

## PARENT INTERVIEW

Name Of Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

*To aid in assessing the problems your child is experiencing in school and to detect the possibility of dyslexia.  
Please answer each of the following questions:*

### FAMILY HISTORY

**Yes**      **No**      Have any other members of the family had learning problems?

**Yes**      **No**      Father

**Yes**      **No**      Mother

**Yes**      **No**      Sibling

Explain: \_\_\_\_\_

### PHYSICAL HISTORY

**Yes**      **No**      Has your child ever been critically or chronically ill?

Explain: \_\_\_\_\_

**Yes**      **No**      Has your child every had an extremely high fever?

**Yes**      **No**      Does your child have any physical problems which you feel may cause  
difficulty in learning? \_\_\_\_\_

**Yes**      **No**      Is your child currently taking medication?

Please list: \_\_\_\_\_

**Yes**      **No**      Does your child seem to have trouble hearing?

**Yes**      **No**      Does your child seem to have trouble seeing?

# PARENT INTERVIEW

Name Of Student: \_\_\_\_\_

## 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 <b>listening</b> , my child has:                  |        |       |
| Difficulty understanding verbal directions             | Rarely | Often |
| Difficulty understanding stories read to him/her       | Rarely | Often |
| When <b>speaking</b> , 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.   |       |     |
| My child has been in special programs. ( <i>Special Education, Reading Recovery, etc.</i> ) | No    | Yes |
| Please list them:   | _____ |     |
|   | _____ |     |
|   | _____ |     |

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."*

# PARENT INTERVIEW

Name Of Student: \_\_\_\_\_

*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 word  | 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 |

## Flency

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 |