**PARENT QUESTIONNAIRE**

**Please email the completed form to info@embfoundation.org**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your child’s strengths?
2. What is your child’s favorite subject in school?
3. How would you describe your child’s personality?
4. What motivates your child?
5. What causes your child to shut down or become frustrated?
6. What is your child’s learning style? (Hands-on, listens like to move around, likes visuals?
7. What activities are your child involved in after school? (sports, favorite places, games, activities). 
8. What is the biggest goal your child completed this year?

