Semi Structured Interview Questions for a Parent/Guardian of a Child

The questions below are intended to be a guide during parent/guardian interview. Please use your clinical judgements in determining which questions are necessary based on the referral question(s) and the area(s) of suspected disability.

**Introduction**

Hello, I’m_____________. I’d like to talk to you about ________________’s development, strengths and any concerns you may have.

**Parent’s Perception of the Problem**

1. Please tell me about ________________’s strengths?
2. Tell me your concerns about ________________?
3. Is there anything else you’re concerned about?
4. What concerns you the most about ________________?
5. When did you first notice (cite the problem)?
6. How long has this been going on?
7. Where does (cite the problem) occur?
8. Tell me about how ________________ behaves at school…in stores or public places…at a friend’s house…when you have visitors in the home?
9. How long does (cite the problem) last?
10. How often does (cite the problem) occur?
11. What happens just before (cite the problem) begins?
12. What happens just after (cite the problem)?
13. What makes the problem worse?
14. What makes the problem better?
15. What do you think is causing (cite the problem)?
16. Was anything significant happening in your family when (cite the problem) first started?
17. How does ________________ deal with (cite the problem)?
18. Do any other children in your family also have (cite the problem)?
19. Has ________________ ever been evaluated or received any help for (cite the problem)?
20. How do family members react to ________________’s (cite the problem)?

**Home Environment/Social Interactions**

21. Tell me a little about your home?
22. Who lives at your home?
23. How does ________________ get along with brothers/sisters?
24. How do they get along when you aren’t around?
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Peer Relations
25. Does _______ have friends? If no, skip to item # 30
26. How does _________ get along with his/her friends?
27. What does _________ like to do with his/her friends?
28. Does _________ have trouble keeping friends?
29. If yes, tell me more about that?
30. Tell me about _________ ‘s not having friends?
31. How does _________ react to other children?
32. Does _________ seem to want to have friends?
33. Does (cite child’s name) play with toys? If so, please explain how he/she plays with toys.
34. Does your child have good eye contact? _______Yes _______No
35. Towards whom does your child have good eye contact? _______________________
36. Under what circumstances is the eye contact given? ____________________________
37. Does your child respond to his/her name? _______Yes _______No
38. Does your child turn to you for comfort? _______Yes _______No
39. Does your child greet you in any way when he/she sees you? If so, how?
40. Does your child show interest in other people? If so, how?
41. Does your child attempt to involve you in something he/she is doing or get involved in something you are doing? If so, please list examples:

Relations with Parents or other Adults
42. How does _____ get along with you and other adults in the home?
43. What does _____ like to do with you?
44. What are good times like for _____ and you?
45. What are bad times like for _____ and you?
46. Does _____ listen to what he/she is told to do?
47. How is _____ disciplined?
48. Which techniques are effective? Ineffective?

Child’s Interests and Hobbies
49. What does (cite child’s name) like to do during his/her spare time?
50. What types of game does (cite child’s name) like to play?
51. Is (cite child’s name) involved in any extracurricular activities?
52. What does (cite child’s name) like to do alone? With friends? With family members?

Routine Daily Activities/Self Help Skills
53. How does (cite child’s name) behave when he/she first wakes up?
54. What changes occur in (cite child’s name) behavior during the course of the day?
55. Does (cite child’s name) become more fidgety or restless as the progresses or does he/she become more calm and relaxed?
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56. Tell me about (cite child’s name: Toileting, Feeding (use of spoon, fork, cup), dressing, Grooming (brushing teeth, hair, taking a bath):

Cognitive Functioning
57. How well does (cite child’s name) learn things?
58. How well does (cite child’s name) seem to understand things that are said to him/her?
59. Does (cite child’s name) seem to be quick or slow to catch on?
60. Does (cite child’s name) stick to tasks that he/she is trying to learn?

