

INTERVENTION AND REFERRAL SERVICES

SAMPLE PARENT INTERVIEW

Confidential

STUDENT'S NAME: _____

PARENT'S NAME: _____

DATE: _____

1) Who are the people living in the home with the child? (NOTE: If the family is not a "traditional," nuclear family, follow-up on details.)

2) What, if any, important changes have occurred in the family structure?

3) How did your child react to the changes in family structure?

4) What, if any, serious illness or injury has your child had? Please identify and explain.

5) Is your child on medication? If so, please identify and explain the reason.

6) Have you noticed any significant changes in your child's behavior?

7) Have you noticed any changes in your child's eating habits?

8) Have there been any changes in your child's sleeping habits?

9) Has your child experienced a bed-wetting problem?

10) Has there been any change in your child's physical appearance?

11) How does your son/daughter spend his/her time?

12) Does your child share his/her thoughts regularly and openly share his/her thoughts with you?

13) Does your child share his/her thoughts and feelings with anyone else? If yes, who?

14) Who initiates conversation between you and your child?

15) Does your child seem sad, moody or angry?

16) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Please explain.

17) Has your child ever talked about suicide? Please explain.

18) Have any of your son's/daughter's friends or any family members attempted or committed suicide?

19) Has your child intentionally inflicted injury upon himself or others? Please clarify.

20) Has your child given away any of his/her important possessions lately?

21) Have you noticed any changes in your child's room?

22) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing?

23) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a problem with alcohol or other drugs?

24) Who assumes primary responsibility for discipline in your family?

25) How do you discipline your child?

What works best? _____

What do you find doesn't work? _____

26) What do you see as your child's strengths?

27) What makes you proud of him/her?

28) What does your child do that causes you the most concern?

29) Has your child been seen by a health professional for any physical or emotional problems that interfered with his/her success in school?

30) Is there anything you can think of that is going on that might be affecting your child?

31) Is there anything else you would like to share?
