

Other Health Disability: Parent Interview
Elementary & Secondary

Child's Name: _____

Please return form to: _____

Grade: _____

Completed by: _____

*Your participation in completing this provides extremely valuable information used in the special education assessment process. **THANK YOU!***

Student's Medical Health Condition: _____

Background Information:

1.

Who does the child live with?

Name	Relationship	Age

2. Does your child have any significant medical conditions or diagnoses?

3. Does your child take any medications on a regular basis? If so, When? Where? How does this medication affect your child?

4. Has your child ever previously been evaluated for special education services?
If so, When? Where?
What were the results?

5. What are your child's greatest strengths?

6. What are your current concerns regarding your child?
At home?

At school?

Northland Learning Center: Special Education Services

Directions: Please read the following questions and answer by checking only the choices of **YES** or **NO**. If further clarification is needed or your answer is “sometimes” please enter an explanation in the comments section.

(Case Manager – The numbers in parentheses () correspond to Part B. eligibility for Other Health Disability criteria in MN.)

	Yes	No	Comments
<p>7. Is your child excessively absent from school, due to medical appointments, therapies, or hospitalizations related to the above-stated health condition? (1)</p> <p><i>If yes, how often per week?</i> 1-2 times 3-4 times 5+ times</p> <p><i>If yes, please explain what type of appointments.</i></p>			
<p>8. If your child is taking medication(s) to address the above-stated health condition have you been told by your medical doctor that your child’s medication(s) may negatively affect his/her comprehension, memory, attention, or stamina? (3)</p>			
<p>9. In comparison to other children your child’s age, have you noticed that your child demonstrates limited physical strength? (4)</p> <p><i>If yes, how does your child’s limited physical strength affect his/her capacity to perform school activities? Please explain:</i></p>			
<p>10. Have you noticed that your child demonstrates decreased stamina or energy levels due to his/her health condition? (5)</p> <p><i>If yes, how does their limited endurance affect their ability to maintain performance at school? Please explain:</i></p>			
<p>11. In comparison to peers, does your child exhibit heightened or diminished alertness resulting in impaired abilities?</p> <p><i>For example, does your child have difficulty keeping their attention on homework, sitting through a family meal, completing a chore from start to finish, etc. (6)</i></p>			
<p>12. Does your child demonstrate difficulty managing and organizing materials for school? (7)</p>			
<p>13. Does your child have difficulty completing classroom assignments within routine timelines? For example, a teacher reports that your child has frequent “late” work or incomplete work? (7)</p>			
<p>14. Does your child demonstrate difficulty following directions? (8)</p> <p><i>If yes, can he/she usually follow written directions? Please explain:</i></p> <p><i>If yes, can he/she usually follow verbal directions? Please explain:</i></p> <p><i>If yes, can he/she usually follow multi-step directions? Please explain:</i></p>			
<p>15. Does your child demonstrate impaired ability to initiate and complete a task?</p> <p><i>For example, does your child frequently require your help to get started on Homework? (8)</i></p>			
<p>16. Does your child have difficulty completing tasks from beginning to end?</p>			
<p>17. Any additional comments or concerns you would like to share?</p>			