**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?**