

SLD: Parent Interview

Child's Name: _____ Person Completing this Form: _____
Birth date: _____ Relationship to Child: _____
School: _____ Grade: _____
Date: _____

Directions: Complete all relevant areas. In addition to providing "yes/no" answers please provide additional information, particularly if it is an area of concern.

Medical/Developmental History

1. Were there any difficulties with the pregnancy or birth of this child?
2. Has this child ever been hospitalized? For what reason? Does your child have any medical conditions or have they been in any accidents?
3. Were the developmental stages such as walking, sitting, talking, etc. for this child within normal ranges? If no, please explain.
4. Does your child show any specific sensitivity to sound, touch, sight, etc.?
5. Does anyone in your family have a history of medical or physical problems?

Areas of interest

6. What are your child's primary areas of interest?
7. What types of activities do you feel that your child does well at?

Behavior

8. Does your child have behaviors that concern you or others? Explain.

Social

9. Does your child have any social difficulties that concern you or others? Explain.

Emotional

10. Does your child have any emotional difficulties that concern you or others? Explain.

Learning

11. What is your view on how various interventions have impacted your child's learning?

12. What does your child tell you about what they are learning in school?

13. Some learning problems are temporary and brought on by changes in the life of a child. Are there any events that have occurred that may impact their learning?

14. Are there family members with similar learning concerns?

Reading

15. K-1: Does your child know their letters and the sounds that letters make? Are they beginning to read?

16. Does your child have trouble reading words or connected text?

17. How does your child read new words? Do they ask you for help right away? Do they try to sound out the words or do they just recognize whole words?

18. Does your child understand what they read? Does your child talk about what they read?

19. In your opinion, does it take your child a long time to read?

Mathematics

20. K-1: Does your child know their numbers? Do they understand quantity to be able to count items?

21. Can your child answer addition problems easily? Subtraction? Multiplication? Division?
22. Can your child figure out things using numbers? (i.e. money, cooking)
23. Can your child tell time using a clock with hands? A digital clock? Do they understand the concept of time?

Written Expression

24. Can your child write letters to form words?
25. What does your child use writing for? Can you understand what your child writes?
26. Comment on penmanship, spacing or spelling. How does your child hold the pencil?
27. Does your child write from left to right?
28. Does your child write letters or numbers in reversed form?

Listening Comprehension

29. Does your child understand stories read or told to him/her?
30. Is your child able to pay attention sufficiently to understand verbal information?
31. Can your child explain what they have heard?

Oral Expression

32. Can you understand what your child is explaining to you?
33. Is your child able to describe stories/directions in an order that makes sense?
34. Does your child have any difficulties with articulating words so that others can understand them clearly?

Motor

35. Do you have any concerns about your child's large motor (i.e. running, skipping) movements?
36. Do you have any concerns about your child's fine motor (i.e. drawing, cutting) movements?

Processing

37. How does your child recall information? What strategies do you know he/she uses? What happens when your child forgets things?
38. Is your child able to use previously learned information in new situations?
39. Is your child able to follow directions? Two-step directions? Three-step?
40. Does your child remember and follow through on routines?
41. Can your child assemble or repair things?
42. How would you describe your child's ability to organize (i.e. objects, thoughts, use of time)?
43. Does your child understand cause/effect relationships?
44. Does your child have a preferred way of learning new information? Visually? Auditorily? Tactile/hands-on?
45. Is there anything about your child that we should know that has not been asked?

Thank you for taking the time to complete this!