

Home and Family Interview

Dear Family Member,

The purpose of this form is to gather information from parents on your observations about 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 for your child. Your ideas and concerns are important to the assessment process and will be summarized in the Assessment Summary Report (ASR). 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) _____

Form completed by _____

Mail Personal interview with: Phone interview with:

Student lives with	Persons living in the student's home		
<input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster parent <input type="checkbox"/> Relative <input type="checkbox"/> Peers <input type="checkbox"/> On own <input type="checkbox"/> Other	Name	Relationship to child	Age
Family members not present in the home			
	Name	Relationship to child	Age

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 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:

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 time 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 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?

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 from this assessment?

18. How many days a week does your child *have* homework? _____

How many days a week does your child *do* homework? _____

How long does he or she spend on homework each day? _____

(minutes or hours)

Does your child complete homework independently, or does your child need your assistance?

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

20. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes well (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses planning skills (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands what he or she reads (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands what he or she sees (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands what he or she hears (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns a new game (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recalls events from the school day (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recalls specifics from a special event (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads aloud (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carries on a conversation (E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwrites (E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solves (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains something he or she learns (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembles or repairs things (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates artistic ability (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows basic math facts (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thank you for your input!