

**PARENT INTERVIEW
OTHER HEALTH DISABILITIES (OHD)**

Student Name: _____ Grade: _____ DOB: _____

Classroom Teacher: _____ Today's Date: _____

Interviewer: _____ Parent: _____

1. What is your Child's medical diagnosis?

2. When was this diagnosis received? Who diagnosed condition? (Get medical information and release signed at this time.)

3. Is your child currently on any medication? If yes, what type and reason? What are the side effects of medication?

4. Has your child missed any school as a result of his/her health condition?

5. Does your child require any specialized health care procedures during the school day?

6. How do you feel that your child's health condition affects his/her academic performance?

7. How does your child's health condition affect or complicate his/her behavior in the home and community settings? Please give examples.

8. What are your child's strengths?

9. What are your child's weaknesses?

10. Please explain how your child's medical diagnosis interferes with...

...following directions: _____

...completing tasks: _____

...organization: _____

...completing tasks in time frames: _____

...alertness: _____

...concentration: _____
