

Parent Interview: DCD

Child's Name _____

Person completing this form _____

Birth date _____

Relationship to Child _____

School _____

Date _____

Grade _____

Background Information:

1. Who does the child live with?
Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does your child have any significant medical conditions?

3. Does your child take any medications on a regular basis? If so, what medications?

4. Has your child ever had a psychological evaluation or counseling outside of school? If so, what were the results?

Strengths:

5. What does your child do well? What are their greatest strengths?

6. What activities does your child enjoy?

Directions: Thinking about your child's skills at home or in the community, please answer the following questions.

Cognitive Skills:

(e.g. retaining concepts taught, rate of learning, applying skills/concepts to new tasks)

1. In regard to your child's cognitive skills at home, what does your child do well?

2. What concerns do you have regarding your child's cognitive skills?

3. When thinking about your child's overall cognitive skills, how much help or supervision do they require? (please check one)
 - ☐ Almost no help (mostly independent)
 - ☐ Needs help with some skills (needs help less than 50% of the time)
 - ☐ Regular involvement or help (needs help for most skills – more than 50%)
 - ☐ Needs help with all personal daily living skills (needs constant supervision)

Comments:

Daily Living/ Independent Skills:

(e.g. eating, dressing, hygiene, choice making, food preparation, house-hold chores)

4. In regard to your child's personal daily living skills at home, what does your child do well?

5. What concerns do you have regarding your child's personal daily living skills?

6. When thinking about your child's overall personal daily living skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all personal daily living skills (needs constant supervision)

Comments:

Social Skills:

(e.g. making and keeping friends, cooperation, playing or spending time with peers, resolving conflict)

7. In regard to your child's social skills at home, what does your child do well?

8. What concerns do you have regarding your child's social skills? What skills do you have to help them with?

9. When thinking about your child's overall social skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all social skills (needs constant supervision)

Comments:

Communication Skills:

(e.g. display facial expressions, use of assistive technology, written language, nonverbal language, choice-making, expressing wants/needs)

10. In regard to your child's communication skills at home, what does your child do well?

11. What concerns do you have regarding your child's communication skills?

12. When thinking about your child's overall communication skills, how much help or supervision do they require? (Please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all communication skills (needs constant supervision)

Comments:

Academic Skills:

(e.g. handling money, written skills, managing time, basic reading skills, basic vocabulary)

13. In regard to your child's academic skills, what does your child do well?

14. What concerns do you have regarding your child's academic skills?

15. When thinking about your child's overall academic skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all academic skills (needs constant supervision)

Comments:

Recreation and Leisure Skills:

(e.g. turn-taking, following safety guidelines, initiating activities, choosing activities, expanding awareness of interests/skills)

16. In regard to your child's recreation and leisure skills, what does your child do well?

17. What concerns do you have regarding your child's recreation and leisure skills?

18. When thinking about your child's overall recreation and leisure skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with recreation and leisure skills (needs constant supervision)

Comments:

Community Participation:

(e.g. knowledge of community resources, travel skills to access the community, knowledge about community programs, ability to access community resources/facilities such as transportation, shopping, health care, restaurants, and housing)

19. In regard to your child's community participation skills, what does your child do well?

20. What concerns do you have regarding your child's community participation skills?

21. When thinking about your child's overall community participation skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all community participation skills (needs constant supervision)

Comments:

Work and Work-Related Skills:

(e.g. completion of tasks, developing job skills, accepting direction, ability to work with others, demonstrating independent work habits)

22. In regard to your child's work and work-related skills, what does your child do well?

23. What concerns do you have regarding your child's work and work-related skills?

24. When thinking about your child's overall work and work-related skills, how much help or supervision do they require? (please check one)

- ☐ Almost no help (mostly independent)
- ☐ Needs help with some skills (needs help less than 50% of the time)
- ☐ Regular involvement or help (needs help for most skills – more than 50%)
- ☐ Needs help with all work and work-related skills (needs constant supervision)

Comments:

Thank you!