**PARENT INTERVIEW**



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| **Student’s Name:**       | **SSN:**       |
| **Grade:**       | **Teacher:**       |
| **School:**       | **Date:**       |
| **Parent Name:**       |  |

1. **What does your child like to do in his/her free time?**
2. **What does he/she dislike in free time?**
3. **With whom does he/she like to spend time?**
4. **Does your child enjoy school?**
5. **Does your child experience problems at school?**
6. **Does your child experience problems at home?**
7. **Is your child currently on medication?****[ ]  Yes** **[ ]  No

Name(s) of meds:**       **Dosage and frequency:**       **Prescribed for:**
8. **In general, does your child seem happy?**
9. **Does your child express feelings easily? With whom?**