



# LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

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**Director**

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## CHILD INTERVIEW

NAME OF STUDENT	BIRTHDATE
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Please indicate the mode of student's response.

- Verbalization
- Pointed to Pictures
- Used Alternate Communication System  
(Please describe system used.)

Please choose five questions.

1. Question

Answer

2. Question

Answer

3. Question

Answer

Student Name:

Birthdate:

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4. Question

Answer

5. Question

Answer

Please explain to the child that the psychological evaluation will help to determine the ways in which the child learns best and the ways in which the teacher(s) can better instruct him/her. The purpose of explanations is to put the child at ease about the psychological testing.

6. Pertinent comments made by child

**Summary of findings**

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Date

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Person completing form

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Title