Paul Bunyan **Special Education Cooperative** Aitkin•Backus•Brainerd•Crosby-Ironton McGregor•Pequot Lakes•Pillager•Pine River	**INFORMATION PROCESSING (IP)** **HOME AND FAMILY INTERVIEW**

Student Name: _____   ID: _____   Date: _____

Parent(s) _____   Grade: _____   D.O.B.: _____

Referring Teacher: _____   School: _____

Form completed by _____

☐ Mail   ☐ Phone interview with _____   ☐ Personal interview with _____

Dear Family Member,
The purpose of this form is to gather information from parents about your observations of your child and other issues that may affect your child's school performance. The information you provide must be included as part of the assessment for your child. Your ideas and concerns are important to the assessment process and will be summarized in the Evaluation Report (ER). Use additional paper if more room is needed when answering these questions.

Student lives with	**Persons living in the student's home**		
☐ Parent (s) ☐ Foster Parent ☐ Relative	Name _____ _____ _____	Relationship to child _____ _____ _____	Age _____ _____ _____
☐ Peers ☐ On Own ☐ Other	**Family members not present in the home** Name _____ _____ _____	Relationship to child _____ _____ _____	Age _____ _____ _____

1. Does your child have any medical/physical/psychological conditions? Please check all that apply even if they are not currently present. For items checked, please provide explanation. Indicate medication if applicable.

	Medication	Explanation
☐ Vision		
☐ Hearing		
☐ Attention Deficit Disorder		
☐ Head Injury		
☐ Asthma		
☐ Allergies		
☐ Diabetes		
☐ Depression		
☐ Cerebral Palsy		
☐ Seizures		
☐ Other		

2. Does anyone in your family have a history of medical or physical problems?

☐ Yes   ☐ No   If yes, please explain:

Does your child currently have medical insurance?   ○ Yes   ○ No
Type of insurance:
☐ Private Insurance   ☐ Medical Assistance (MA)   ☐ Other   _____
☐ Minnesota Care   ☐ No Insurance

3. Has anyone in your immediate or extended family had academic or educational problems?

☐ Yes ☐ No   If yes, please explain:

4. Were there any unusual complications during the pregnancy and birth of this child?

☐ Yes ☐ No   If yes, please explain:

5. Were the developmental stages such as walking, sitting, etc. for this child within normal ranges?

☐ Yes ☐ No   If no, please explain:

6. Many learning problems in childhood are temporary and are brought on by changes in the life of a child and his or her family. Indicate which of the following events occurred in your family. (Check all that apply.)

Event	Year	Describe
☐ Move to a new home		
☐ Change of school		
☐ Repetition of grade		
☐ Serious illness in the family		
☐ Death in family		
☐ Divorce/separation of parents		
☐ Change in hours parent(s)are home		
☐ Loss of job		
☐ Parent began work out of home		
☐ Brother or sister left home		
☐ Marriage of brother or sister		
☐ New person joined family		
☐ Neighborhood concerns		
☐ Chemical or alcohol use		
☐ Homelessness		
☐ Foster home placement		
☐ Court placement		
☐ Involvement with the law		
☐ Family member in counseling		
☐ Other		

7. What are your child's current school problem(s)?	When did you first notice the problem(s)?	What do you think caused the problem(s)

8. Do you feel your child's school problem(s) is (are) the result of a cultural or other misunderstanding?
   ☐ Yes ☐ No   If yes, please explain:

9. Have you tried anything to help your child at home such as reading aloud, sitting with your child at homework time, etc.?

10. How do you think other people (relatives, neighbors) view your child?

11. Has repeating a grade ever been considered for your child?
    ☐ Yes ☐ No   If yes, please explain:

12. In your opinion, what can the school staff do to be most helpful to your child at this time?

13. Share the strengths and special abilities of your child.

14. Describe the way you've seen your child learn best. Give an example.

15. Describe something your child has learned easily in the last three months.

16. Describe something your child had difficulty learning in the last three months.

17. What information would you like to receive from this assessment?

18. How many days a week does your child *have* homework? _____

How many days a week does your child *do* homework? _____

How long does he or she spend on homework each day? _____
(minutes or hours)

Does your child complete homework independently, or does your child need your assistance?

19. How would your family life change if your child no longer had the school problem(s)?

20. Rate your child's performance at home or in the community on the following items:	Does very well	Occasionally requires parent assistance	Always requires parent assistance	Not applicable
Follows two- to three-step directions (S)	☐	☐	☐	☐
Remembers (S)	☐	☐	☐	☐
Organizes (O)	☐	☐	☐	☐
Uses planning skills (O)	☐	☐	☐	☐
Understands what he or she reads (A)	☐	☐	☐	☐
Understands what he or she sees (A)	☐	☐	☐	☐
Understands what he or she hears (A)	☐	☐	☐	☐
Learns a new game (A)	☐	☐	☐	☐
Recalls events from the school day (R)	☐	☐	☐	☐
Recalls specifics from a special event (R)	☐	☐	☐	☐
Reads aloud (R)	☐	☐	☐	☐
Carries on a conversation (E)	☐	☐	☐	☐
Hand writes(E)	☐	☐	☐	☐
Solves problems (M)	☐	☐	☐	☐
Explains something he or she learns (M)	☐	☐	☐	☐
Assembles or repair things (M)	☐	☐	☐	☐
Demonstrates artistic ability (M)	☐	☐	☐	☐
Knows basic math facts (R)	☐	☐	☐	☐

S = Storage, O = Organization, A = Acquisition, R = Retrieval, E = Expression, M = Manipulation of information

Thank you very much for your input!