

## Parent Input Form

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**Student Name**

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**Date**

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**Parent Name**

Dear Parent/Legal Guardian:

We need to obtain important information from you to help design an appropriate intervention plan for your child. Please answer the following questions:

1. What are your child's three strongest areas (for example, social, academic, talents, etc.)?
  
2. What are your child's interests?
  
3. What difficulties does your child display? Please number difficulties in order of priority.
  
4. When did you first notice the difficulties addressed in question 3?
  
5. When is the problem *most likely* to occur?
  
6. From your observations, what usually triggers the onset of difficulties addressed in question 3?
  
7. Does your child currently take any medication? If so, please list the medication and explain why it is needed (for example, 10 mg Prozac--used to treat depression).
  
8. Has anything recently occurred that may be influencing your child's performance at school (for example, moving to a new home, loss of a pet, divorce of parents, death of a loved one, change in medication)?
  
9. Is there any other information that you would like us to know (i.e. accidents, developmental history, other family members with learning difficulties)?