Parent Interview

The following information will help our staff better understand what your child has experienced in his/her early years of life. Please complete the following questionnaire to the best of your ability.

Personal Information:

School District: Meridian Community Unit School District #15 Date: _____

Child's Name: _____ Age: _____
(Years) (Months)

Boy: ____ Girl: ____ Birthdate: _____
(Month) (Day) (Year)

Mailing Address: _____
(Street)

City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____

Father:	*Mother:*
Name: _____	Name: _____
Current Age: _____	Current Age: _____
Age at birth of first child: _____	Age at birth of first child: _____
Occupation: _____	Occupation:_____
Best Contact #: _____	Best Contact #: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Marital Status of Parents:

_____ Married _____Never Married/Separated _____ Single Parent

_____ Divorced _____ Never Married/Living Together

Highest Level of Education: Mother: _____ Father: _____

Is either parent currently serving in the military? If yes, which branch?

Siblings:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Other people living in the household: _____

Relationship to Child: _____

Language(s) Spoken in the Home: _____

Do you receive assistance from any of the following:

_____ Workman's Compensation _____ TANF _____ WIC _____ Unemployment

_____ Social Security _____ Housing Subsidy _____ Child Care Assistance

Public Aid:(check all that apply) _____SNAP _____ Cash _____ Medical

General Information:

What does your child do well? _____

What things, if any, are difficult for your child? _____

_____

Do you have any concerns with your child's:

_____eating habits _____ sleeping habits _____ other

Explain: _____

Does your child have playmates? Circle one: Yes / No

Do you have any concerns with your child's overall growth and development? Yes / No

If yes, what concerns do you have? _____

_____

Motor Development:

Does your child stumble or fall more than expected? Yes / No
Is your child able to pick up small objects easily? Yes / No

Language/Concept Development:

Can your child follow simple rules and directions? Yes / No
Is most of your child's speech easily understood? Yes / No
Has your child ever received Speech Services? Yes / No
Please list any concerns you may have with your child's speech or language:

_____

Behavior:

Was your child's behavior here today typical? Yes / No
Do you have any concerns about his/her behavior? Yes / No
Please be specific:

_____

Are there any other family concerns that might affect your child's success in school?

_____

Is your child, or any other family member receiving services from any private individual or group? (i.e., speech/language therapist, IEP, Early Intervention, etc.)

_____

If yes, please describe _____

Family Concerns:

_____ Parent Incarceration (past or present)
_____ Mental Health Issues
_____ History of Abuse or Domestic Violence
_____ Death or Serious Health Concern
_____ DCFS Involvement
_____ Drug/Alcohol Abuse

Medical/Health Development:

Child's Birthweight: _____ (pounds) _____ (ounces)

Was your child born premature? If so, how many weeks premature? _____

Does your child currently have any physical problems or chronic illnesses? Yes / No
Explain:

_____

_____

Vision:
Has your child had a visual exam? Yes / No Date: _____

Given by: _____ Results: _____

Does your child have difficulty seeing? Yes / No
Does your child wear glasses? Yes / No
Comments: _____

_____

Hearing:
Has your child had a hearing exam? Yes / No Date: _____

Given by: _____ Results: _____

Does your child have difficulty hearing? Yes / No
Does your child have frequent ear infections? Yes / No

Comments: _____

_____

Other:
Does your child currently attend any other program? (i.e., in-home daycare, licensed facility, church daycare, church preschool, etc.)? Yes / No

If yes, where: _____

If your child is not accepted into Meridian Pre-K, what are your plans for your child next year? _____