

# Re-evaluation Parent/Guardian Interview

The purpose of this questionnaire is to inform or update information regarding the child’s educational, social emotional, and/or other needs. The information will be used to design a program that best meets the child’s needs at school.

Student’s name:\_\_\_\_\_ School:\_\_\_\_\_ Grade: \_\_\_\_\_

1. What are your child’s strengths?

2. What are your main concerns for your child?

3. What Behavior(s) concern you about your child? How often do they occur, when do they occur, and what is your response to your child’s behavior?

4. What are your child’s favorite activities?

5. What motivates your child?

6. How does your child respond to non-preferred tasks? How do you know when your child has had enough of an activity?

7. How does your child communicate wants and needs?

8. What calms your child when he or she is upset?

9. Does your child follow one-step directions? Multi-step directions? Please describe.

**Assistive Technology Screener** – Assistive Technology is a device or service that is used to increase or maintain functional performance of a child with a disability.

1. What activity, or task, does your child need to increase performance on so he/she can be independent at home and/or school?

(Examples: carry/organize physical materials to and from school, dress independently, use bathroom independently, complete written work, see/hear/communicate, fine motor skills, gross motor coordination, etc.)

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2. In What environments, and when, is your child not able to perform the tasks above?

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3. Please provide any additional information you believe will help with your child's evaluation.

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Thank you for taking the time to complete the parent questionnaire. Your information is vital to the development of a complete evaluation, and possible individual education program for your child.

Southern Minnesota Education Consortium