

PARENT INTERVIEW

Student Name: _____ **Date:** _____

Parent(s): _____ **Grade:** _____

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

What are your child's strengths?

What are your child's favorite activities?

What motivates him/her?

What are your primary concerns for your child in school?

Is your child able to follow directions independently at home?

Does he/she need prompts?

Is your child able to maintain focus/effort and stay on task?

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

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

How long does your child spend on homework each day?

Does your child begin tasks and complete homework independently or does he/she need your assistance?

Does your child interact appropriately with peers?

Is your child receiving any outside therapies? If so, how often and at what location?