commands?  If no, please explain: |
| Does the child understand what you say to him or her?  If no, please explain: |
| Your child’s small muscle coordination is  Explain any concerns***:*** |
| Your child’s large muscle coordination is Explain any concerns***:*** |
| If your child has experienced any delays in their development did they receive any interventions or therapy? (early intervention services, speech therapy, occupational therapy, physical therapy, ect) If yes, please explain: |

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| **MEDICAL HISTORY** |
| Does your child present with normal vision? If no can you please elaborate: |
| Does your child present with normal hearing? If no can you please elaborate-(ex: hearing infections, tubes, loss of hearing, ect): |
| Does your child have any allergies?  If yes can you please elaborate: |
| Does your child have any ongoing medical conditions?  If yes can you please elaborate: |
| Has your child ever been hospitalized?  If yes can you please elaborate: |
| Has your child had any surgeries?  If yes can you please elaborate: |
| Has your child ever sustained a concussion?  If yes, about how many and at what ages: |
| Does your child have any medical conditions?  If yes can you please elaborate: |
| Is your child taking any medications?  If yes, are there any side-effects that would affect their performance: |
| Please share any additional relevant medical information here: |

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| **GENERAL HEALTH** |
| How many hours of sleep does your child get on average per night? |
| Does your child have any challenges with getting adequate sleep? ?  If yes, please elaborate: |
| Does you and your child have an agreed upon bedtime? |
| How would you describe your child’s diet? |
| Do you have any concerns with your child’s nutrition? |
| Does your child eat regular meals?  If no, please elaborate: |
| Do you feel your child would benefit from any changes to their diet?  If yes, please elaborate: |

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| **SOCIAL AND BEHAVIORAL FUNCTIONING** |
| If there are siblings in the home, how does your child get along with their siblings? |
| When your child is at home do they have access to other peers their same age?  If yes, do they play with their peers? |
| Does your child request to play with other children their same age? |
| Does your child seem to understand non-verbal body language? ?  If no, can you please elaborate: |
| Does your child request support when attempting to solve conflicts with other children?  If no can you please elaborate: |
| What activities does your child choose when they have free-time? |
| How would you describe your child’s temperament? |
| Does your child exhibit concerning behaviors at home?  If yes can you please elaborate: |
| Do you have any concerns with your child’s social skills development? |
| Do you have any concerns with your child’s behavior?  If yes, please elaborate: |

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| **SCHOOL HISTORY** |
| Did your child attend preschool? If yes, with whom and where? |
| Has your child ever been retained? If yes, please elaborate: |
| Please list all schools your child has attended and when: |
| Has your child ever attended school outside of the United States?  If yes, please elaborate: |
| Has your child ever received special education services?  If yes, please elaborate: |
| Has your child ever been diagnosed with a learning disability?  If yes, please elaborate: |
| Has your child ever been absent from school for an extended amount of time?  If yes, please elaborate: |
| Do you have any concerns with your child’s reading development?  If yes, please elaborate: |
| Do you have any concerns with your child’s written language development?  If yes, please elaborate: |
| Do you have any concerns with your child’s mathematical skills development?  If yes, please elaborate: |
| Has your child received any academic interventions to remediate their skills?  If yes, please elaborate: |
| Please use this space to include any additional concerns you have about your child’s academic skills and development: |

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| **PARENT INPUT/ ADDITIONAL COMMENTS OR CONCERNS:** |
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| Please use this space to include any additional concerns or comments that you feel are important for the school team to know: |

***Thank you for your cooperation and thoughtful responses.***