

PARENT INTERVIEW

The following questions can be used as a way to gather background information on students when meeting with parents/guardians. Please note that not all questions need to be asked but rather as a guide for gathering information.

- 1) Who are the people living in the home with the child? (NOTE: If the family is not a “traditional,” nuclear family, follow-up on details.)
- 2) What, if any, important changes have occurred in the family structure & how did child react?
- 4) What, if any, serious illness or injury has your child had? Please identify and explain.
- 5) Is your child on medication? If so, please identify and explain the reason.
- 6) Have you noticed any significant changes in your child’s behavior?
- 7) Have you noticed any changes in your child’s eating &/or sleeping habits?
- 10) Has there been any change in your child’s physical appearance?
- 11) How does your son/daughter spend his/her time?
- 12) Does your child share his/her thoughts regularly and openly with you? If not then who?
- 14) Who initiates conversation between you and your child?
- 15) Does your child seem sad, moody or angry?
- 16) Have you ever had reason to suspect that your child has ever experimented with alcohol or other drugs? Explain.
- 17) Has your child ever talked about suicide? Please explain.
- 18) Have any of your son’s/daughter’s friends or any family members attempted or committed suicide?
- 19) Has your child intentionally inflicted injury upon himself or others? Please clarify.
- 20) Has your child given away any of his/her important possessions lately?
- 21) Have you noticed any changes in your child’s room?
- 22) In the past few months, have you noticed any money, alcohol, prescription or over-the-counter medications missing?
- 23) Has any member of your family (including grandparents, uncles, aunts, etc.) ever had a substance abuse problem?
- 24) Who assumes primary responsibility for discipline in your family?
- 25) How do you discipline your child? What works best? What do you find doesn’t work?
- 26) What do you see as your child’s strengths?
- 28) What does your child do that causes you the most concern?
- 29) Has your child been seen by a health professional for any physical or emotional?
- 30) Is there anything you can think of that is going on that might be affecting your child?
- 31) Is there anything else you would like to share?