

Parent/Guardian Interview: Behavior Concerns

Child's name: _____ Parent/Guardian's name: _____

Age: _____ Grade: _____ Date: _____

1. Describe your child. What is he/she like at home?
2. What concerns do you have regarding your child's behavior?
3. Which of these concerns/behaviors are most important to you at this time?
4. When does this behavior occur?
5. When doesn't this behavior occur?
6. When does this behavior occur the most?

13. Does your child have any sensory problems of which you are aware?

14. Does your child have any health problems that may be contributing to the behavioral problem?

15. Are there other factors related to your child's behavior of which you think I should be aware?