



Parent Interview

Revised 6/7/04

Name:	Date:
School: Grade:	DOB:
Sex: CIF:	Parents Name:
Address:	City: St. Paul, MN Zip:
Home phone:	Work:
Cell phone:	Interpreter:
<p><u>Please share these comments with parents:</u></p> <p>Your child: has been referred to Special Education due to concerns regarding his/her:</p>	
<p>What information have you had recently from teachers or other staff at the school?</p>	
<p><u>Explain the following to the parents:</u> Regular Education: All students are receiving the same program offered in school according to their needs. (Example: Chapter I, ESL, etc.)</p> <p>Special Education: Children who have special problem(s) and teachers think special help will be needed for the child to be successful in school. This special help is provided for those who need it after an in-depth evaluation. With this special help, children can learn to live to their full potential. Your written permission will be needed if it is decided that an evaluation is warranted. If it is determined after the evaluation that the student is eligible for Special Education, an Individual Education Plan (IEP) is written to improve the student's educational programming.</p>	

I. **Background Information:**

1. **How long has the family been in this country?**

2. **Where have you lived in the United States?**
 - **Did your child ever live in a refugee camp?**
 - **How long?** **Where?**

3. **How many children are in the family?** **What are their ages?**

2. Which language do you use when speaking with your child?

3. Which language does your child use in the home?

- With parents?
- With peers?
- With siblings?

4. Which is your child's best language?

What language did your child speak when (s)he first began to talk?

When did your child first begin to learn English?

III. Communication Skills:

1. When did your child first begin to talk?

2. Do you think (s)he started to talk earlier or later than your other children, or did (s)he start to talk at about the same age as your other children?

3. Do you or anyone in your family, have trouble understanding child's speech?

- Sometimes children don't say the sounds of words correctly as an adult would do you think your child has a difficulty like this? Give examples:

4. Does your child seem to understand your question(s)?

- Does (s)he answer your questions in English or in his native language?

5. Does your child repeat words or sounds, or struggle to get words out when (s)he is talking?
(Example: I...I...I..., and...and...and)

- How long has this been going on?

6. Do you feel your child follows directions well?.

- One direction at a time?
- A series of directions to complete an activity?

7. Does your child lose his or her voice?

How often?

8. Compared with brothers and sisters, how would you describe your child's speech and language skills:

IV. School History:

1. How old was your child when (s)he started school?

- How long?
- What was the language of instruction?
- How did your child do in school?
- Did s/he receive any special help?
- Describe the school program:
- Can your child read in any language?

3. Names of schools attended in St. Paul:

4. Have there been interruptions in schooling?

- Were there any difficulties with early learning (prior to going to school)?

6. Who helps at home with school work?

- Compared to siblings, how would you describe your child's academic performance?

7. Does your child like to listen to stories or look at books?

8. What are your child's favorite after school activities?

9. What thoughts or feelings about school has your child expressed to you?

V. Medical History:

1. Has your child had any problems with vision :__ , hearing __ ear
Infections: __, or problems with pain or drainage from the ears?

2. Were there any complications during pregnancy or childbirth?

Was (s)he born more than 3 weeks early or late: no:_ yes: _

3. Has your child been told by a doctor (s)he has a specific illness or diagnosis? (e.g. asthma, seizures, ADHD, diabetes)

Has (s)he had lead poisoning: no:___ yes (describe): _____

4. Does your child take any medications?
5. Does your child have allergies to medicine: ___ food: ___insect sting___
6. Has your child ever been hospitalized? Yes: ___ no: ___
 - For what?
 - When?
 - What do you think is the cause of this condition?
 - What have you done to treat this condition?

VI. Social/Adaptive

1. Have you observed differences between this child and his/her siblings in behavior or development? Describe the differences.
2. Are there any behaviors that your child has that concern you?
(For example: getting along with other kids, obeying parents, fears/anxiety or unusual fears, difficulty sleeping, school avoidance)
4. What kind of assistance does your child need or request in performing daily tasks?

Example: Dressing, bathing, preparing and eating food, taking care of his/her belongings and playing with friends or siblings.)

- How is your child's gross motor coordination (balance)?
 - How are your child's fine motor skills (writing, cutting)?
4. Do you have any concerns about your child or their school program?
 5. Is there more information you could give us that would help us understand your child better?

6. What are your child's strengths (what does your child do well, what is your child good at)?

Say to the parents: "I will share this information with the school staff. If formal assessment is needed, would you like to come to the school for an evaluation planning meeting or would you like to be informed by phone?"

Ask the parents: "If a meeting is needed, what are the best days and times for you to come to school?"

SAINT PAUL PUBLIC SCHOOLS

INTERPRETATION & TRANSLATION SERVICES PREFERENCE

Pupil's Name: IEP Manager:

Parent's Name:

Parent's Primary Language:

Interpreter for this contact:

This pupil's parents have indicated that they prefer the following interpreter/translation or advocacy services:

Oral interpretation of IEP Team Meetings

Oral interpretation of written materials

Written translation of due process forms into _____ (language)

Additional parent comments (document here if parents prefer meetings and/or materials in English):

Date:
Signature of person making contact: