PARENT INTERVIEW

1. How do you think your child is doing as a reader/writer? Why? (If a young child: What signs have you seen that your child is ready to learn to read/write?)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Do you ever notice your child reading/writing at home? Tell me about it.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What do you think your child’s attitude is toward reading/writing? What do you think has helped to create this attitude?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Since I like to help the children read and write about things they are interested in, it helps me to know each individual child’s interests. What kinds of things does your child like to do in his or her free time?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Is there anything about the child’s medical history that might affect his or her reading/writing? Is there anything else that might affect his or her reading/writing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Is there anything else that you think would be helpful for me to know in teaching your child?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. How do you think your child will adjust to the demands of the program?

   VERY WELL   GOOD   FAIR   NOT SURE

8. Are there things you have found that help improve his or her attention?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. What difficulties might you foresee in regard to your child coming to the reading clinic?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

10. Will there be any transportation difficulties?

    YES   NO

11. Do you anticipate any special events which might interfere with his/her attendance? Please explain.

    YES   NO

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

12. Is he/she on any medication?

    YES   NO

13. If yes, what does your child take and when?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

14. Will your child be on this medication during the reading clinic? Explain.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________