

**Itawamba County School District  
Teacher Support Team  
Parent Interview**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\* This parent interview can be completed by phone, in person, or sent home.

1. Please describe any traumatic events or ongoing stressful factors that may have impacted your child's education (divorce, conflict, illness, death of a loved one, etc.)

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2. Please describe your child's relationship with peers and adults.

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3. Does this student live with natural parents? If not, who cares for the student?

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4. Have your child ever been tutored?      YES                      NO  
If yes, please explain what the tutoring was for and when it took place.

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5. How much time does your child spend completing homework each night?

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6. How much involvement do you have to provide for your child to complete his/her homework?

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## Early Medical and Developmental History

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* Note: Many students have or have had medical problems or delays in development that could impact their success in school. These questions provide us with basic medical and developmental information that may help us to appropriately educate your child.

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS AND FILL IN THE BLANKS IF NEEDED.

1. Has your child ever been diagnosed with a medical condition?      YES      NO  
If yes, please list the diagnosis: \_\_\_\_\_
  
2. Does your child currently take any medication?      YES      NO  
If yes, please list the medication: \_\_\_\_\_
  
3. Has your child ever taken any medication (other than above)      YES      NO  
If yes, please list the medication: \_\_\_\_\_
  
4. Were there any problems during the pregnancy with this child?      YES      NO  
If yes, what was the problem?  
\_\_\_\_\_
  
5. Did your child develop complications during birth?      YES      NO  
If yes, please list the complication: \_\_\_\_\_
  
6. Did your child experience any serious or unusual childhood illnesses?      YES      NO  
If yes, what were the illnesses: \_\_\_\_\_
  
7. Has your child ever been admitted to the hospital?      YES      NO  
If yes, please give the reason: \_\_\_\_\_
  
8. Did your child demonstrate any delays in crawling, walking,      YES      NO  
speech, eating, dressing, toileting, or any other area of  
development?  
If yes, please list areas of delay: \_\_\_\_\_
  
9. Does your child currently see any doctors?      YES      NO  
\*\*\*A medical release may be needed to get these records.

