Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680)488-5808
E-mail: spedpw@palaunet.com
Hospital #: _____

Parent Interview SE 6B (To be completed for initial evaluation only!)

Date: _____

Student: _____ DOB: _____ Age: _____ Grade: _____

School: _____ Address: _____

Interviewee: _____ Relation to student: _____

Mailing Address: _____ Contact #: _____

SECTION ONE: FAMILY INFORMATION

Father's name: _____ Mother's name: _____

Number of siblings in the home: _____ Age of siblings: _____

SECTION TWO: PREGNANCY/DELIVERY

General health during pregnancy: ☐ Excellent ☐ Good ☐ Poor (Explain) _____

During your pregnancy, did you use: ☐ Cigarettes ☐ Alcohol ☐ Other drugs ☐ None of the above

Pregnancy was: ☐ Without complications ☐ With Complications (Explain) _____

Delivery was: ☐ Without complications ☐ Induced ☐ C-Section ☐ Other _____

Child's weight at birth: _____ lbs. _____ oz.

Child's health at birth was: ☐ Excellent ☐ Good ☐ Poor (Explain) _____

SECTION THREE: CHILD'S DEVELOPMENTAL HISTORY

Please indicate if your child had difficulty in any of the areas below during the FIRST THREE YEARS of life.

☐ Poor eye contact ☐ Didn't get along with peers ☐ Overly fearful

☐ Colicky/irritable ☐ Difficulty adjusting to schedules (eating/sleeping, etc.) ☐ Difficult to comfort

☐ Sleep problems ☐ Resisted affection from others ☐ Overactive

☐ Threw tantrums ☐ Resisted changes in schedule ☐ Accident prone

☐ Stubborn

Overall as a toddler, describe your child's temperament as (check one):

☐ Extremely difficult ☐ Difficult ☐ Average ☐ Very easy

Indicate the age at which your child developed the following skills:

Crawling _____ Walking _____ First words _____

Toilet training _____ Riding a bike _____ Getting dressed without help _____

Ability to complete simple chores independently _____

Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680)488-5808
E-mail: spedpw@palaunet.com
Hospital #: _____

Parent Interview SE 6B (To be completed for initial evaluation only!)

SECTION FOUR – CHILD'S MEDICAL HISTORY

Which of the following medical conditions has your child experienced?

☐ Asthma ☐ Chronic ear infections ☐ Allergies
☐ Hearing loss ☐ Bedwetting ☐ Vision problems
☐ Diabetes ☐ Poor motor condition ☐ Seizure disorder
☐ Sleep problems ☐ Appetite problems (under/over eats) ☐ Head Trauma
☐ Serious injuries (broken bones, stitches, etc.) ☐ Surgeries: _____

Overall, I would describe my child's current level of health as being: ☐ Excellent ☐ Good ☐ Poor
Is your child taking any medication? ☐ YES ☐ NO
If YES, what is/are the name(s) of the medication? _____

SECTION FIVE – FAMILY HISTORY

Has either biological parent or other family member experience any of the following conditions:

☐ Attention-Deficit/Hyperactivity Disorder ☐ Obsessive-Compulsive Disorder ☐ Depression
☐ Anxiety Disorder(S) ☐ Autism-Asperger's Syndrome ☐ Tourette's Syndrome
☐ Substance Abuse ☐ Criminal Misconduct ☐ Communication Disorders/Disabilities
☐ Learning Disabilities/Academic Underachievement

SECTION SIX – CHILD'S EDUCATIONAL HISTORY

List any previous schools attended by child:

Name of School _____ Location: _____
Name of School _____ Location: _____
Name of School _____ Location: _____
Name of School _____ Location: _____

Which of the following is true about your child?

☐ My child has been previously evaluated for school-related problems?
☐ My child has had to repeat a grade. State the grade.
☐ My child has difficulty following school rules.
☐ My child has difficulty forming friendships at school.
☐ My child resists going to school/or complains about disliking school.
☐ My child has received counseling at school.
☐ My child is or has been receiving special education and related services.
☐ My child has a medical condition that my affect his/her ability to succeed at school – please describe.

_____

Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680)488-5808
E-mail: spedpw@palaunet.com
Hospital #: _____

Parent Interview SE 6B (To be completed for initial evaluation only!)

Please describe any additional information about your child's history that you feel might be helpful.

SECTION SEVEN – ADDITIONAL INFORMATION

What are some of your child's individual strengths and positive personality characteristics?

Do you have any additional information you would like to share that may be of importance to the school?