

Suggested Questions for Parent Input for Re-evaluation

Student's Name: _____ Parent/Guardian Name: _____

Method of Interview (Check one): ☐ Personal Interview ☐ Telephone ☐ Written

Person collected input: _____ Date: _____

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

2. What goals do you have for your child for this school year? For older students, long range goals/plans?

3. Have you seen improvement in your child's academic performance / behavior / speech and language during the past 3 years? ☐ Yes ☐ No Please describe:

4. Do you have any current concerns about your child's progress?

5. Have you seen any recent changes in your child's behavior or school performance? ☐ Yes ☐ No
If yes, please explain:

6. Medical information:

- Vision concerns? _____
 - Wears glasses? ☐ Yes ☐ No
- Hearing concerns? _____
 - Wears hearing aid(s)? ☐ Yes ☐ No
- Any other medical/health concerns?

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- Medical history: accidents, injuries, surgeries? _____
 - Taking medication (Type, reason, side effects)? _____

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- Any psychological (thinking/emotional) concerns? _____
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7. Has your child had a psychological or education evaluation from outside of the school in the last 3 years?
☐ Yes ☐ No If yes, who did it, when was it done, and what were the results?

8. Has your child had additional community services in the last 3 years (tutoring, counseling, residential care)?
☐ Yes ☐ No If yes, please describe:

9. With whom does your child live at home? _____

10. Have there been any significant changes in your home or family relationships during the last 3 years?

☐ Yes ☐ No If yes, please describe:

11. Optional Functional Questions—Younger students

a. Communication skills at home: Understands directions? Communicates needs? Converses?

b. Types of chores or responsibilities at home?

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

d. Behavior in the community: (Behavior in public places, can get to places nearby, orders meals, etc.)

e. Follows safety rules at home and in the community (walking, riding bike).

f. Leisure: Shares, has friends

Optional Functional Questions – Older students

a. Communication skills at home: Understands directions? Communicates needs? Converses?

b. Types of chores or responsibilities at home?

c. Behavior in the community: Can get to places independently? Shops independently? Knowledge about places in the community like banks, post offices, gas stations, grocery stores, clothing stores? Other?

d. Follows safety rules and home and in the community (walking, riding, driving)? Self-care for minor injuries?

e. Leisure: Has friends? Participates in school or community activities?

12. Do you think your child continues to need special education services? ☐ Yes ☐ No

Why?

13. Do you have any suggestions for improving the school services being given to your child? ☐ Yes ☐ No

If yes, what are they?

14. Is there any other information about your child that you think may be helpful to your child's 3-year re-evaluation? ☐ Yes ☐ No If yes, what?
