

**Parent/Guardian Questionnaire or Interview Form:  
Organization and Work Completion Skills - Other Health Disabilities**

Dear Parent,

Your participation in completing this questionnaire provides valuable information used in the special education evaluation process. Thank you!

Student's Name:

Date:

Completed by:

Please return to:

by:

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**1)** What does your child do well? What are their strengths?

**2)** What are your current concerns regarding your child?  
At home?

At school?

**3)** Does your child have any medical/health conditions or diagnoses?      Yes      No  
If yes, please list.

**4)** Does your child take any medications on a regular basis?      Yes      No  
If yes, what medications and for what reasons?

Have you been told by your health practitioner that the medication(s) may negatively affect her/his comprehension, memory, attention or stamina?      Yes      No

**5)** In comparison to other children your child's age, have you noticed that she/he demonstrates limited physical strength?      Yes      No

If yes, how does their limited physical strength affect her/his capacity to perform school activities? Please explain.

- 6)** Have you noticed that your child demonstrates decreased stamina or energy levels due to his/her medical/health condition?      Yes      No  
If yes, how does their limited endurance affect their ability to maintain performance at school? Please explain.
- 7)** In comparison to peers, does your child exhibit heightened or diminished alertness resulting in impaired abilities? For example, does your child have difficulty keeping their attention on homework, sitting through a family meal, completing a chore from start to finish, etc.?  
Yes      No  
If yes, please share examples.
- 8)** Does your child have difficulty managing and organizing materials for school      Yes      No  
If yes, please share examples.
- 9)** Does your child have difficulty completing classroom assignments within routine timelines? For example, a teacher reports that your child has frequent “late” work or incomplete work?  
Yes      No
- 10)** Does your child demonstrate an impaired ability to follow directions?      Yes      No  
If yes, can he/she usually follow written directions?      Yes      No  
Please explain.
- If yes, can he/she usually follow verbal directions?      Yes      No  
Please explain.
- If yes, can he/she usually follow multi-step directions?      Yes      No  
Please explain.
- 11)** Does your child demonstrate an impaired ability to initiate and complete a task / assignment? For example, does your child frequently require your help to get started on homework?  
Yes      No
- 12)** Does your child have difficulty completing tasks from beginning to end?      Yes      No
- 13)** Any additional information you would like to share?