
Initial Parent Interview Form

Date: _____

Name of child: _____ Birthdate: _____ Age _____ Grade _____

Date of most recent: Hearing exam _____ Eye exam _____

Language(s) spoken in the home: _____

Name of parent(s): _____ Occupation: _____

_____ Occupation: _____

Phone: _____ Email: _____

With whom does the child live? _____

Siblings and their ages: _____

Reason for bringing child to CSUS's diagnostic clinic: _____

How did you hear about CSUS's diagnostic clinic _____

Who made the referral and why? _____

At about what age did your child start to do these things? _____ walk _____ first words

What are the child's strengths? _____

What does child enjoy most? _____

What does the child dislike? _____

How would you describe your child's personality? _____

How does child get along with siblings? _____

How does child get along with peers? _____

Have there been any recent changes or events in your family that may have impacted your child (e.g. moves, deaths, separation/divorce)? _____

SCHOOL HISTORY: School Name _____

How long has your child attended his/her current school? _____

How would teacher describe child's school performance? _____

What does the child do best in school? _____

What are some challenging areas in school? _____

How is your child's performance in this (these) areas? _____

Describe child's grades: _____

Has the child had any other psycho-educational testing? If so, please list the test names, dates and results.

PERSONAL:

Does child have any health concerns (e.g. vision, hearing, medication, ear infections, allergies, high fevers)?

IS your child taking any medications? _____

What does the child think about GATE testing and placement? _____

If yes, please give the name, dosage, and when the medication is administered. _____

Were there any pregnancy or delivery complications (If so, please describe)? _____

What does your child think about the testing? _____

How would you describe your child's social and emotional development? _____

Is there a family history of learning problems or ADHD? Please describe.

Is there anything else that is important to know about this child? _____

Comments: _____
