

**BMP TRI COUNTY SPECIAL EDUCATION COOPERATIVE**  
**400 Galena St, PO BOX 239, Tiskilwa, IL 61368**  
**PHONE: (815) 646-8031 FAX:(815) 646-8087**

**SPEECH-LANGUAGE INITIAL/REEVALUATION INTERVIEW WITH CHILD**

This form is to be included with the Speech-Language Case Study Evaluation - items may be adapted to suit the age/ability of the child.

Date of Interview: \_\_\_\_\_ Participants: \_\_\_\_\_

Tell about school (likes/dislikes/interests) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you having any problems at school? \_\_\_\_\_

How are your grades? \_\_\_\_\_

What would you like to change about school? \_\_\_\_\_  
\_\_\_\_\_

Do you ever have problems hearing/understanding the teachers? YES  NO

I help children who have speech (talking) problems. Do you think you have a problems when you talk?  
YES  NO

If so, what do you think you could do better? \_\_\_\_\_  
\_\_\_\_\_

If your teacher wanted you to give a report, would you rather tell the report or turn in a written paper? Why?  
\_\_\_\_\_  
\_\_\_\_\_

Do you like to bring things for show & tell? YES  NO

Tell me about some things you have brought to school? \_\_\_\_\_  
\_\_\_\_\_

Additional Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_