PST Parent/Guardian Input Form

Student's Name: Guardian Name:
Method of Interview (check one):
☐ Personal Interview
☐ Telephone
☐ Written
Person Conducting Interview: Date:

1. What are some of your child's strengths, interests and/or favorite activities?

2. What does your child like best about school?

Least?

3. If your child has homework, do they complete it without help? If no, what type of help is given?

4. What goals do you have for your child this school year?

5. Do you have any concerns about your child's progress or behavior? If yes, what are they and when did you first start having these concerns?

6. Have you seen any recent changes in your child's behavior or school performance?

7. Medical information:
Any medical diagnosis (physical/ health impairment, ADHD, etc.)

Medical history: accidents, injuries, surgeries?
Taking medication? (Type, reason, side effects)
Wears glasses or vision concerns?
Wears hearing aid(s) or hearing concerns?
Any other health concerns:

8. Any social-emotional (thinking/feeling) concerns?

9. Has your child had a psychological or education evaluation from outside of the school?
If yes, who did it, when was it done, and what were the results?

10. Has your child had additional community services in the last 3 years (Wraparound, tutoring, counseling, residential care, etc.)?
If yes, please describe and list provider names:

11. Home life:
With whom does your child live at home?
What language is spoken at home?
How well does your child sleep at night?
What is bedtime and length of time sleeping?
Any recent changes?

12. Functional Questions (Optional)
a. Communication skills at home: Understands directions? Communicates needs and feelings?

b. Type of chores or responsibilities at home?

c. Self care skills: (Bathing, brushing teeth, toileting, etc.)

d. Behavior in the community: (any legal or court involvement, juvenile home placement, etc.)

e. Follow safety rules at home and in the community: (Walking, riding bike)

f. Leisure: (Shares, plays well with others, has friends)

13. Do you have any suggestions for improving the school services being given to your child or what strategies have worked in the past?

14. Is there any other information about your child that you think may be helpful to your child's evaluation?