MTSS/RtI – Parent Input Form

General Information

Child's Name: _____

Child lives with: _____ Relationship: _____

If both parents work, who cares for the child while working? _____

Health History

Is your child under the care of a physician for a medical problem? ___ Yes ___ No

(*If yes, please describe*): _____

Has your child had any problems with ***hearing***? _____Yes _____No

Has your child had any problems with ***vision***? _____Yes _____No

Please describe treatment for hearing or vision problems:

_____

_____

Is your child taking any medication(s)? ___ Yes ___ No

(*If yes, please list and report the reason for taking medication*): _____

Are there any significant factors related to your child's birth? ___ Yes ___ No

(*If yes, please identify*): _____

Did your child show any significant developmental delays in the past? ___ Yes ___ No

(*If yes, check all that apply*) ___ Speech ___ Motor ___ Social ___ Physical

Explain: _____

Does your child require special accommodations? ___ Yes ___ No

(*If yes, check all that apply*) ___ Diet ___ Building accessibility ___ Physical ___ Other

Explain: _____

Does your child receive services outside the school setting? ___ Yes ___ No

(*If yes, check all that apply*) ___ Speech ___ Physical Therapy ___ Counseling Other

Explain: _____

School History

Describe your child's grades up to now (low, average, superior): _____

_____

Has your child received tutoring or been in any special programs to help with schoolwork? If so, explain: _____

_____

Describe your child's typical homework experience (i.e., How much time does your child spend on homework on a typical evening? How often does your child request assistance? Describe their study environment):_____

_____

Family and Home Information

Have any important changes occurred within the family during the last two years?
(*Check all that apply*) __Moves __Births __Deaths __Illnesses __Separations __Divorce __Job Changes

Do any family members have learning difficulties? __ Yes __No
If yes, please explain: _____

Are you experiencing any problems or difficulties with your child at home?: _____

_____

_____

What activities does your child participate in at home? (*Check all that apply, and place an * next to any category in which your child engages in more than one hour daily*)

__ Watches television	__ Reads books	__ Listens to music
__ Plays electronic games	__ Plays with others	__ Spends time on computer
__ Participates in sports	__ Sleeps more than usual	__ Prefers to be alone

Describe your child's strengths: _____

_____

_____

Subjects/areas of special skills or talent: _____

_____

What behaviors are frequently displayed by your child at home? (*Check all that apply*)

__ Is honest	__ Gets along with siblings	__ Withdraws
__ Is helpful	__ Follows adult requests	__ Argues/Disobeys
__ Is responsible	__ Has mood swings/depression	__ Conveys frustration
__ Respects others	__ Feels anxious	__ Feels less capable/negative self talk

What methods of discipline are used at home? (*Check all that apply*)

__ Rewards for good behavior	__ Assigned responsibilities	__ Time out
__ Verbal praise	__ Early bedtime	__ Spanking
__ Special privileges	__ Removal of privileges	_ Extra chores

How does your child respond to discipline at home? (*Check all that apply*)

__ Becomes obedient	__ Throws tantrums	__ Refuses to obey

__ Withdraws	__ Cries	__ Throws or breaks things
__ Blames others	__ Hits and/or kicks	__ Other _____

Are there any concerns the school needs to be aware of? _____

_____

_____

What suggestions could you give the school to help your child?_____

_____

Describe your child's typical day before and after school: _____

_____

_____

Describe your child's friendships: _____

_____

_____

Please share any rewards or consequences you have found effective at home:_____

_____

_____

Please share any other information that you think may be helpful for us to better understand your child: _____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Person Completing Form Date

_____ _____

Person Completing Form Email Address Person Completing Form Telephone Number