

## Parent Interview

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return at your earliest convenience. This information will be included in the evaluation report. Thank you.

Strengths:

1. What are your child's greatest strengths?
2. What activities does your child enjoy?

Directions: Thinking about your child's skills at home or in the community, please answer the following questions:

### Daily Living/ Independent Skills:

(e.g., eating, dressing, hygiene, choice making, food preparation, household chores)

3. In regard to your child's personal daily living skills at home, what does your child do well?
4. What concerns do you have regarding your child's personal daily living skills?
5. When thinking about your child's overall personal daily living skills, how much help or supervision do they require? (please check one)
  - Almost no help (mostly independent)
  - Needs help with some skills (needs help less than 50% of the time)
  - Regular involvement or help (needs help for most skills – more that 50% of the time)
  - Needs help with all personal daily living skills (needs constant supervision)

Comments:

Social Skills:

(e.g., making and keeping friends, cooperation, playing or spending time with peers, resolving conflict).

6. In regards to your child's social skills at home, what does your child do well?
  
7. What concerns do you have regarding your child's social skills?
  
8. When thinking about your child's overall social skills, how much help or supervision does he/she require? (please check one)
  - Almost no help (mostly independent)
  - Needs help with some skills (needs help less than 50% of the time)
  - Regular involvement or help (needs help for most skills – more than 50% of the time)
  - Needs help with all social skills (needs constant supervision)

Comments:

Communication Skills

(e.g., display facial expressions, use of assistive technology, written language, nonverbal language, makes comments, choice-making, expressing wants/needs)

9. In regard to your child's communication skills at home, what does your child do well?
  
10. What concerns do you have regarding your child's communication skills?
  
11. When thinking about your child's overall communication skills, how much help or supervision does he/she require? (please check one)
  - Almost no help (mostly independent)
  - Needs help with some skills (needs help less than 50% of the time)
  - Regular involvement or help (needs help for most skills – more than 50% of the time)
  - Needs help with all communication skills (needs constant supervision)

Comments:

### Community Access and Participation

(e.g., knowledge of community resources, travel skills to access the community, knowledge about community programs, ability to access community resources/facilities such as transportation, shopping, health care, restaurants, and housing)

12. In regard to your child's community participation skills, what does your child do well?

13. What concerns do you have regarding your child's community participation skills?

14. When thinking about your child's overall community participation skills, how much help or supervision does he/she require? (please check one)

- Almost no help (mostly independent)
- Needs help with some skills (needs help less than 50% of the time)
- Regular involvement or help (needs help for most skills – more than 50% of the time)
- Needs help with all community skills (needs constant supervision)

Comments: