



Parent Questionnaire

Child Name:	DOB:	Age:
Parent Name:	Email:	

- A. What do you feel are your child's strengths?
- B. What are areas that you feel are not as strong for your child?
- C. What are your primary concerns?
- D. What would be your main goal or dream for your child short-term and long-term?
- E. What motivates your child?
- F. What strategies do you use to support your child currently? Do you see success with these strategies?
- G, What are your expectations of the providers who are entering your home?