**Parent Questionnaire**

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>DOB:</th>
<th>Age:</th>
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<tbody>
<tr>
<td>Parent Name:</td>
<td>Email:</td>
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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?