Dear Educator,

Knowing the importance of understanding students’ histories and assets, we have prepared a sample tool for gathering information about students and their families in an interview setting, which we adapted from the Portland Public Schools’ intake interview. Please use this tool in the way that meets the needs of your educational setting. Feel free to download this tool and make changes.

When preparing to interview families and students, share your goals and the expected timeline, ask families what is comfortable and manageable for them in terms of scheduling, and ensure a trained interpreter is present, when needed. It may work best to complete the interview in one session, or it may be best to complete it over two or more sessions.

Bear in mind that some questions may be uncomfortable or connected to traumatic events for the student and/or family. Therefore, give careful attention to body language and responses as you interview, so that you may avoid questions and topics that students and families may not feel comfortable discussing. It may be better to save some topics for another time, or not ask for certain information at all.

Wishing you a successful intake interview!

**(Adapted from Portland Public Schools’ Intake Interview)**

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| FAMILY HISTORY*Confidential* | | | | | | | | | | | | | | | | | |
| **Date of Interview:** | | | | | | | | | **Interviewer:** | | | | | | | | |
| **Interpreter/Language**: | | | | | | | | | **Student accompanied by:** | | | | | | | | |
| **Student Name:** | | | | | | | | | | | | | | | | | |
| **DOB:** | | | **Age:** | | | | | | | **Grade:** | | | | | | | **Gender & Pronouns:** |
| **Address:** | | | | | | | | | | | | | | **Phone:** | | | |
| **Parent/Guardian Email Address:** | | | | | | | | | | | | | |  | | | |
| **Date of Arrival in the U.S.:** | | | | **Date First Attended US School**: | | | | | | | | | **Date First Attended Maine School:** | | | | |
| **People in Household:** | | | | **Relationship to Student:** | | | | **Age:** | | | | **School & Grade:** | **Country of Birth:** | | | **Language(s) Spoken to Student a Majority**  **of the Time: %** | |
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| **What countries and states has the family lived in?** | | | | | | | | | | | | | | | **How long?** | | |
| **What countries and states has the student lived in?** | | | | | | | | | | | | | | | **How long?** | | |
| **Has the family/student lived in a refugee camp?**  **Where?** | | | | | | | | | | | | | | | **How long?** | | |
| **PARENT/GUARDIAN INFORMATION** | | | | | | | | | | | | | | | | | |
| **Parents are:**  **(Relationship status)** |  | | | | **Location of parent(s) if not with the student:** | | | | | | | | | | | | |
| **Interpreter needed?**  **(PARENT CONFERENCES,**  **PHONE CALLS)** | | **Mother:** | | | | | | | | | **Father:** | | | | | | |
| **Preferred:** | | | | | | | | | **Preferred:** | | | | | | |
| **Also speaks:** | | | | | | | | | **Also speaks:** | | | | | | |
| **Document translation needed?** | | **Mother:** | | | | | | | | | **Father:** | | | | | | |
| **Preferred:** | | | | | | | | | **Preferred:** | | | | | | |
| **Also reads:** | | | | | | | | | **Also reads:** | | | | | | |
| **Mother’s total years of schooling:**  **Native:**  **Other:**  **US:** | | | | | | | **Highest level/grade completed:** | | | | | | | | | | |
| **Father’s total years of schooling:**  **Native:**  **Other:**  **US:** | | | | | | | **Highest level/grade completed:** | | | | | | | | | | |
| **COMMUNICATION and STUDENT HISTORY (Ask of Parent/Guardian)** | | | | | | | | | | | | | | | | | |
| **How do you prefer to communicate with the school staff and teachers? (email, phone call, text, or a note home)** | | | | | | |  | | | | | | | | | | |
| **Are there any basic items or supplies your child needs? (School supplies, winter gear, footwear, etc.)** | | | | | | |  | | | | | | | | | | |
| **Does your child have any medical concerns?** | | | | | | |  | | | | | | | | | | |
| **Does your child read and write in any language?**   1. **If yes, which language(s)?** 2. **If no, (for younger students) does your child pretend to read or write?** | | | | | | | **Yes**  **No** | | | | | | | | | | |
| **What are your child’s strengths?** | | | | | | |  | | | | | | | | | | |
| **What goals do you have for your child this year?** | | | | | | |  | | | | | | | | | | |
| **What are your child’s goals?** | | | | | | |  | | | | | | | | | | |
| **What dreams do you have for your child’s future? What are your child’s dreams for the future?** | | | | | | |  | | | | | | | | | | |
| **What makes learning easier for your child? What makes it more difficult?** | | | | | | |  | | | | | | | | | | |
| **What qualities in a teacher are most important for your child’s best learning?** | | | | | | |  | | | | | | | | | | |
| **What comforts your child when frustrated, anxious, or upset?** | | | | | | |  | | | | | | | | | | |
| **What makes learning easier for your child? What makes it more difficult?** | | | | | | |  | | | | | | | | | | |
| **Does your child have responsibilities such as caring for younger siblings or relatives?** | | | | | | |  | | | | | | | | | | |
| **Does your child have a job?** | | | | | | |  | | | | | | | | | | |
| **Is there anything else about your child that you would like to share with us?** | | | | | | |  | | | | | | | | | | |
| **STUDENT SCHOOL AND ACADEMIC HISTORY (Ask of student, if appropriate)** | | | | | | | | | | | | | | | | | |
| **Have you attended school before?**   1. **If yes, how old were you when you first began going to school?** 2. **If yes, did you like going to school? What did you like best?** | | | | | | **Yes**  **No** | | | | | | | | | | | |
| **What subjects did you study in school? Or what did you do in school?** | | | | | |  | | | | | | | | | | | |
| **Were you able to attend school daily?** | | | | | |  | | | | | | | | | | | |
| **What do you like to do? (Interests, passions, hobbies)** | | | | | |  | | | | | | | | | | | |
| **How do you feel about going to school here?**   1. **(If not positive) What would help you feel good/better about going to school here?** | | | | | |  | | | | | | | | | | | |
| **What are your dreams for your future?** | | | | | |  | | | | | | | | | | | |
| **Is there anything else you would like to share or ask?** | | | | | |  | | | | | | | | | | | |