Development
61. Does your child have good eye contact? _____ Yes _____ No
62. Towards whom does your child have good eye contact?
63. Under what circumstances is the eye contact given?
64. Does your child respond to his/her name? _____Yes _____No
65. Does your child turn to you for comfort? _____ Yes _____No
66. Does your child greet you in any way when he/she sees you? If so, how?
67. Does your child show interest in other people? If so, how?
68. Does your child attempt to involve you in something he/she is doing or get involved in something you are doing? If so, please list examples:

Language
69. What is the primary language spoken at home? __________________________
70. Are there other languages your child is exposed to? _____ Yes _____ No
   If yes, what language(s) and under what circumstances? ____________________
71. Does your child follow instruction given to him/her without visual cues? _____ Yes _____ No
73. Did your child have speech that he/she lost? _____ Yes _____ No
   If yes, at what age did the loss occur? __________________________
   Was your child ill at the time of the loss? _____ Yes _____ No
74. What does your child’s usual mode of communication?
   • Does he/she say what he/she wants? _____ Yes _____ No
   • Does he/she take you to or point to what he/she wants? _____ Yes _____ No
   • Does he/she cry to let you know he/she wants something? _____ Yes _____ No
75. Does your child have speech? _____ Yes _____ No (If no, proceed to #12)
76. Please list the words that your child uses on a regular basis:
77. Are the words in context or out of context?
78. What is the average length of your child’s utterances? (i.e., sounds, one word, two words, three words phrases, etc.). Please list examples.
79. Do others understand your child or are there problems with pronunciation/ articulation?
80. Please list the sounds he/she is unable to pronounce.
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81. Does your child speak with normal intonation or in a monotone fashion?
82. Does your child give eye contact when speaking? ________________________________
83. Can your child hold a conversation about a favorite topic? If yes, list examples.
84. Does your child babble? ____Yes  ____No
85. Does your child combine sounds so that the combined sounds resemble speech? If yes, give examples.
86. Are there any words that your child imitates?
87. Does your child use another mode of communication (i.e., picture exchange communication system, sign language, etc.)? If yes, please explain.

Behavior
88. Does (cite child’s name) have any unusual preoccupations (i.e., actions/activities that he/she likes to do repeatedly)?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?
89. Does (cite child’s name) have any verbal Self Stimulatory Behaviors (i.e.: verbalizing in a repetitive manner, repeating previously heard words out of context, etc.)?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?
90. Does (cite child’s name) have difficulty adjusting to transitions or new routines?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?
91. Does (cite child’s name) have any unusual attachment to objects?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?
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92. Does (cite child’s name) have any unusual interest in the sight, feel or smell of something?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?

93. Does (cite the child’s name) have any receptive mannerisms?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?

94. Are there any other behaviors of concerns?
   a. Describe the behavior
   b. How often does this behavior occur?
   c. What do you think causes the behavior?
   d. How do you manage this behavior?
   e. What typically happens after the behavior?

Autism

95. Does your child take an interest in other children?
96. Does your child enjoy playing peek-a-boo or hind-and-seek?
97. Does your child sometime pretend, for example, to talk on the phone or take care of dolls or other pretend things?
98. Does your child engage in imaginative play or use toys in pretend play?
99. Does your child play with toys appropriate- such as, cars or bricks- without just mouthing fiddling or dropping them?
100. Does your child bring objects over to you to show you something?
101. Does your child look you in the eye for more than a second or two?
102. Does your child seem oversensitive to noise (i.e., plugging ears or covering head)?
103. Does your child smile in repose to your face or smile?
104. Does your child respond to his/her name when you call?
105. If you point to a toy or person across the room, does your child look at it?
106. Does your child make unusual finger movements near his/her face?
107. Does your child try to attract your attention to his/her activity?
108. Does your child prefer to play alone rather than with other children?
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109. Does your child not seem to understand how others are feeling or seems to live in a world of his her own?
110. Does your child seem to have difficulty staring a conversation with others?
111. Does your child seem to have difficulty taking turns when speaking with others?
112. Does your child have peculiar patterns of speech (i.e., odd tome or volume), repeats others people’s phrases over and over again, or speak in a repetitive and stereotyped way?
113. Does your child have strong attachments to unusual objects (i.e., sticks, pieces of paper) rather than other age appropriate toys?
114. Does your child have a narrow and intense focus on a particular topic (i.e., trains, dinosaurs, schedules) or skills (i.e., memorizing phone numbers)
115. Is your child preoccupied with things being done in a certain way (i.e., drinking from the same cup or playing with the toys in the same way each time) or become upset if changes are made to his/her daily routine?
116. Does your child become upset if things don’t look right, if something is out of place, or if there is a change in the way things are done or arranged?
117. Does your child do the same things over and over again with his/her body (i.e., rocking, clapping, flapping arms, running, and walking on toes)?
118. Does your child the do the same thing over and over again with objects (i.e., opening and closing doors, turning a light switch on and off, spinning objects)?