

**FVE/LMA
PARENT INTERVIEW
Worksheet**

Student name: _____

Parent interviewed: _____

Date: _____

Setting: _____

1. What caused your child's impairment(s)?

2. Where could we access medical records if they are needed?

3. What medications does your child take and when are they administered?

4. Does he/she seizure? Yes No

 * How often?

 * Does anything in the environment (e.g. light, noise, etc.) seem to trigger seizure activity?

5. Has your child had an ophthalmological exam? Yes No

 * When?

 * Who was the doctor (telephone and address)?

6. Has your child had an audiological exam? Yes No

 * When?

 * Who was the audiologist (telephone and address)?

7. What was the last school that served your child?

8. Who was the teacher (address and phone)?

25. Is your child able to perform activities of daily living at a level equal to other children their age? Yes No

 If "no," what activities give him/her the most trouble?

26. Does your child have friends? Yes No

27. Does your child interact with other children in about the same way as other children their age? Yes No Explain.

28. Are there activities that your child particularly enjoys?

29. Are there activities that your child really hates?

30. What sort of foods does your child like to eat?

31. What smells seem to be pleasant for your child?

32. What things does your child look at most consistently?

33. What things does your child like to listen to?

34. How does your child communicate?

35. What time of day is your child most alert?