

**P.S. 178 ASD Nest Program Parent Interview (August 2007)**

*Tell the parents: In order to start the school year off well, we would like to learn more about your child and how he acts at home and in other places when he is with you. We'd also like to learn how your family handles situations when your child gets upset. Finally, we want to understand your hopes and expectations for your child.*

*First, some basic information about your family and child care arrangements:*

**Family/child care provider information:** *(The information needed to complete this section should be filled out in advance from the child's evaluation record, to the extent possible.)*

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ (Other) Day phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's name \_\_\_\_\_ Employed outside home? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Person(s) providing information \_\_\_\_\_

If other than parent, relationship to child \_\_\_\_\_

Family composition (people residing in household, including age and sex of children)

\_\_\_\_\_

Father's name \_\_\_\_\_

Employed outside home? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Family ethnicity \_\_\_\_\_ Language in home \_\_\_\_\_

Child care arrangements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. **What do you want us to know about (use child's name)?** Prompt if needed with:

- a. What are your child's favorite activities?
- b. What are his strengths? What is he good at?
- c. Does your child have any special interests? If so, what are they?
- d. Are there any sleeping/eating issues? Sensory issues?
- e. Are there any needed routines/rituals?
- f. How does he do with transitions?
- g. Moodiness/easily upset?
- h. Ability to recover from an upset?
- i. "Squirmy"? (*needs to move around a lot, has difficulty staying in one place*)
- j. Relationship to mother (*or other primary caregiver, e.g., affectionate, eager to please, ignores mother most of the time*)?
- k. Relationship to other adults in the family?
- l. Relationship to siblings/peers?
- m. Comfortable with strangers?
- n. Awareness of potential dangers and sense of self-protection?

II. When an issue arises – e.g., your child is not willing to leave an activity when he/she is asked to – how do you handle this? How do you handle “meltdowns”? **What reaction is the child used to getting from you when he doesn't do what you ask?**

III. **(If the child has siblings) How are (use child's name) sibling(s) doing in school?** Has (*use child's name*) special needs affected them? How so?

IV. **What program was your child in over the last year?** Was it helpful? How so? Did it meet your expectations/hopes? If not, what were the expectations/hopes that weren't met?

V. **What would you like to see happen for your child . . . say, for the next year?**

**And beyond that?**

*Tell parents: We will periodically videotape the children in the program in order to assess progress in specific areas and to facilitate collaborative problem solving with parents and staff. Are you willing to permit your child to be videotaped in class? **[Ask them to sign the consent.]***

*Tell parents: The school will schedule a classroom visit for the family on Wednesday morning, August 29<sup>th</sup>.*

***Thank you!***