

## PARENT INTERVIEW

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s)/Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Date: \_\_\_\_\_

### BACKGROUND INFORMATION

1. When did you first become concerned about \_\_\_\_\_'s development?
2. What specific areas of development or behavior are you most concerned about?
3. Who lives in the home?
4. Who in addition to yourself provides care for \_\_\_\_\_?
5. What is the primary language spoken in the home?
6. Is there any family (parents, grandparents, siblings) history of depression, anxiety, bipolar, schizophrenia, drug/alcohol abuse, ADHD, learning problems, intellectual disability, speech-language difficulties or other problems?

### HEALTH AND DEVELOPMENTAL HISTORY

1. Was \_\_\_\_\_ born full term?
2. Describe any problems during your pregnancy or at the time of delivery?
3. Did \_\_\_\_\_ require any specialized treatments as a newborn?
4. Did \_\_\_\_\_ experience any health problems during infancy? If so, what type?
5. Has he/she been diagnosed with a specific medical or developmental problem? Yes No  
If yes, please explain:

6. Is \_\_\_\_\_ taking any medication(s) on a regular basis?      Yes                      No  
If yes, please complete:  
Names of medication(s), dosage, how often administered, length of time on medication(s):

Name of physician(s) prescribing medication(s):

7. When did \_\_\_\_\_:    Ages in Months  
Crawl    \_\_\_\_\_  
Walk    \_\_\_\_\_  
Speak first word     \_\_\_\_\_  
Speak in 2 or 3 word sentences     \_\_\_\_\_

8. Is \_\_\_\_\_ toilet trained?                      Yes                      No  
If yes, at what age?

9. Has \_\_\_\_\_ had any of the following, please describe:  
Vision problems  
Hearing problems  
Frequent ear infections  
Seizures  
Head injuries  
Allergies  
Sleep difficulties (i.e., problems falling asleep or staying asleep)  
Eating difficulties/limited diet/food sensitivities

**OTHER**

1. What are \_\_\_\_\_'s strengths?
2. What does he/she enjoy doing for play?
3. What types of reinforcers/rewards seem to be meaningful to \_\_\_\_\_?
4. What strategies work for \_\_\_\_\_ at home?
5. Has \_\_\_\_\_ ever attempted to wander from a safe place? If so, please explain.
6. Do you have any recent testing from an outside source or another public school?
7. Is there anything else you think I should know about \_\_\_\_\_?

## LANGUAGE/COMMUNICATION

1. What is \_\_\_\_\_'s primary way of communicating with you (spoken language, written language, sign, AAC device, gestures, pull to show, other)
2. Does \_\_\_\_\_ become frustrated when they try to communicate?
3. How does \_\_\_\_\_ ask for help?
4. Does he/she point with their finger or use other nonverbal means, such as a gesture, to indicate wants/needs?
5. Did \_\_\_\_\_ ever use your hand to show you what they wanted or to accomplish a task?
6. Does \_\_\_\_\_ respond consistently to their name?
7. Is he/she able to follow simple directions?
8. Does \_\_\_\_\_ respond to simple questions?
9. Does he/she use rote, repetitive or echolalic speech?
10. Does \_\_\_\_\_ often use memorized words or "scripts" from TV shows, movies, or videos? Explain.
11. Can other individuals other than family members understand what \_\_\_\_\_ is trying to communicate?
12. Can \_\_\_\_\_ carry on a conversation with another person that flows back and forth at a level that you would expect at their age?

## SOCIALIZATION

1. How does \_\_\_\_\_ interact with family members (adults versus children)?
2. When interacting with \_\_\_\_\_ (play and communication), does he/she look you in the face? Is it hard to catch their eye?
3. Which family member(s) does \_\_\_\_\_ prefer to interact with or seem most comfortable with?
4. Does \_\_\_\_\_ play with other children or does he/she prefer to play alone? Please describe.
5. How does \_\_\_\_\_ show affection?
6. How does he/she indicate enjoyment of activities or social interaction?
7. Is \_\_\_\_\_ interested in other children of approximately the same age whom they do not know?
8. Does \_\_\_\_\_ ever play pretend games by himself/herself? With others?
9. Do you think \_\_\_\_\_ shows a normal range of facial expressions to communicate (frown, pout, look embarrassed, as well as laugh or cry)?
10. Does \_\_\_\_\_ smile back at someone smiling or in response to something someone says or does to them?
11. Does \_\_\_\_\_ show you things of interest by presenting them for your attention or by pointing to them?
12. Does \_\_\_\_\_ ever offer to share things, such as food, favorite toy or objects with you or other children?
13. Does \_\_\_\_\_ ever try to comfort you if you are sad or not feeling well?

## BEHAVIOR

1. Does \_\_\_\_\_ tend to examine new objects by smelling, touching or licking them?
2. Does he/she seem overly sensitive to noises, smells, touch, etc.? Please describe.
3. Does \_\_\_\_\_ play with the whole toy or seem to be more interested in a certain part (spinning the wheels of a car rather than using it as intended)?
4. Does \_\_\_\_\_ engage in any kind of stereotyped or repetitive motor behavior, such as hand/finger flapping or twisting, whole body movements, tensing, toe walking, hands over ears that concerns you? Please describe.
5. Does he/she have any unusual or special preoccupations or interests?
6. Does \_\_\_\_\_ show signs of any self-injurious behavior such as head banging, biting, or hitting any part of their body? Please describe (including the circumstances that might elicit these kinds of behavior).
7. What is \_\_\_\_\_'s reaction to pain/discomfort? Please describe.
8. Does he/she show signs of any unusual fears and/or do they show fearlessness in situations that should warrant fear? Please describe.
9. Does \_\_\_\_\_ cry easily or have temper tantrums? If so, how long do they last?
10. How does \_\_\_\_\_ act when they don't get what they need/want? Please describe.
11. Do changes in \_\_\_\_\_'s environment or routines seem to bother them?
12. Are there things that he/she seems to have to do in a particular way or order (rituals)? Please describe.
13. What strategies seem to be effective in helping \_\_\_\_\_ maintain or regain behavioral control? What have you tried that really doesn't work?
14. Does \_\_\_\_\_ have difficulty moving from one activity to another?