

kids with courage

Parent Questionnaire

The purpose of this questionnaire is to gauge how we can best work together to maximise the time we have with your child.

Child's name: _____

Age: _____ Grade _____ Sex: Male/ Female

In your opinion what are your child's main interests?

What are your child's main strengths?

What major concerns do you have about your child?

In your opinion, what ideas could be implemented to improve or overcome this?

Does your child have any food allergies?

Has your child received individual counselling? Yes ☐ No ☐

Do you have any other relevant information you think is important for us to know?

Is your child on any medication? If yes, please provide details:

Other Comments: _____

Parent contact number: _____