



Provincial Outreach Program for *Fetal Alcohol Spectrum Disorder*

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**Parent Interview**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

1. What are your child's strengths?

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2. What are your child's needs?

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3. What are your goals for your child?

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4. What do you like about your child's experiences at school?

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5. Is there anything you would like to change about your child's school experience?

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6. Was there anything that really helped your child at school this year?

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7. Is there anything you feel would improve your child's experience at school?

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8. Is there anything that makes being at school difficult for your child?

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9. Is there anything else you would like me to know about your child's experience at school?

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10. Who are the significant people or agencies involved with your child?

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