

CHAPTER 193 NON-PUBLIC SCHOOLS / SPEECH SERVICES

PARENT INTERVIEW FORM

Student Name: _____ DOB: _____

Non-Public School: _____ Grade: _____

Parent: _____ Teacher _____

Address: _____ Phone: _____

_____ Work #: _____

_____ Cell #: _____

E-Mail _____

1. What is your child's primary language?
2. Are there any other languages spoken in your home?
3. Can you please describe your child's speech problem.

4. When was the problem first noticed? By whom?

5. Is the child aware of the problem? If yes, how does he or she feel about it?

6. How long has your child been receiving speech services?

7. Are there any other speech or hearing problems in the family? If yes, please describe.

8. How is your child doing academically?

9. Is there any additional information that you feel would be helpful in evaluating your child's speech problem?

Date of Interview _____

Speech-Language Specialist _____

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