



Home and Family Interview

Dear Family Member,

Please complete the *Home and Family Interview* so we can learn more about your child. Because this information will be used as part of the assessment process, your ideas and concerns are important in helping to obtain assessment information that accurately reflects your child's skills and abilities.

I. General Information

1. Information about your child...

Name

Date of Birth Age Grade.....

School

Parent(s)

2. Information about you...

Name

Relationship to child.....

Date when completed

3. Child currently lives with (check one)...

- Parent
 Relatives
 Foster Parent
 Independent/Self
 Peers/Friends
 Other (describe):

4. List all members of the child's family

Name	Age	Relationship to Child	Primary Language and Dialect	Currently living with child?
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is anyone else living in the home? If so, please indicate:.....

School Use Only Provide details of the interview below:

Name of Interviewer Interview format (check): In-home Telephone

II. Health and Early Development

5. Does your child have any medical, physical, or psychological conditions which can impact learning? If so, please check all that apply.

- A. Vision B. Attention deficit C. Allergies D. Cerebral Palsy
 E. Hearing/hearing loss F. Head injury G. Diabetes H. Sleep disorder
 I. History of ear infections J. Asthma K. Depression L. Other

If you checked any of the categories listed above, including "other," provide a brief explanation about the present status of the condition(s):

.....

6. Does anyone in your family have a history of medical or physical problems? Yes No If yes, explain:

.....

7. What was the birth weight of your child ____ lb. ____ oz. Were there any unusual complications during pregnancy and birth? If so, please describe below:

.....

8. Were the developmental stages such as speaking, walking, sitting, etc. for this child within the normal ranges? Yes No If no, explain:

.....

III. School and Learning

9. Please rate how you see your child on various learning and behavior characteristics listed below. Place a check in the box that best describes your child, ranging from *Very Much Like My Child* to *Not Like My Child At All*. If you are not sure about an item, just use your best judgement—the purpose of this activity is to help us determine what areas you see as a problem.

My child...	Very much like my child	Somewhat like my child	Not very much like my child	Not like my child at all
A. Thinks that school is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spends enough time on homework assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Needs help with homework assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has difficulty completing school assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Has trouble making and keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is someone who willingly cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Is often hurtful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Is often hurtful to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Respects the property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Is moody and uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Gets in trouble in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Is liked by other adults living in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Cares about doing well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Sometimes, learning problems are temporary and brought on by changes in the life of a child and the family. From the list below, indicate which school related events that may impact learning.

- A. Change of school B. Attendance problems C. Repeating a grade D. School suspension
 E. Negative peer influence F. Drug/alcohol abuse G. Safety issues at school H. Other (explain below)

If you checked one or more items indicated above or "other," please explain:

11. Has anyone in your immediate or extended family had academic or educational problems? If yes, explain:

12. Has your child had any previous placements in a special education program? If yes, explain:

13. Please describe what you have done to help your child with problems at school:

14. Describe some of your child's strengths and weaknesses which school staff should know about that could impact learning within the classroom:

15. Please rate how you see your child on various learning style characteristics listed below. Place a check in the box that best describes your child, ranging from *Good* to *Poor*. If you are not sure about an item, just use your best judgement—the purpose of this activity is to help us determine what areas, if any, you see as a problem.

My child's...	Good	Adequate	Poor	Not Applicable
A. Ability to follow two three step directions (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Remembers (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Organizational skills (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Planning skills (O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Understands what he/she reads (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Understands what he/she sees (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Understands what he/she hears (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Learns a new game (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Recalls events from the school day (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Recalls details from a special event (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Reads aloud (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Carries on a conversation (E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Handwrites well(E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Problem solves (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Explains something he/she has learned (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Assembles or repairs things (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Artistic ability (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Knows basic math facts (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

IV. Family and Cultural Issues

16. Quite often, childhood learning problems are temporary, brought on by changes in the life of a child and the family. From the list below, indicate which events have occurred in your family.

Family related events...

- | | | | |
|--|--|--|---|
| A. <input type="checkbox"/> Divorce/separation | B. <input type="checkbox"/> Parent started working | C. <input type="checkbox"/> Sibling leaving home | D. <input type="checkbox"/> Sibling getting married |
| E. <input type="checkbox"/> Death in family | F. <input type="checkbox"/> New person in family | G. <input type="checkbox"/> Illness in family | H. <input type="checkbox"/> Clothing concerns |
| I. <input type="checkbox"/> Job loss/layoff | J. <input type="checkbox"/> Neighborhood concerns | K. <input type="checkbox"/> Housing concerns | L. <input type="checkbox"/> Homelessness |
| M. <input type="checkbox"/> Drugs/alcohol abuse | N. <input type="checkbox"/> Law/legal problems | O. <input type="checkbox"/> Foster home placement | P. <input type="checkbox"/> Residential placement |
| Q. <input type="checkbox"/> Family member in treatment | R. <input type="checkbox"/> Child trauma/abuse | S. <input type="checkbox"/> Catastrophic event in family (e.g., fire, flood) | T. <input type="checkbox"/> Other (explain below) |

If you checked one or more items indicated above or "other," please explain:

17. As you think about your family's cultural background and heritage (language, traditions), what would you like school staff to know about your child that might make a difference in the assessment of learning and/or behavior? Explain below:

18. Do you feel your child's school problem(s) could be the result of a cultural or racial misunderstanding. If so, please explain:

19. Do you feel that your child's problem(s) in school could be related to language barriers? If so, explain below:

20. What sort of disciplinary strategies do you use with your child?

21. Describe how your family gets along and completes tasks.

22. Describe family routines when your child has to do homework. Specifically address how long your child spends on homework and who provides help and support whenever it is needed.

Thank you very much for completing this survey. Please return it to the person and address below:

Return to:

Return by Date: