



## Parent Interview: Developmental History for ASD Reevaluations

### Background Information:

<b>Student's Name:</b>	<b>Birth Date:</b>
<b>Person Completing this Form:</b>	
<b>Relationship to Child:</b>	
<b>School:</b>	<b>Grade:</b>
<b>Today's Date:</b>	

1. Who does the child live with?

Name	Relationship	Age

### Leisure Time:

2. What interests does your child have or how does your child spend his/her leisure time?

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3. How have his/her interests changed as your child has grown older?

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4. What is/was your child like when playing with other children or with adults?

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5. How does your child do in group games and peer group situations?

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### Social:

6. How does your child respond to people he/she sees occasionally?

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7. Did your child have friends when he/she was young?

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8. Who are your child's friends now?

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9. What kinds of things does your child do with friends?

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10. How does your child react to changes in normal routines, people, and in things around him/her?

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**Communication:**

11. How does your child try to get the attention of other children and adults?

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12. Does it seem easy for your child to talk with other children and adults?

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13. Does your child imitate things she/he hears or movements/gestures of others?

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14. Does your child engage in eye contact when talking to other children & adults?

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15. What gestures or words has your child used to help say what he/she wants?

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