

Pasadena Independent School District
Classroom Teacher Documentation of Parent Contact

Explain to the parent the problem the student is having in class and that you are calling for some input. Bring up the following points in a conversational manner.

THANK THE PARENT FOR THEIR TIME AND INPUT!

School/Academics Notes:

- Tell me about your child's academic performance.
- Subject(s) and areas of difficulty?
- What has been done to help in the areas of difficulty?
- Is your child tardy to school or class often?
- Has the student been truant from school?
- Is your child involved in extracurricular activities at school?
- What academic goals do you have for your child?

Health notes:

- At what age did your child first sit up_____crawl_____walk_____?.
- When did your child say single words other than Mama or Dada_____?
Put 2-3 words together_____, speak in sentences_____tell about something that happened_____?
- Did your child experience any feeding difficulties during infancy? If yes, please explain._____
- Is child on any medication? If so, is it taken at home or school?
- Does your child wear glasses?_____Have a hearing problem?_____
- Has your child had a major illness or accident? If yes, explain_____

Home/Out of school behaviors notes:

- Tell me about your child's social development.
- Have there been any changes in the family?
- Have there been any recent changes in behavior?
- Have there been any changes in your child's relationships to friends?
- Have you noticed any emotional outbursts?
- Have you noticed a change in attitude?
- Is your child involved in extracurricular activities at outside of school? Describe.
- What does your child enjoy doing when away from school?
- Does your child read for pleasure? If so what types of things?

WHAT LANGUAGES ARE USED IN THE HOME? _____

If ENGLISH only, skip the rest of the page

Fill in this column if child functionally uses 2 languages before 3 years of age (functionally communicates in two languages vs. rote language learning, i.e. ABC, counting)

SIMULTANEOUS LANGUAGE LEARNER

1. How well does the child **use** each language?

2. What % of time does the child **hear** each language?

Language _____ % _____
 Language _____ % _____

3. Which language does the child prefer now?

4. Have there been any changes in the child's ability in each language?

5. If so, what do you believe to be the cause of the change?

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Fill in this column if second language was introduced in one of the following: check one
 ٢ Age 3-5
 ٢ Age 5-puberty
 ٢ Adolescent. Post public -graduation

SEQUENTIAL LANGUAGE LEARNER

1. How was the second language introduced?

2. What % of time does the child **hear** each language?

Language _____ % _____
 Language _____ % _____

3. How well does the child **use** each language?

4. Which language does the child prefer now?

5. How was the first language developing before the second language was introduced?

6. Were there any changes in the first language after the second language was introduced? How?

For both columns record the following SOCIOLINGUISTIC FACTORS

1. What do you think your child's attitude is toward speaking English?

2. Is the child very social with peers? Y/N _____ or in the home? Y/N _____

3. Which language does your child speak with peers?

4. Which language does your child speak in the classroom?

5. Which language does the caregiver **need** the child to speak?

****Following to be completed by appraisal personnel****

Summary: Language for assessment _____ Rationale: _____