

Aurora Public Schools
 ELA-Special Ed Instructional Interventions Process
 Cultural and Environmental Interview
 1/26/06

Child's Name	
Interview Date	
Person(s) Interviewed	
General Family History	<input type="checkbox"/> How long has your family been in the United States? <input type="checkbox"/> How long has your family been in this community? <input type="checkbox"/> Where was your child born? <input type="checkbox"/> Who lives in the home? <input type="checkbox"/> How frequently do you visit your home country?
Communication	<input type="checkbox"/> What language(s) is spoken in the home? <input type="checkbox"/> What language(s) do you speak to your child? <input type="checkbox"/> What language(s) does your child speak with brothers/sisters and friends? <input type="checkbox"/> Does your child switch between languages when speaking at home? <input type="checkbox"/> Which family members read and write in your family's language? In English? <input type="checkbox"/> How does your child's language skills compare to others in the family? <input type="checkbox"/> Who takes care of your child after school? What language(s) do they speak with your child? <input type="checkbox"/> How do you encourage use of your family's language at home?

Education	<ul style="list-style-type: none"><input type="checkbox"/> What was the last grade your child attended before coming to the U.S.? <input type="checkbox"/> How many different schools has your child attended? <input type="checkbox"/> Have there been gaps in your child's school attendance? <input type="checkbox"/> Has your child ever been held back in school? When? <input type="checkbox"/> Has your child missed more than 10 days of school in a row? <input type="checkbox"/> Do you read regularly with your child? In English or family language? <input type="checkbox"/> How do you or other family members assist with your child's homework? <input type="checkbox"/> If your child attended school previously, please describe what that looked like, such as class routine, subjects, hours, and type of instruction. <input type="checkbox"/> Was it appropriate for your child to ask questions or volunteer information? <input type="checkbox"/> How old are children when they are expected to begin school? <input type="checkbox"/> Do you find it easier to communicate with people at school in English or another language?
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Work & Play	<ul style="list-style-type: none"> <input type="checkbox"/> What television programs are watched in your home and in what languages(s)? <input type="checkbox"/> How much time does your child spend watching TV or playing video games per day? <input type="checkbox"/> What responsibilities/chores does your child have after school? <input type="checkbox"/> Who does your child play with at homes?
Discipline	<ul style="list-style-type: none"> <input type="checkbox"/> How do you discipline your child? <input type="checkbox"/> Who is responsible for discipline in your family?
Health	<ul style="list-style-type: none"> <input type="checkbox"/> Were there any complications during pregnancy or birth <input type="checkbox"/> Has your child's health and development been different from your other children? <input type="checkbox"/> Does your child have a medical condition that requires hospitalization? If yes, what are the conditions? <input type="checkbox"/> Was your child ever seriously injured in an accident or been hospitalized at any time? If yes, what are the reasons? <input type="checkbox"/> Does your child have any vision or hearing problems?