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| **STUDENT EDUCATIONAL HISTORY (Ask of Parent/Guardian)** | | | | | | | | | | | | | | | | | | | | | |
| **Languages** | | | **Speak**  **(self-reported)** | | | | **Understand**  **(self-reported)** | | | | **Read**  **(self-reported)** | | | | | **Write**  **(self-reported)** | | **Articulation Concerns** | | | |
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| **What is your child’s primary language?** | | | | | | | | | | | | | | | | | | | | | |
| **Do other people have difficulty understanding your child?** | | | | | | | | | | | | | | | | | | | | | |
| **Has the parent or medical provider noticed any developmental delays compared to other children regarding the following skills**  **(speech and/or language/communication, motor and/or cognitive skills, social skills)?** | | | | | | | | | | | | | | | | | | | | | |
| **Has the student ever received Special Education services?**  **If yes, which services? When?** | | | | | | | | | | | | | | | | | | | | | |
| **Did student attend? Yes or No?** | | | | | | **Preschool:** | | | | | | | | | | **Head Start:** | | | | | |
| **School**  **Name** | | **Public /**  **Private/**  **Refugee Camp** | | | **Attended**  **Regularly** | | **# of Hours in the School Day** | | | **Typical Class Size** | | | **Location** | | | **Age**  **at**  **Attendance** | | **Grade**  **Level** | **Duration**  **(Years)** | | **Language of**  **Instruction** |
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| **Grades Completed:** | **Pre-K** | | | **K** | | | | **1** | | | | **2** | | | **3** | | **4** | | | **5** | |
|  | **6** | | | **7** | | | | **8** | | | | **9** | | | **10** | | **11** | | | **12** | |
| **Total years of schooling:** | | | | | **Native Country:** | | | | | **Other Countries:** | | | | **United States:** | | | |  | | | |
| **Have there been large gaps or interruption in the student’s education?** | | | | | | | | | | | | | | | | | | | | | |
| **Has the student ever repeated a grade** (“X” next to the grade above indicates a repeat)**?**  **If yes, which grade?**  **Why?** | | | | | | | | | | | | | | **Has the student ever skipped a grade?**  **If yes, which grade?**  **Why?** | | | | | | | |
| **Has the student had any classes to learn English?**  **If so, how long?** | | | | | | | | | | | | | | | | | | | | | |
| **What activities does your child enjoy?** | | | | | | | | | | | | | | | | | | | | | |
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| **STUDENT HEALTH & WELL BEING** | | | | | | | | | | | | | | | | | | | | | |
| **Dietary Restrictions/Eating Habits?** | | | | | | | | | | | | | | | | | | | | | |
| **Is there anything else that we didn’t discuss that you think is important for us to know about your child?** | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT / FAMILY ASSISTANCE** | | | | | | | | | | | | | | | | | | | | | |
| **Concerns** (Any notation below indicates a concern that has been mentioned by the parents or brought to the attention of the interviewer. If left blank, there is no concern. | | | | | | | | | | | | | | | | | | | | | |
| * **Unaccompanied Youth:** * **Homeless:** * **Physical/Mental Health:** | | | | | | | | | * **Behavioral:** * **Academic:** * **Other:** | | | | | | | | | | | | |
| **Intake follow up needed with school staff:** | | | | | | | | | | | | | | | | | | | | | |
| **Inform families of this resource: *In our schools we have social workers and school counselors who are able to provide support for your child.*** *Elaborate on their roles**and let parents know that social workers and school counselors are available if they would like their child to have support in these particular areas.* | | | | | | | | | | | | | | | | | | | | | |
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