Parent/Caregiver Interview (OHD)

Student Name: Date:

Parent/Caregiver Name:

1. What are your child's strengths?

2. What are your concerns for your child while at school?

3. Are there special considerations that the school needs to be aware of?

    a. Medical

    b. Health

    c. Safety

    d. Other

4. What are your priorities for the staff and your child to work on at school?

5. How much does your child know about his/her medical diagnosis?

6. Share examples of how your child organizes him/herself at home for things like: chores, getting ready for school in the morning, cleaning his/her room, etc.

7. How much time does your child typically spend on homework each evening?

    a. How much assistance do you need to provide?

    b. What strategies have worked at home?

8. How do you see your child's medical condition affecting his/her education?

9. Does your child have friends? Same age, younger, older?

10. What activities does your child enjoy?