

IBERVILLE PARISH PUBLIC SCHOOLS
SPECIAL EDUCATION DEPARTMENT

PARENT/GUARDIAN INTERVIEW

Child's Name: _____ Date of Birth: _____
School: _____ Grade Level: _____
Date Completed: _____

1. What my child is interested in

2. Things my child is ready to learn:

3. My child is best at

4. My child needs the most help with:

5. Help my child has received in the past:

6. Strengths of my child's current program:

7. Problems with my child's current program:

8. Possible alternatives and/or additions to my child's current program;

9. Services that my child needs:

10. Special concerns I have about my child:

11. Suggestions I have about working with my child:
