# Parental Interview

Issues that could be discussed with parents in order to collect developmental history that could rule out other difficulties or inform intervention.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| **Family History** |  |  |  |
| Is there a family history of dyslexia or difficulties with reading and writing? |  |  | *Who?* |
| **Health** |  |
| Are there or have there been any health issues? (include any allergies, eczema, asthma, etc.) |  |  | *What?* |
| Is there a history of ear infections or problems such a glue ear? (if yes, please explain what has been done) |  |  | *Are there still problems with hearing?**When last tested?* |
| Does the child have any visual difficulties? (if yes, please explain what has been done) |  |  | *When last tested?* |
| Does your child sleep well? Does your child eat well? |  |  |  |
| **Early milestones/pre-school** |  |
| Were there any difficulties during pregnancy or birth?(Premature? Time in special baby care?) |  |  |  |
| Did your child crawl before learning to walk? |  |  |  |
| Did your child learn to walk after age 16 months? |  |  | *When?* |
| Were there any concerns about speech and language development? |  |  | *Has SALT been involved?* |
| Was there a reluctance to draw, colour or write from an early age? |  |  |  |
| Did your child have any problems with learning nursery rhymes? |  |  |  |
| **Strengths** |  |  |  |
| What does your child enjoy doing? |  |  |  |
| What are your child’s strengths? |  |  |  |
| **Motor Skills** |  |  |  |
| Are there any problems associated with coordination and balance? |  |  |  |
| **Language/Literacy Skills** |  |  |  |
| Can your child follow instructions? |  |  |  |
| Does your child have any difficulties naming objects? |  |  |  |
| Does your child enjoy listening to stories and show interest in words or letters? |  |  |  |
| Is your child happy to share books with you? |  |  |  |
| **Other** |  |  |  |
| How does your child feel about coming to school? |  |  |  |
| Has there been a significant time in your child's life when things became particularly difficult for him/her? |  |  |  |
| Does your child become easily frustrated with school work, especially reading? |  |  |  |
| Does your child have good self-esteem? |  |  |  |
| Does your child make friends easily? |  |  |  |
| Do you feel that your child is having difficulties with reading and /or writing? |  |  |  |
| What do you believe will help? |  |  |  |