



# SEKOLAH SEMANGAT MAJU

JKR 256, JALAN HANG JEBAT

34000 TAIPING, PERAK

TEL: 05-8061790 FAKS : 05-8077614

## PARENTAL INTERVIEW

Child's Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Date of Assessment : \_\_\_\_\_  
Assessed By : \_\_\_\_\_

### A. BACKGROUND INFORMATION

1.0 What is your child's problem ?

\_\_\_\_\_  
\_\_\_\_\_

2.0 a.) Who referred you here ?

\_\_\_\_\_  
\_\_\_\_\_

b) What did they say was your child's problem ?

\_\_\_\_\_  
\_\_\_\_\_

3.0 Which doctors or other professional does your child see regularly ?  
(e.g. ; physiotherapist, speech therapist)

\_\_\_\_\_  
\_\_\_\_\_

4.0 Does the child go to a Nursery / Kingdergarden ?

\_\_\_\_\_  
\_\_\_\_\_