

Parent Interview Form

***Please attach a recent photo of your child to this form**

Child's Name: _____ Male/Female

Home Phone Number: _____ Month _____ Date _____ Year _____

Street Address: _____ Today's Date: _____

Mailing Address: _____ Child's Birthdate _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Age: ____ Occupation: _____ Education: _____

Cell Phone Number: _____

Parent Name: _____ Age: ____ Occupation: _____ Education: _____

Cell Phone Number: _____

Brothers and Sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other people in the home: _____

What brought you to today's screening?

Was there anything unusual about the pregnancy/birth with this child? What was child's weight at birth?

Did this child require any special medical care or hospitalization?

Has this child ever had a serious accident? _____

Who is your child's primary care physician? _____ When was their last visit? _____

Briefly, what was the reason? _____

Is your child up to date on vaccinations? Yes _____ No _____

Is this child on any medication? Yes _____ No _____

If yes, explain: _____

Does this child have any allergies? If yes, to what _____

Is child toilet trained? Yes___ No ___ At what age? _____

Yes No

Has this child ever had any ear/hearing examination or treatment?

☐ ☐

Any concerns? _____

Does this child have a history of ear infections? Yes_____ No _____

Do you have any vision concerns? If yes, explain: _____

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Have you ever sought any special services for this child? (example: Birth to Three, DCF, behavioral or therapeutic intervention etc):_____

If yes, what services and when: _____

Has anyone ever expressed any developmental concerns for your child? (if Yes, please explain):_____

At what age did this child first begin to speak? Give approximate age if you do not remember: _____

How many words does your child typically put together in a sentence? _____

Do you think this child has a problem with the following:

1. Saying sounds? Yes___ No ___ If yes, give example _____
2. Putting words together? Yes___ No ___ If yes, give example _____
3. Repeating sounds or words too often? Yes___ No ___ If yes, give example _____

What language is spoken most frequently at home?_____

Does he or she prefer to play alone or with others? _____

Are there things that this child does that are unusual?

Do you have any special concerns about this child?

What do you consider to be your child's strengths? _____

Has this child ever been to a nursery school or daycare? _____Where? _____

Is there any other information that will help us understand this child?

Form completed by: _____ Date _____

Relationship to child: _____

