

Home and Family Interview
(Responsibility of case manager in report)

I. General Information

Information about child:

Name: _____
 Date of Birth: _____
 Age: _____
 Grade: _____
 School: _____

Information about you:

Name: _____
 Relationship to child: _____
 Date when completed: _____

Child currently lives with:

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

List all members of the child's family:

Name	Age	Relationship to child	Primary Language/Dialect	Currently living with child?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

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

II. Health and Early Development

Does your child have any medical, physical, or psychological conditions, which can impact learning?

If so, please check all that apply:

- Vision Allergies Cerebral Palsy Hearing/Hearing Loss History of ear infections
 Head Injury Diabetes Sleep Disorder Asthma Depression and/or anxiety
 Attention Deficit Hyperactivity Disorder (ADHD) Speech/Communication Issues
 Autism Cognitive Delay Other (Please describe)

Please provide a brief explanation about the present status of the conditions marked (including "other"):

Does anyone in your family have a history of medical or physical problems? Please explain:

(continued on next page.....)

What was the birth weight of your child? _____ lb. _____ oz.

Were there any unusual complications during pregnancy and birth? If so, please describe:

Was your child using words/speaking by age 2? *(If not, when? Or is your child nonverbal?)*

Were there concerns about your child meeting developmental milestones, such as sitting, crawling, walking, toilet training, etc.?

How did your child play and interact with others their age before the age of 5?

How does your child currently get along with peers?

III. School and Learning

Sometimes learning problems are temporary and brought on by changes in the life of a child and the family. Please check all of the following school-related events that apply to your student:

- | | | | |
|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Change of School | <input type="checkbox"/> Attendance Problems | <input type="checkbox"/> Repeating a grade | <input type="checkbox"/> School Suspension/Expulsion |
| <input type="checkbox"/> Negative Peer Influence | <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Safety Issues at School | |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> School violence | <input type="checkbox"/> Other (Explain) | |

Please explain marked areas:

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

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

(continued on next page.....)

What are your child's current school problems (academic, behavioral, emotional, social, etc.)? When did you first notice them?

Please describe what you do to help your child with their difficulties at school:

Describe family routines regarding homework. For example: How many days a week does your child bring homework home? How many days does your child *do* the homework? How much time does your child spend on homework each day? Does your child complete homework independently, or does your child need assistance? If needed, who usually assists?

Describe some of your child's strengths, interests, extra-curricular activities, and special abilities:

What subjects are easiest for your child? _____

What subjects are the most difficult for your child? _____

Describe ways your child learns best (e.g. through hands on activities, by reading, examples/demonstrations, verbal instruction, etc.):

Describe some of your child's challenges and areas of difficulty at home:

What do you find to be helpful for your child at home regarding their challenges or areas of need (academic, social, emotional, behavioral, physical, etc.)?

(continued on next page.....)

III. Family and Cultural Issues

Sometimes 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:

- | | | |
|----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Divorce/separation (when?) | <input type="checkbox"/> Parent started working | <input type="checkbox"/> Sibling leaving home or getting married |
| <input type="checkbox"/> Change of caregiver | <input type="checkbox"/> Death in family | <input type="checkbox"/> New sibling or addition to family |
| <input type="checkbox"/> Illness in family | <input type="checkbox"/> Job loss/ layoff | <input type="checkbox"/> Clothing concerns |
| <input type="checkbox"/> Neighborhood concerns | <input type="checkbox"/> Housing concerns | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Drugs/alcohol abuse | <input type="checkbox"/> Law/legal problems | <input type="checkbox"/> Foster home placement |
| <input type="checkbox"/> Residential placement | <input type="checkbox"/> Family member in treatment | <input type="checkbox"/> Childhood trauma or abuse |
| <input type="checkbox"/> Catastrophic event (e.g., fire) | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Other (explain) |

Please explain more about any information marked above:

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:

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

Do you think your child's problem(s) in school could be related to language barriers? If so, explain:

Thank you for completing this form. This is valuable information for your child's evaluation. Please return to your child's case manager promptly.