

Name of Client: Dan

Date: 3/1/23

Age: 7 years old

Interviewer: Jennifer Aussicker, B.A.

Interviewee: Karen Simmons

School: Sunny School Elementary

Parent Interview

School psychologist Jennifer Aussicker conducted an interview with Karen Simmons, parent of Dan, on 2/25/2023.

Birth and Developmental History

Dan was born prematurely at 24 weeks, which caused issues with his digesting food and breathing. Over time he grew stronger and developed these skills on his own. Dan began to crawl at about 8 months, and at around 14 months, he began to sit up on his own. It became apparent that Dan had problems with his vision pretty quickly, so he was fitted for glasses. Around 18 months, Dan started to walk. At around 3 years old Dan's words became understandable and frequent. Around 3.5 years, Dan was potty trained. Dan's restlessness began to show when he entered preschool and has continued since.

Academic History

Dan performed decently in preschool, with main difficulties surrounding reading and writing. Oftentimes with books he did not comprehend the story and got bored easily. Writing could be difficult due to low motor functioning in his hands. Dan was above average in mathematics, and did well with calculation of numbers. When it came to word problems, Dan had difficulties. Behaviors revolved around inattention and fidgeting, which disrupted the class and teacher. When told to sit still and focus, Dan would grow upset, scream, kick, and cry.

Social Emotional History

Dan was an only child and didn't have many friends growing up. Instead, he was more focused on topics such as math and space. He preferred to spend his time alone. He preferred not to be cuddled or touched by his parents or family members, and grew upset when others would try to touch him. When asked to do something he didn't like, he normally grew upset, kicked his legs, and screamed.

Home and Family History

Dan lived at home with his mother and father as an only child. Dan's father was diagnosed with Attention-Deficit / Hyperactivity Disorder (ADHD) as an adult. Dan had an older sister with vision impairment. There was a family history of high blood pressure and heart valve problems that dated back to Dan's great grandfather.

Medical History

At birth, Dan was born prematurely at 24 weeks. He had newborn respiratory distress syndrome (NRDS) as well as necrotizing enterocolitis (NEC). Since then, Dan only needed to get glasses to counteract his myopia (nearsightedness). He did not take any medications.

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Summary

Dan's development was highly impacted by his premature birth. He developed problems with his bowels, lungs, and eyes. Some milestones were a little later than normal, but all generally on trend for children his age. Around preschool age, Dan began to act restless. This was noticed by the family and other caregivers, such as his babysitter and teacher. When Dan was told to stop moving his body, he would become angry and physical. In school, Dan enjoyed math and excelled at it. Dan faced difficulty in reading and writing. Dan favored alone time to time spent with peers or his family. Additionally, Dan did not like being touched by anyone. There is a family history of vision problems, heart problems, and ADHD. Lastly, Dan suffered from NEC, NRDS, and myopia as a child.

Personal Reflection

This interview was as expected, with a few moments standing out to me more than others. When asking questions on birth, academic, and social history, I felt comfortable with Karen. However, when it came to family and medical history, I felt as though I was dipping into personal territory. Although somewhat difficult, I knew it was important to gather information on these categories to gain a fuller understanding of Dan. Once we got the ball rolling, gathering information felt like talking to an old friend and felt much more comfortable.

The only issue that came up during our interview was a few gaps in Karen's memory regarding birth and developmental history. When she remembered the milestone but not the time in which it occurred, she would either consult her husband via telephone or her pictures to see when they took place.

Karen felt most resistant to answering questions about family history. Her husband was diagnosed with ADHD in adulthood, and he struggled a lot with it growing up. She knew how much it affected him, and was in between sharing this information or keeping it private. I respected her decisions, but reminded her that any information she could give on family history would be greatly beneficial as it would shed light on possible connections between Dan and his family. She appreciated my respectfulness and decided to include it to better understand Dan.

I feel quite confident interviewing parents, but would like to prepare more talking points and questions in the future. For some of the developmental questions I had prepared, Karen politely, but quickly dismissed them. Since developmentally Dan was mostly on track, there wasn't much to talk about there. In the future, preparing more questions besides those focused on abnormalities would allow me to have a fuller discussion with Karen about Dan's development.