Office of Special Education and Student Services
Department of Special Education Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS
CLEAR FORM

ELIGIBILITY SCREENING
PARENT INTERVIEW/QUESTIONNAIRE

PART I – Information

Student's Name _____ Student ID No. _____
Last *First* *MI*

Home Phone _____-_____-_____

Work Phone _____-_____-_____

Parent/Guardian _____

Date of Birth _____

Address _____

Chronological Age _____

Current School _____ Home School _____

Grade (year/month) _____

Classroom/Homeroom Teacher _____

Prim. Language _____

Form Completed By _____
Name *Position* *Date*

PART II – Family Data

RELATIONSHIP	AGE	EDUCATION	OCCUPATION (IF APPROPRIATE)

Do you have any serious concerns about your child? ❑ Yes ❑ No If yes, explain:

Has any other family member experienced school-related problems? ❑ Yes ❑ No If yes, explain:

Did the mother experience any health problems during this pregnancy? ❑ Yes ❑ No If yes, explain:

Birth weight: _____ Pounds _____ Ounces Apgar Score(s): _____ 1-minute _____ 5-minute

Did any of the following occur during the birth process?

❑ Premature ❑ Transfusion ❑ Caesarean section ❑ Breech birth ❑ Prolonged labor ❑ Oxygen problem

❑ Blood incompatability (RH Factor) ❑ Fetal distress

Other birth problems and/or concerns:

Did the child have any difficulty learning to eat, sleep, sit, walk, or talk? ❑ Yes ❑ No If yes, explain:

Has the child experienced any traumatic events such as death of close relative, divorce, family crisis? ❑ Yes ❑ No If yes, explain:

PART III – Medical History

❑ Physical defect ❑ Frequent colds ❑ Allergies ❑ Speech problems ❑ Eye problems ❑ Frequent sore throats

❑ Asthma ❑ Dietary problems ❑ Ear problems ❑ Headaches ❑ Epilepsy ❑ Serious accidents or injuries

❑ Operations ❑ Heart disease ❑ Diabetes ❑ Temperature above 104 ❑ Other _____

Describe any of the problems checked above:

Has the child ever been hospitalized? ❑ Yes ❑ No How long _____ Age at time _____

Reason

Is the child under treatment or on medication at present? ❑ Yes ❑ No If yes, explain:

How would you rate the child's general health? ❑ Excellent ❑ Good ❑ Fair ❑ Poor

PART IV – Social/Behavioral Characteristics

Please check any of the following behaviors which describe the child:

- ❑ Flexible
- ❑ Outgoing
- ❑ Consistently short attention span
- ❑ Daydreams
- ❑ Cooperative
- ❑ Nightmares
- ❑ Temper tantrums
- ❑ Unreasonable fears
- ❑ Gets ideas quickly
- ❑ Fantasies
- ❑ Artistic
- ❑ Frequently tells lies
- ❑ Avoids homework
- ❑ Uncooperative
- ❑ Frequently talks to self
- ❑ Sleepwalking
- ❑ Lacks motivation
- ❑ Creative
- ❑ Bedwetting
- ❑ Thumb sucking
- ❑ Nailbiting
- ❑ Mechanical
- ❑ Overactive
- ❑ Athletic
- ❑ Musical
- ❑ Rocking
- ❑ Underactive
- ❑ Self-confident
- ❑ Enjoys reading
- ❑ Frequently late
- ❑ Doesn't seem to understand questions or directions
- ❑ Difficulty making and keeping friends
- ❑ Difficulty using numbers
- ❑ Lacks self-control
- ❑ Frequent sudden changes in mood
- ❑ Excessive inconsistency in behavior
- ❑ Needs constant approval or reassurance
- ❑ Unusually aggressive towards others
- ❑ Unusually shy or withdrawn
- ❑ Difficulty completing tasks and activities
- ❑ Difficulty with changes in routine
- ❑ Difficulty with organization
- ❑ Avoids reading
- ❑ Difficulty telling time

Comment on any behaviors that particularly concern you:

Has your child had any evaluations of which the school may be unaware?

❑ Educational ❑ Psychological ❑ Medical ❑ Other

Explain (what, when, by whom)

What are your child's interests?

What does your child do well?

What do you like best about your child?

How do you think the school can help your child?

Is there additional information that you feel will help us to understand your child better?

Information obtained from

I understand that this information will be used to help determine whether my child has an educational disability. This material will be kept in my child's confidential folder.

Signature, Interviewer	*Date*	*Signature, Parent/Guardian*	*Date*