



## Parent Interview Form

The information you provide on this form will be considered confidential. It will be used by the Special Needs Ministry staff to help us better understand your child and his/her unique gifts and needs as well as develop an action plan toward the goals that are desired. Thank you for sharing.

Individual Plan for \_\_\_\_\_

Date \_\_\_\_\_

Parent/

Guardian \_\_\_\_\_

\_\_\_\_\_

1. What activities does your child enjoy doing most?
  
  
  
  
  
  
  
  
  
  
2. What are your child's strengths?
  
  
  
  
  
  
  
  
  
  
3. What areas are difficult for your child?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a medical diagnosis or educational designation and if so would you be willing to share that with us?
  
  
  
  
  
  
  
  
  
  
5. Does your child have any physical limitations?

6. Does your child take any medications that we should know about? When or if medications change should our staff be aware of that change?
  
7. Does your child have any allergies, dietary restrictions, seizures or other medical conditions?
  
8. Does your child have any unique sensory differences that would help us know him/her better?
  
9. What methods of praise or encouragement do you find most effective with your child?
  
10. What discipline methods have you found most helpful with your child?
  
11. How does your child best communicate his or her needs?
  
12. In the area of self-care, what level of assistance would be needed? (eating, drinking, bathroom, etc)

13. Does your child participate in general education classes at school or church? If so is there anything special you would like the peers to know about your child?

14. Is there anything else you would like to share about your child, your family, and your own personal journey?