Date:_____

Educational History-Parent Interview

General Information	
Student Name:	
Person Interviewed:	
Person's relationship to Student:	
Interviewer:	

Concern

Recently, your child's teacher (or you) have expressed concern about your child's progress in _____

_____. Due to these concerns, I'd like to ask you some questions to help determine why your child may be

struggling. Information you share will assist the school in determining if your child requires additional interventions and what those interventions may include.

If the information you share leads us to suspect a possible educational disability, a referral for special education evaluation may be recommended. Everything you share will be kept confidential and only disclosed to staff members who are involved in your child's education program. If there are any questions you are uncomfortable with or would prefer not to answer, they may be skipped. Do you have any questions before we begin?

Family Background

Who lives in the home with your child? (Mark all that apply)

☐ Biological mother ☐ Adoptive Mother ☐ Grandmother	☐ Biological father ☐ Adoptive father ☐ Grandfather	☐ Step Parent(s) Other _____ Other _____

Please tell us about other children in the home:

#1. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____	#2. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____	#3. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____
#4. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____	#5. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____	#6. Age: _____ Gender: ☐ Male ☐ Female Relationship: ☐ Brother ☐ Sister ☐ Other_____

What is:		
Father's Birthplace:	Father's Occupation:	Father's level of education:
Mother's Birthplace:	Mother's Occupation:	Mother's level of education:
Other Caregivers Birthplace:	Other Caregivers Occupation:	Other Caregivers level of education:
Birthplace of child:		

Health and Developmental Information	
During this pregnancy and/or during birth, did the mother experience any unusual illness, condition, or accidents?	☐Yes ☐No If yes please describe: _____
Did the mother take any drugs, medicines, use tobacco,, or other alcohol during the pregnancy?	☐Yes ☐No If yes please describe: _____
Has your child ever experienced significant illnesses?	Illness: _____ Age:_____ Illness: _____Age:_____ Illness: _____ Age:_____
Has your child ever been hospitalized?	☐Yes ☐No If yes please describe: Age of hospitalization #1:_____ Length of stay: _____ Reason:_____ Where: _____ Age of hospitalization #2:_____ Length of stay: _____ Reason:_____ Where: _____
Has your child ever sustained a serious head injury?	☐Yes ☐No If yes please describe: How did the head injury occur? _____ Child's age at time of injury:_____ Did your child lose consciousness? ☐Yes ☐No If yes for how long? _____ Was your child hospitalized for this injury? ☐Yes ☐No If yes, where? _____

Has your child been diagnosed with any physical or mental conditions? (ADHD, Autism, seizures, diabetes, syndromes)	☐Yes ☐No If yes, please list: _____
Does your child take any kind of prescribed medication regularly? (If more than 2 medications, please use the back of this form)	☐Yes ☐No If yes, please complete: Name of medication #1:_____ How often taken: _____ How long taken: _____ Reason/Condition:_____ Name of medication #2:_____ How often taken: _____ How long taken: _____ Reason/Condition:_____
Has your child been prescribed glasses?	☐Yes ☐No
Does your child have a history of ear infections?	☐Yes ☐No
Have they been treated for ear infections?	☐Yes ☐No
Has your child ever had a hearing screening?	☐Yes ☐No If yes, at what age? ____ What were the results? _____
In your opinion, was your child's development delayed in any of the following (mark all that apply):	☐sitting ☐ crawling ☐ walking ☐ using single words ☐ phrases ☐ complete sentences ☐ toileting ☐ Other _____ For all areas marked, please describe: _____ _____ _____

Social and Environmental Information

How does your child get along with other children the same age?	
What does your child like to do in their free time?	
Is your child overly (mark all that apply):	☐Active ☐ Aggressive ☐ Impulsive ☐ Dependent ☐ Emotional ☐ Frustrated ☐ Fearful ☐ Shy ☐ Demanding ☐ Anxious ☐ None apply
Describe any concerns you have about your child's behavior:	

What are your top three concerns with our child?	1._____ 2._____ 3._____ ☐ I don't have any concerns
Is your child's speech easy for you and/or others to understand when they are speaking?	☐ Yes ☐ No If no, please describe: _____ _____
How many minutes daily does your child read or is read to at home?	☐ More than 20 minutes ☐ Less than 20 minutes ☐ Doesn't read at home
How much time daily does your child spend working on homework?	
What difficulties do you have at home when it comes to homework or reading?	
Describe any emotional trauma your family has experienced. This could include natural disaster, war, death, violence, separation from parents, etc.:	
To your knowledge, has your child ever been sexually or physically abused?	☐ Yes ☐ No Comments: _____ _____ _____

School History

My child began school at:	Age:	Grade:	Location of School:
Have any previous teachers reported any problems or difficulties at school?	☐ Yes ☐ No If yes, please describe:_____ _____		
Has your child ever received special educational services (mark all that apply)?	☐Health Care Plan ☐ 504 Accommodation Plan ☐ Special Education Preschool ☐ ESL/ELL ☐ Counseling ☐ Occupational/Physical Therapy ☐ Speech Therapy ☐ Birth-3 Early Intervention ☐ Special Education-School Aged ☐ Other_____		
Describe any difficulties you think your child has with learning (e.g., takes a long time, forgets easily, needs much repetition):			

Does any other family member have difficulty with learning?	☐ Yes ☐ No If yes, please describe:_____ _____
Is there anything else you would like to share?	

Educational History (to be completed by school personnel)				
Grade	**Name/Location of School (If non-U.S. note country)**	**Total Absences**	**Total Tardies**	**Total Days of Attendance**
Preschool				
Kindergarten				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				
_____grade				

Family Language Information (Complete only if child has been identified as an English Learner)	
Which language(s) does the child speak?	

What languages does your child speak at home to:	Adults: Siblings: Friends:
What languages are spoken to your child at home by:	Father: Mother: Caregiver: Siblings: Other Relatives:
Has the development of the child's first language seemed typical to other children's language development?	
Do you have any specific concerns with how your child uses his or her first language?	
Does the child also read and/or write in his or her first language?	My child reads in their first language. ☐ Yes ☐ No If yes: Is their reading ability typical for their age? ☐ Yes ☐ No My child writes in their first language. ☐ Yes ☐ No If yes: Is their writing ability typical for their age? ☐ Yes ☐ No
How much English was the child exposed to from birth to the time that he or she began attending an English speaking school?	☐A small amount ☐English about half of the time ☐Mostly English
What were the types of exposure to English? Check all that apply.	Mother ☐ Father ☐ Siblings ☐ Other ☐ relatives ☐ Media ☐
How much English is the child exposed to now?	☐A small amount ☐English about half of the time ☐Mostly English
What are the types of exposure to English? Check all that apply.	Mother ☐ Father ☐ Siblings ☐ Other ☐ relatives ☐ Friends ☐ Media ☐ Only at school ☐
What language does your child hear most often in the community? (e.g. neighbors, at the store, family outings, family parties, TV and radio)	
How long has the child been attending English language schools? Check all that apply.	Preschool ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐

Has the child attended school that was taught in another language? Check grade levels that apply.	Preschool ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐
If circumstances prevented the child from attending school, which grades were not attended or only partially attended? Check all that apply.	K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐
Do you know of any cultural concerns that your family or child has?	
Do you know of any personal concerns that your child has?	