



PARENT INTERVIEW FORM (Grade 4 and below)

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Student's Last name	First name	Nickname
<hr/>		<hr/>
No. years at previous school	Reason for leaving	
<hr/>	<hr/>	
Mother's name	Mother's occupation	
<hr/>	<hr/>	
Father's name	Father's occupation	
<hr/>	<hr/>	
Parent's civil status:	<input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	
<hr/>	<hr/>	
What is your child's regular bedtime?	What chores do you expect your child to do by himself/herself?	
<hr/>	<hr/>	
Where does your child play?	Who supervises playtime?	
<hr/>	<hr/>	
What kind of play does your child enjoy most?	What are your child's favorite activities?	
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How does your child react to conflicts with playmates?	How does your child relate with siblings? (if relevant)	
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At what age could your child perform these activities on his/her own?	Dressing _____ Bathing _____ Toilet _____ Eating _____	
<hr/>	<hr/>	
Who normally assists your child with the above-listed activities? (if relevant)	<hr/>	
<hr/>	<hr/>	
For whom does your child show the most affection?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Helper <input type="checkbox"/> Other	
<hr/>	<hr/>	
Which word describes your child best?	<input type="checkbox"/> Obedient <input type="checkbox"/> Disobedient <input type="checkbox"/> Adventurous <input type="checkbox"/> Inquisitive	
<hr/>	<hr/>	
How does your child form new playmates?	<input type="checkbox"/> Being friendly <input type="checkbox"/> When other children approach him/her <input type="checkbox"/> We choose our child's friends	
<hr/>	<hr/>	
How does your child interact with playmates?	<input type="checkbox"/> Active <input type="checkbox"/> Shy <input type="checkbox"/> Squabbles <input type="checkbox"/> Submissive <input type="checkbox"/> Dominant <input type="checkbox"/> Competitive	
<hr/>	<hr/>	
Who are your child's playmates?	<input type="checkbox"/> Older children <input type="checkbox"/> Younger children <input type="checkbox"/> Same age <input type="checkbox"/> Adults <input type="checkbox"/> None	
<hr/>	<hr/>	
How does your child ask for help?	<input type="checkbox"/> Speaking <input type="checkbox"/> Facial expressions <input type="checkbox"/> Body language <input type="checkbox"/> Crying <input type="checkbox"/> Tantrums	
<hr/>	<hr/>	
How often does your child cry?	<input type="checkbox"/> Several times per day <input type="checkbox"/> A few times per day <input type="checkbox"/> Once a day <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
<hr/>	<hr/>	
How often does your child have tantrums?	<input type="checkbox"/> Several times per day <input type="checkbox"/> A few times per day <input type="checkbox"/> Once a day <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
<hr/>	<hr/>	
How often does your child have nightmares?	<input type="checkbox"/> Several times per day <input type="checkbox"/> A few times per day <input type="checkbox"/> Once a day <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
<hr/>	<hr/>	
How often does your child wet the bed?	<input type="checkbox"/> Several times per day <input type="checkbox"/> A few times per day <input type="checkbox"/> Once a day <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
<hr/>	<hr/>	
What diagnosis has your child received?	<input type="checkbox"/> None <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> OCD <input type="checkbox"/> ODD <input type="checkbox"/> Asperger's <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> 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