



EDUCATIONAL SUPPORT PROGRAMME (ESP)

Initial Interview Form

1. Child's & Family Particulars

Date: _____		
Child's Name: _____	Gender: _____	
Date of Birth: _____	Age: _____	
Name of person answering questionnaire: _____		
Relationship to child: _____		
Address: _____		
Telephone Number(s) _____		
Family Members:		
Name	Age	Relationship
Who is your child's primary caregiver and what language does that person speak?		
What is the primary language spoken in the house? Any other languages?		
Do other individuals interact with your child on a regular basis (Grandparents, friends, etc)?		



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2. MEDICAL INFORMATION

Diagnosis <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> ASD <input type="checkbox"/> ADHD <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Dyslexia <input type="checkbox"/> Global Developmental Delay (GDD) <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Speech & Language <input type="checkbox"/> Others: _____
Any Medical History? Any allergies to medicine?
Does your child take medications? Use special or adaptive equipments?
Has your child been hospitalized in the past 2 years? If so, please describe.
Primary Emergency Contact for child Name: Relationship to Child: Phone Number:



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3. Describe your child's strength

4. Describe your child's needs



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5. Daily Activities

The information will be useful in the development of your child's IEP and subsequent intervention plans.

Eating

- a) Where, when and with whom does your child usually eat breakfast, lunch and dinner?

- b) What kind of food does your child likes/dislikes to eat?

- c) Meals are usually enjoyable because

- d) Meals can be difficult because



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Sleeping

- a) What is your child's bedtime routine (time, activities)?

- b) What is your child's nap routine (time, activities)?

- c) Naptime/bedtime is usually enjoyable because

- d) Naptime/bedtime can be difficult because



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Dressing

a) What dressing/undressing skills can your child do independently?

b) How do you get your child to dress/undress?

c) Dressing/Undressing is usually enjoyable because

d) Dressing/Undressing can be difficult because



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Bathing/Showering

- a) What bathing/showering activities can your child do independently?

- b) What kind of help does your child need for bathing/showering?

- c) Bathing/Showering is usually enjoyable because

- d) Bathing/Showering can be difficult because



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Toileting

- a) What is your child's toileting schedule?

- b) What type of potty training are you using with your child?

- c) Toileting is usually not a problem because

- d) Toileting can be difficult because



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Playing and Interacting

- a) What are your child's favourite objects and toys?

- b) What are your child's favourite play activities?

- c) Other children usually enjoy playing/interacting with my child because

- d) My child's play/interaction with other children can be difficult because



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Communicating with Others (Speech & Language)

- a) How does your child communicate with others?

- b) How does your child participate in school/family activities?

- c) In what other activities would you like your child to participate?

- d) My child's participation in school/family activities is usually enjoyable because

- e) My child's participation in school/family activities can be difficult because

- f) What skills would you like your child to learn to help him or her participate more fully in school/family activities?



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Community Activities

- a) In what community activities does your child participate (e.g. attend church; participate in community recreation centre activities)?

- b) How does your child participate in these activities?

- c) In what other community activities would you like your child to participate?

- d) My child's participation in community activities is usually enjoyable because

- e) My child's participation in community activities can be difficult because

- f) What skills would you like your child to learn to help him or her to participate more fully in community activities?



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6. OTHER INFORMATION

Is your child receiving any services (e.g., preschool, EIPIC, speech therapy etc)?

Service	Agency	Schedule	Contact Person/Telephone
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Who will be bringing your child to the centre?

Parent's Expectations

7. DISCHARGE PLAN (FOR OFFICE USE)

8. CENTRE'S RECOMMENDATION (FOR OFFICE USE)