

Parent Interview: Emotional or Behavioral
Responsibility of the case manager in the evaluation report

Child's Name: _____ Person Completing this form: _____
Birthdate: _____ Relationship to child: _____
School: _____ Date: _____
Grade: _____

Background Information:

1. Who does the child live with?

2. Does your child have any significant medical conditions that may be contributing to the behavioral problem? Is he/she taking any medications?

3. Have any unusual changes or events happened recently in the home? Please explain.

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 his/her greatest strengths?

6. What activities does your child enjoy?

7. What responsibilities does your child have at home (i.e. chores)?

8. Does your child participate in any extracurricular activities or sports?

9. What coping skills does your child use? What does he/she do to calm him/herself?

Recent Behavior:

Thinking about your child's behavior the last 3-6 months, please check any of the following behaviors that your child has exhibited.

- | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Refuses to do homework |
| <input type="checkbox"/> Difficulty relating to peers | <input type="checkbox"/> Exhibits repetitive behaviors they can't seem to stop |
| <input type="checkbox"/> Doesn't get along with siblings | <input type="checkbox"/> Has difficulty following directions |
| <input type="checkbox"/> Doesn't get along with parents | <input type="checkbox"/> Gives up easily |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> Is overly energetic |
| <input type="checkbox"/> Is verbally aggressive | <input type="checkbox"/> Engages in dangerous behavior |
| <input type="checkbox"/> Has wide mood swings | <input type="checkbox"/> Lies |
| <input type="checkbox"/> Breaks things | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Is shy | <input type="checkbox"/> Injures self |
| <input type="checkbox"/> Clings to people | <input type="checkbox"/> Injures others |
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Wets bed |
| <input type="checkbox"/> Eats poorly | <input type="checkbox"/> Worries a lot |
| <input type="checkbox"/> Is easily distracted | <input type="checkbox"/> Has excessive fears |
| <input type="checkbox"/> Frequently cries | <input type="checkbox"/> Has frequent temper tantrums |
| <input type="checkbox"/> Has trouble learning | |
| <input type="checkbox"/> Has low self-esteem | |

Please elaborate on your answers: _____

Concerns at Home:

10. Briefly describe your child's behavior and/or emotional problems at home.

11. When were these problems first noticed?

12. Are there any warning signs that your child shows that help you predict that the difficult behavior(s) might occur? (e.g. becomes restless, agitated, withdrawn, begins to speak loudly, changes in mood, etc.)

13. When does the behavior occur? When doesn't the behavior occur? Where does the behavior most often occur?

14. What tends to “set off” the problem behavior(s)? What is typically happening around the child when the behavior(s) occur?

15. What consequences have you tried at home to change the behavior(s)? Which ones are effective?

Concerns at School:

16. Briefly describe your child’s current difficulties in school.

17. How long have the school problems been a concern?

18. What do you think school staff could do differently to help your child with the concerns?

19. Finally, when considering your child’s behavior, what seems to be the motivation behind those behaviors?

☐ **To Gain:**

- ☐ Attention from peers
- ☐ Attention from adults
- ☐ An object, activity, or event
- ☐ Sensory stimulation (sight/visual, hearing/auditory, smell, taste, physical, movement)

☐ **To Avoid:**

- ☐ Attention from a peer or adult
- ☐ Social interaction with a peer
- ☐ Setting, activity, or event
- ☐ Demanding or boring task
- ☐ Sensory stimulation (internal stimulation that is painful or discomforting)

Please Elaborate: _____

20. Is there anything else you would like us to know about your child?

Thank you very much for your time.