



PARENT INTERVIEW FORM (Grade 4 and below)

Student's last name _____

First names _____

Nickname _____

No. years at previous school _____

Reason for leaving _____

Mother's name _____

Mother's occupation _____

Father's name _____

Father's occupation _____

Parent's civil status: Married Unmarried (live-in) Separated Widow Single parent

What is your child's regular bedtime? _____

What chores do you expect your child to do by himself/herself? _____

Where does your child play? _____

Who supervises playtime? _____

What kind of play does your child enjoy most? _____

What are your child's favorite activities? _____

How does your child react to conflicts with playmates? _____

How does your child relate with siblings? (if relevant) _____

At what age could your child perform these activities on his/her own? Dressing _____ Bathing _____ Toilet _____ Eating _____

Who normally assists your child with the above-listed activities? (if relevant) _____

For whom does your child show the most affection? Mother Father Helper Other

Which word describes your child best? Obedient Disobedient Adventurous Inquisitive

How does your child form new playmates? Being friendly When other children approach him/her We choose our child's friends

How does your child interact with playmates? Active Shy Squabbles Submissive Dominant Competitive

Who are your child's playmates? Older children Younger children Same age Adults Youths

How does your child ask for help? Speaking Facial expressions Body language Crying Tantrums

How often does your child cry? Several times per day A few times per day Once a day Occasionally Never

How often does your child have tantrums? Several times per day A few times per day Once a day Occasionally Never

How often does your child have nightmares? Several times per day A few times per day Once a day Occasionally Never

How often does your child wet the bed? Several times per day A few times per day Once a day Occasionally Never

What diagnosis has your child received? None ADD ADHD OCD ODD Asperger's Autism Anxiety Other

What medications does your child take?

Describe your child's fears

Describe situations where your child feels disturbed

Describe situations where your child asks for help

Describe difficulties that your child experienced at his/her previous school

Describe difficulties that your child experienced at home

Describe discipline strategies used at home (who disciplines?)

Describe conflicting discipline strategies at home (different approaches by two adults)

Describe positive-reinforcement strategies used at home (rewards, bribes, etc.)

Describe what you do when your child is defiant to your authority

Describe what you do when your child quarrels with other children

Describe what you are most proud of in your child

Describe the developmental success of your child

Describe your child's health during infancy

Describe your aspirations for your child

Parent's signature over printed name

DATE