

**Learning about *YOUR CHILD***

***Introductory Questionnaire***

Please answer the following questions as thoroughly and as honestly as possible. All information disclosed will remain confidential and I will approach your concerns in a subtle, professional manner. In order to turn your son/daughter into a responsible, confident, risk-taking young adult I need to first understand where they are at this point. Thank you.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:

Grade:

Cell phone #

Email:

Parents’ Names (mom): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #

Email:

Parents’ Name (dad): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #

Email:

Emergency Contact Name (if parents can’t be reached):\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone#

**Section 1: *Family Dynamic & Parent Expectations***

**What is the makeup of your household (married/divorced, siblings, others)?**

**Describe the family dynamic. How are the relationships between your child and other members of the household?**

**Who is part of your child’s support system (who is in their lives)?**

**Rate your child’s behavior at home on a scale of 1-10 (circle one):**

(poor) 1 2 3 4 (neutral) 6 7 8 9 10 (commendable)

Please type in the number here\_\_\_\_\_\_\_. Explain your selection:

**Rate your child's work ethic on a scale of 1-10 (circle one)**

 (minimal) 1 2 3 4 (neutral) 6 7 8 9 10 (maximal)

Please type in the number here\_\_\_\_\_\_\_. Explain your selection

**How would you describe your parenting style? Please rate the level of structure/rule enforcement.**

(enabling) 1 2 3 4 (neutral) 6 7 8 9 10 (too tough/strict)

Please type in the number here\_\_\_\_\_\_\_. Explain your selection:

**What is the most important thing I should know about your child?**

**What are your greatest concerns?**

**Section 2: *School/Social Dynamic & Activities***

**Rate your child’s behavior at school on a scale of 0-10 (circle one):**

(poor) 1 2 3 4 (neutral) 6 7 8 9 10 (commendable)

Please type in the number here\_\_\_\_\_\_\_. Explain your selection:

**How are their grades and relationships with their teachers?**

**How are their relationships with their peers? What are their friends like?**

**What sports/physical activities does your child engage in? What are their strengths and weaknesses?**

**Section 3: *Health & Personality***

**How would you describe your child’s overall physical health?**

**How would you describe your child’s overall emotional health**

**Rate your child's self-esteem on a scale of 0-10 (circle one)**

(low) 1 2 3 4 (neutral) 6 7 8 9 10 (high)

Please type in the number here\_\_\_\_\_\_\_. Explain your selection:

**Does your child have any injuries/medical conditions and/or is prescribed medication at this time?**

**Are there any counseling services or relevant medications being prescribed at this time?**

**What is your child passionate about?**

**What would you like your child to gain from this program?**

**Is there anything else I should know about your child?**