

Parent contact (interview)

Today's Date			
Student's Name:			
Parent's Name:	Type of Contact	Telephone School Meeting	Note (home or school) Home Visit
**Explain to parent that any information is completely volume. • Child's Strengths/Interes		tify services or intervent	ions for the student.
• Educational History/Pre	vious Services:		
• Developmental Health H	istory/Medical Infor	mation/Far	nily History:
• Reinforcers/Strategies/D	Piscipline used at hon	ne:	
• Future Goals/Expectation	ns for Child:		
• Concerns of Parents:			
• Other Important Informa	ation:		