

SPECIAL EDUCATION DEPARTMENT
Wenatchee School District
112 South Elliott
Wenatchee, WA 98801
(509) 663-7117

PARENT INTERVIEW FORM

Child's Full Name: _____

Birth date: _____

PRENATAL HISTORY During pregnancy did mother have:

- X-Rays German Measles Medication Accidents/Illness
- Use Alcohol/Drugs Smoke Other _____.

BIRTH HISTORY Weight of infant _____ Full term Premature Normal

Delivery complications: _____

Unusual factors at birth or in infancy: _____

DEVELOPMENTAL MILESTONES: Approximately, when did your child:

Hold Head Steady _____	Smile _____	Sit Alone _____
Stand Alone _____	Walk _____	Say Words _____
Use sentences _____	Ride a Tricycle _____	Dress Self _____
Bladder Control _____	Bowel Control _____	

Child Uses: Right or Left hand, or is Undecided

PHYSICAL/MEDICAL HISTORY Describe general health/unusual illness:

Has the child had: High Fevers Convulsions/seizures Hyperactivity Cerebral Palsy
 Head Injuries Muscle or bone problems or disease

Most recent physical: _____ Doctor: _____.

Chronic Conditions : Allergies Asthma Ear Infections

Other: _____

List any medications used, reason and name of prescribing doctor:

VISION: Wears glasses Eye surgery Date, Doctor and results of latest eye Exam:

HEARING: Wears hearing aid Right ear Left ear Any reason to Suspect hearing difficulty?
 History of ear infections Ear surgery at age _____ Date, Doctor and results of last hearing exam.

ADJUSTMENT: Few friends Many friends Self confident Fearful
 Outgoing Withdrawn Happy Moody Independent
 Dependent Easily Upset Cooperative Belligerent Easily Upset
 Sensitive Temper Tantrums

Describe :

Family Relationships: _____
Peer Interactions: _____
Social-Emotional Adjustment: _____

SELF HELP SKILLS: Is the child:

<input type="checkbox"/> Responsible	<input type="checkbox"/> Lazy	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Energetic	<input type="checkbox"/> Easily Tired	<input type="checkbox"/> Slow Worker	<input type="checkbox"/> Quick Worker
<input type="checkbox"/> Careful	<input type="checkbox"/> Careless	<input type="checkbox"/> Finishes Projects	<input type="checkbox"/> Always late/behind

CONCERNS YOU HAVE ABOUT THIS CHILD:

Development: _____
Behavior: _____
School: _____
Social: _____
Emotional: _____
Attitude toward authority: _____
Attitude toward school: _____
Other: _____

Has child ever: been retained? If so, what grade? _____
 had remedial classes? If so, what subject? _____
 been on an IEP for Special Education services? Where/When? _____

Signature _____ Relationship to Child _____ Date _____