

PARENT INTERVIEW

Name of student: _____ Date: _____

School: _____ Grade: _____ Birth date: _____

Parent(s) names: _____

Address: _____ Phone: _____

To aid in assessing the problems a child is experiencing in school and to detect the possibility of dyslexia, please have the parent answer each of the following questions.

<u>YES</u>	<u>NO</u>	<u>FAMILY HISTORY</u>
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_____	_____	Have any other members of the family had learning problems?
_____	_____	Father
_____	_____	Mother
_____	_____	Sibling
		Explain _____

PHYSICAL HISTORY

_____	_____	1. Has your child ever been critically or chronically ill?
		Explain _____

_____	_____	2. Does your child have any physical problems which you feel may cause difficulty in learning? Please explain: _____

_____	_____	3. Is your child currently taking medication?
		Please list _____

_____	_____	4. Does your child seem to have trouble hearing?
_____	_____	5. Does your child seem to have trouble seeing?

Please circle the term that indicates the degree of parents' concern regarding each skill area.

Phonological Awareness Skills

My child has / had:

Difficulty recognizing or reproducing rhyming words	Rarely	Often
Difficulty naming the first or last sound in a word	Rarely	Often
Difficulty blending sounds together to make a work	Rarely	Often

Alphabet

My child has / had:

Difficulty learning or recalling names of letters	Rarely	Often
Difficulty learning or recalling sounds of letters	Rarely	Often

Decoding and Word Recognition

My child has / had:

Difficulty sounding out unfamiliar words	Rarely	Often
Difficulty reading words accurately	Rarely	Often

Fluency

My child:

Makes frequent reading errors	Rarely	Often
Reads with hesitations	Rarely	Often
Reads slowly	Rarely	Often

Spelling

My child has:

Difficulty memorizing words for spelling tests	Rarely	Often
Difficulty spelling words correctly	Rarely	Often

Comprehension

My child has:

Difficulty understanding what he/she reads	Rarely	Often
Difficulty answering textbook questions	Rarely	Often

Written Expression

My child has:

Difficulty writing sentences correctly	Rarely	Often
Difficulty writing stories and reports	Rarely	Often

Cognitive/Academic Ability

My child needs many repetitions to learn something new	No	Yes
My child has difficulty learning math facts	No	Yes
My child has trouble with math word problems even when they are read aloud	No	Yes
My child has reading difficulties that seem unexpected compared to his/her other abilities.	No	Yes

Oral Language

When **listening**, my child has:

Difficulty understanding verbal directions	Rarely	Often
Difficulty understanding stories read to him/her	Rarely	Often

When **speaking**, my child has:

Weak or limited oral vocabulary	Rarely	Often
Difficulty finding the right word	Rarely	Often
Difficulty speaking with correct grammar	Rarely	Often
Difficulty explaining ideas or elaborating on thoughts	Rarely	Often

Attention

My child:

Has trouble organizing time and materials	Rarely	Often
Is easily distracted by sights and sounds	Rarely	Often
Does many things too quickly	Rarely	Often
Is often overactive or fidgety	Rarely	Often
Is inconsistent in classwork and homework assignments	Rarely	Often
Needs direct supervision to complete homework	Rarely	Often

Handwriting

My child:

Is slow with handwriting and copying tasks	Rarely	Often
Displays overall poor quality/ illegible handwriting on written assignments	Rarely	Often

My Child's Academic Development

English is a second language for my child	No	Yes
My child was retained in _____ grade	No	Yes
My child has been in special programs. (<i>Special Education Reading Recovery, etc.</i>) Please identify these: _____	No	Yes

This Parent Interview may be duplicated and utilized in educational settings as a tool for documenting parent concerns and observations. If it is edited or adapted, please credit the source by including the statement: "Adapted from the Parent Interview for Dyslexia, Texas Scottish Rite Hospital for Children."