

Home and Family Interview

Dear Family Member,

The purpose of this form is to gather information from parents about your observations of your child and other issues that may affect your child's school performance. The information you provide must be included as part of the assessment process and will be summarized in the Evaluation Report (ER). Use additional paper if more room is needed when answering these questions.

Student's Name _____ Grade _____ Birth Date _____

General Education Teacher _____ Date _____

Assessor _____

School _____

Parent(s) _____

Mail Personal interview with: Phone interview with:

Student lives with	Persons living in the student's home		
<input type="checkbox"/> parent(s)	Name	Relationship to child	Age
<input type="checkbox"/> foster parent			
<input type="checkbox"/> relative			
<input type="checkbox"/> peers	Family members not present in the home		
<input type="checkbox"/> on own	Name	Relationship to child	Age
<input type="checkbox"/> other			

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1. Does your child have any medical, physical or psychological conditions? Please check all that apply even if they are not currently present. For items checked, please provide an explanation. Indicate medication if applicable.

	Medication	Explanation
<input type="checkbox"/> Vision		
<input type="checkbox"/> Hearing		
<input type="checkbox"/> Attention Deficit Disorder		
<input type="checkbox"/> Head Injury		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Depression		
<input type="checkbox"/> Cerebral Palsy		
<input type="checkbox"/> Seizures		
<input type="checkbox"/> Other		

2. Does anyone in your family have a history of medical or physical problems? yes no If yes, please explain:

3. Has anyone in your immediate or extended family had academic or educational problems? yes no If yes, please explain:

4. Were there any unusual complications during the pregnancy or birth of this child? yes no If yes, please explain:

5. Were the developmental stages such as walking, sitting, etc. for this child within normal ranges? yes no If no, please explain:

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6. Many learning problems in childhood are temporary and may be brought on by changes in the life of a child and his or her family. Indicate which of the following events have occurred in your family. (*Check all that apply.*)

Event	Year	Describe
<input type="checkbox"/> move to a new home		
<input type="checkbox"/> change of school		How many times in the year stated? How many times total?
<input type="checkbox"/> repetition of grade		
<input type="checkbox"/> serious illness in family		
<input type="checkbox"/> death in family		
<input type="checkbox"/> divorce/separation of parents		
<input type="checkbox"/> change in hours parent(s) are home		
<input type="checkbox"/> loss of job		
<input type="checkbox"/> parent began work out of home		
<input type="checkbox"/> brother or sister left home		
<input type="checkbox"/> marriage of brother or sister		
<input type="checkbox"/> new person joined the family		Who?
<input type="checkbox"/> neighborhood concerns		
<input type="checkbox"/> chemical or alcohol use		When? Ongoing?
<input type="checkbox"/> homelessness		
<input type="checkbox"/> foster home placement		
<input type="checkbox"/> court placement		
<input type="checkbox"/> involvement with the law		
<input type="checkbox"/> family member in counseling		Ongoing?
<input type="checkbox"/> other		

7. What are your child's current school problem(s)?	When did you first notice them?	What do you think caused them?

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8. Do you feel your child's school problem(s) is (are) the result of a cultural or other misunderstanding? ___ yes ___ no If yes, please explain:

9. Have you tried anything to help your child at home such as reading aloud, sitting with your child at homework time, etc?

10. How do you think other people (relatives, neighbors) view your child?

11. Has repeating a grade ever been considered for your child?
 ___ yes ___ no If yes, please explain:

12. In your opinion, what can the school staff do to be most helpful to your child at this time?

13. Share the strengths and special abilities of your child.

14. Describe the way you've seen your child learn best. Give an example.

15. Describe something your child has learned easily in the last three months.

16. Describe something your child had difficulty learning in the last three months.

17. What information would you like to receive from this assessment?

18. How many days a week does your child have homework? _____
 - a. How many days a week does your child do homework? _____
 - b. How long does he or she spend on homework each day? _____
 - c. Does your child complete homework independently, or does your child need your assistance?

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19. How would your family life change if your child no longer had the school problem(s)?

(Please place a check in the column that describes your child's performance.)

19. Rate your child's performance at home or in the community on the following items:	Does very well	Occasionally requires parent assistance	Always requires parent assistance	Not Applicable
Follows two to three step directions (S)				
Remembers (S)				
Organizes (O)				
Uses planning skills (O)				
Understands what he or she reads (A)				
Understands what he or she sees(A)				
Understands what he or she hears (A)				
Learns a new game(A)				
Recalls events from the school day (R)				
Recalls specifics from a special event (R)				
Reads aloud (R)				
Carries on a conversation (E)				
Handwrites (E)				
Solves problems (M)				
Explains something he or she learns(M)				
Assembles or repairs things (M)				
Demonstrates artistic ability (M)				
Knows basic math facts (R)				

S = Storage, O = Organization, A = Acquisition, R = Retrieval, E = Expression,
M = Manipulation of information

Thank you for your input!