Family Interview

PSYCHOLOGY DEPARTMENT

It is necessary to bring this application completed on the day of your evaluation.

I. STUDENT'S INFORMATION

Name: _____

Date of application: _____ Age: _____

Date of Birth: _____

Current School Grade: _____ Grade Applying to: _____

Previous School(s): _____

II. FAMILY INFORMATION

FATHER'S INFORMATION

Name: _____

Date of application: _____ Age: _____

Date of Birth: _____

Current School Grade: _____ Grade Applying to: _____

Previous School(s): _____

MOTHER'S INFORMATION

Name: _____

Date of application: _____ Age: _____

Date of Birth: _____

Current School Grade: _____ Grade Applying to: _____

Previous School(s): _____

OTHER INFORMATION

Marital Status of Parents: ☐ Married ☐ Divorced ☐ Other _____

Name of Siblings:	Age:	Gender:	Education:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the family are there any half-siblings? _____ They live with: _____

Name of Half-Siblings:	Age:	Gender:	Education:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In addition to parents and children, do any other family members live in the same house?

☐ Yes ☐ No Who? _____

III. EARLY CHILDHOOD DEVELOPMENT

Section to answer if you are applying to Nursery, Pre-K, K1, K2, K3 or Elementary 1st.

Length of pregnancy: _____

Delivery was: ☐ Pre-term ☐ At term ☒ Post-term

Were there any major complications during the birth? ☐ Yes ☐ No

Which one? _____

He sat independently at_____ meses, crawled at_____ and took his first steps ats_____ months.

Does the student still wear a diaper? _____

At what age did he/she say his/her first words? _____

Does the student have difficulty with any phonemes? _____

Has he/she had speech therapy? _____

Is there a current problem with bowel and bladder control? _____

Which one? _____

DISEASES OR MEDICAL CONDITION (SPECIFY APPROXIMATE AGE)

Are there any medical conditions that are important to know about? Which ones?

_____

Constant headaches _____ Seizures _____

Allergies _____to: _____

Surgery: _____

Neurological studies_____ Reason_____

Psychological or psychiatric evaluations_____

Currently receiving therapy: ☐ Yes ☐ No

Date therapies started: _____

What type of therapy? _____

Reason: _____

Contact of the therapy center attended _____

Name and contact of therapist providing follow-up

_____

Has the student been diagnosed? ☐ Yes ☐ No

What is the diagnosis? _____

Is the student taking any long-term medication? ☐ Yes ☐ No

Which one? _____

**Please mail to the Psychology Department the Evaluation Report/ Follow-up Report of your child's therapies.*

Nursery to 1st grade: karen.salazar@laf.edu.mx

2nd to 9th grade: melina.trejo@laf.edu.mx

IV. FAMILY RELATIONSHIPS

Discipline at home is handled by: _____

What kind of consequences are set at home? _____

_____

Are there any agreements on discipline between Mom and Dad? _____

_____

Has the student had or witnessed any non-positive experiences? _____

_____

What extracurricular activities does he/she do? _____

Favorite games or toys: _____

Number of hours watching TV per day: _____

Number of hours spent on video games and/or electronic devices (Tablet, cellphone):

_____

V. SOCIAL RELATIONS

The relationship with friends is: ☐ Leader ☐ Letting others handle him/herself

☐ cooperative ☐ sharing ☐ selfish ☐ aggressive ☐ shy ☐ other: _____

How does the student interact with adults?

☐ Respecful ☐ Shy ☐ Outgoing

VI. PERSONALITY AND BEHAVIORAL FACTORS

Habits and interests:

What does he/she usually eat for breakfast? _____

Is he/she provided with a varied diet? _____

Has the student had any feeding difficulties? _____

During the night, does he/she present any of the following situations?

☐ Nightmares ☐ Sleepwalking ☐ Sleep talking
☐ Grinding teeth ☐ Night terrors ☐ Requires light

Manias and Tics:

☐ Nail biting ☐ Hand sweats ☐ Thumb sucking
☐ Biting others ☐ Tics or grimaces ☐ Picks nose
☐ Crutches (blanket, pacifier, washcloth, etc.) ☐ Other: _____

VII. FACTORS OF CHANGE

In the last six months the student has had any of the following changes:

☐ Residence ☐ City ☐ School
☐ Separation of Parents ☐ Other: _____

Significant illness in the family: _____

Death in the family: ☐ Yes ☐ No Relationship _____

Changes in employment: • Father's ☐ Yes ☐ No • Mother's ☐ Yes ☐ No

Change in family daily habits: _____

Others _____

_____

_____

COMMENTS

_____

_____

_____

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_____