



PARENT QUESTIONNAIRE

Name: _____

Date: _____

Parent(s)/Guardian(s),

*Please use the questions on the following page to describe your child's problem(s) in your own words,
and what you desire from the counseling process.*

Thank You.

In your own words, please describe the problem:

How many days in the *past week* has your child's daily routine been interrupted by his/her problems?

What do you hope to have your child accomplish with counseling?