



PARENT/GUARDIAN INTERVIEW FORM

(For Students with Multiple/Complex Needs)

6. Please describe what you observe at home regarding your child's attention to preferred or non-preferred tasks, and inform us as to how do you see your child respond when he/she has had enough of an activity.

7. How does your child communicate his/her wants and needs with you and others?

8. How do you know if your child is in pain?

9. What calms your child when he/she is upset?

10. Who does your child enjoy spending time with at home? Are there certain staff or students at school that your child knows/enjoys being with?

11. What types of self-care activities does your child participate in?

12. Is your child able to follow through on one-step or multi-step directions? Please describe.



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13. How does your child move throughout your home?

14. Is your child receiving any outside therapies? How often, and at which location(s)?

15. Briefly review any recent hospitalizations, surgeries, etc. Do you feel school staff have an adequate understanding of your child's medical needs?

16. Is your child currently taking any medications?

17. Please list your child's primary medical providers. Do staff have current releases of information on file for those providers?

18. How long does your child need to rest during a school day (if at all)?

19. How do you prefer communication from school staff? (phone calls, notebook, email, etc.)



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20. What are your priorities for your child and staff to work on at school this year?

21. Is there anything else we should know that would help the team better understand your child?

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