



# Pre-Session Interview Questions (check-the-box style)

Child's Name \_\_\_\_\_ Age \_\_\_\_ Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ Child's condition \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Appointment:

Pre-sitting interview time/date \_\_\_\_\_ Sitting time/date \_\_\_\_\_ Time allowed \_\_\_\_\_

Location \_\_\_\_\_ Directions \_\_\_\_\_

### CHECK LIST to ask the parent (if possible, include the child's wishes)

Reaction to strangers \_\_\_\_\_

What frightens the child? \_\_\_\_\_

What gets a positive response? \_\_\_\_\_

Interests or likes \_\_\_\_\_

Other \_\_\_\_\_

Check one or more items in the boxes below. Use back of form if additional space is needed.

<p><b>DISABILITY</b> (one or more)</p> <p><input type="checkbox"/> Cognitive</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Sensory</p> <p><input type="checkbox"/> Medica</p>	<p><b>COMMUNICATION</b></p> <p><input type="checkbox"/> Child understands you</p> <p><input type="checkbox"/> Responds to questions</p> <p><input type="checkbox"/> Can follow directions</p> <p><input type="checkbox"/> Talks. How communicates? _____</p>	<p><b>PHYSICAL ASPECTS</b></p> <p><input type="checkbox"/> Mobile <input type="checkbox"/> Sits OK <input type="checkbox"/> Wheel chair</p> <p><input type="checkbox"/> Transfers alone <input type="checkbox"/> Assisted</p> <p><input type="checkbox"/> Assistive technology What? _____</p> <p><input type="checkbox"/> Breathing tube (trach)</p> <p><input type="checkbox"/> Nose prongs</p> <p><input type="checkbox"/> Medical appliance?</p> <p>-----</p> <p><input type="checkbox"/> OK to show assistive equipment?</p> <p><input type="checkbox"/> Can use hands?</p> <p><input type="checkbox"/> Subject to seizures</p> <p><input type="checkbox"/> Sensitive to touch?</p>
<p><b>LIGHTING</b></p> <p><input type="checkbox"/> Natural light best</p> <p><input type="checkbox"/> Subject to seizures</p> <p><input type="checkbox"/> NO flash</p> <p><input type="checkbox"/> Flickers cause seizures</p>	<p><b>PREFERRED LOCATION</b></p> <p><input type="checkbox"/> Studio</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Location</p> <p><input type="checkbox"/> School</p>	<p><b>OTHER THINGS TO CONSIDER</b></p> <p><input type="checkbox"/> Allergy? _____</p> <p><input type="checkbox"/> Attention-getter _____</p> <p><input type="checkbox"/> Prop _____</p> <p><input type="checkbox"/> Tires easily</p> <p><input type="checkbox"/> Frequent tantrums</p> <p><input type="checkbox"/> Guard against possible infection</p>
<p><b>SOUNDS</b></p> <p><input type="checkbox"/> Likes music (type) _____</p> <p><input type="checkbox"/> Does not like SUDDEN Sound or abrupt change</p> <p><input type="checkbox"/> Does not like LOUD sounds</p>	<p><b>SEATING</b></p> <p><input type="checkbox"/> Sits unassisted</p> <p><input type="checkbox"/> Bean bag OK</p> <p><input type="checkbox"/> Bench</p> <p><input type="checkbox"/> Stool</p> <p><input type="checkbox"/> Chair with arms</p> <p><input type="checkbox"/> Wheelchair</p>	

Parent will bring: \_\_\_\_\_