

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Student Name: | DOB: |
| School: | Grade: |
| Parent Name: | Phone: |
| Address: | Interpreter: |

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| ***Please share the following information with the parents:*** |
| Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred to Special Education due to concerns regarding his/her: |
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| What information have you received recently from teachers or other staff at the school? |

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| ***Explain the following to the parents:*** |
| **Regular Education**: All students are receiving the same program offered in school according to their needs (Example: Title 1, ELL)  **Special Education**: Children who have special problem(s) and teachers think special help will be needed for the child to be successful in school. This special help is provided for those who need it after an in depth evaluation. With this special help, children can learn to live to their full potential. Your written permission will be needed if it is decided that an evaluation is warranted. If it is determined after the evaluation that the student is eligible for Special Education, an Individual Education Plan (IEP) is written to improve the student’s educational programming. |

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| ***Background Information:*** |
| How long has the family been in this country |
| Where have you lived in the United States? |
| Did your child ever live in a refugee camp?  How Long? Where? |
| How many children are in the family? What are their ages? |

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| ***Language Background:*** |
| Which languages are spoken in your home? |
| Which language do you use when speaking with your child? |
| Which language does your child use in the home?  With parents?  With siblings?  With peers/friends? |
| Which language is your child’s best language? |
| What language did your child speak when she/he began to talk? |
| When did your child first begin to learn English? |

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| ***Communication Skills:*** |
| When did your child first begin to talk? |
| Do you think she/he started to talk earlier or later than your other children or did she/he start to talk at about the same age as your other children? |
| Do you or anyone in your family have trouble understanding your child’s speech? |
| Does your child understand your questions? |
| Does she/he answer your questions in English or in his native language? |
| Does your child repeat words or sounds, or struggle to get words out when she/he is talking? (example: I,,,I,,,I, and…and…and) |
| How long has this been going on? |
| Do you feel your child follows directions well? |
| One direction at a time? |
| A series of directions to complete an activity? |
| Does your child lose his or her voice? |
| Compared with brothers and sisters, how would you describe your child’s speech and language skills? |

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| ***School History:*** |
| How old was your child when she/he started school? |
| Has your child had any schooling prior to moving to Albert Lea?  How long?  What was the language of instruction?  Did she/he receive any special help?  Describe the school program?  Can your child read in any language? |
| Names of school attended in Albert Lea: |
| Have there been interruptions in schooling? |
| Were there any difficulties with early learning (prior to going to school)? |
| Who helps at home with school work? |
| Compared to siblings, how would you describe your child’s academic performance? |
| Does your child like to listen to stories or look at books? |
| What are your child’s favorite after school activities? |
| What thoughts or feelings about school has your child expressed to you? |

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| ***Medical History:*** |
| Has your child had any problems with:  Hearing:  Vision:  Ear infections: |
| Were there any complications during pregnancy or childbirth?  Was she/he born more than 3 weeks early or late? |
| Has your child been told by a doctor she/he has a specific illness or diagnosis? (example: asthma, seizures, ADHD, diabetes) YES: NO: |
| If yes, ask questions below:  What is your child’s illness or diagnosis?  What is the name of the doctor and clinic? |
| Has she/he had lead poisoning? YES: NO: |
| Does your child take medication?  What medication does she/he take?  When is it given?  What is it for? |
| Does your child have allergies to medication? YES: NO: |
| Has your child ever been hospitalized? YES: NO:  If yes, ask questions below:  For what?  When?  What do you think is the cause of the condition?  What have you done to treat this condition? |

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| ***Social/Adaptive*** |
| Have you observed differences between this child and her/his siblings in behavior or development? YES: NO:  Describe the differences: |
| Are there any behaviors that your child has that concern you? (example: getting along with siblings, obeying parents, fear/anxiety, school avoidance, sleep difficulties) |
| What kind of assistance does your child need or request in performing daily tasks? (example: dressing, bathing, preparing/eating food, taking care of belongings, playing with friends or siblings) |



**INTERPRETATION AND TRANSLATION SERVICES PREFERENCES**

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| Student Name: | DOB: |
| School: | Grade: |
| IEP Manager: | IEP Manager Phone: |
| Parents Name: | Parent’s Primary Language: |
| Interpreter for this contact: | Date: |

The student’s parents have indicated that they prefer the following interpreter/translation or advocacy services:

* Oral interpretation of the IEP Team Meetings
* Oral interpretation of written materials
* Written translation of due process forms into \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (language)
* Parent declined the offer of a special education interpreter

Additional parent comments (document here if parent prefer meetings and materials in English)

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| Date: |
| Signature of person making contact: |

Interpreter pay form completed