

Gilbert Counselors, LLC

Professional Counseling Services

1425 W. Elliot Rd, Suite 201 * Gilbert, AZ 85233 *
gilbertcounselors.com

Parent Questionnaire

To Be Completed by Parent

Child's Name: _____ Date: _____

Instructions:

1. Each parent should complete their own questionnaire.
2. Answer all questions below.

Parent/Guardian Name: _____ Relationship to child: _____

The 3 things that concern me the **MOST** are:

1. _____

2. _____

3. _____

The 3 **GOALS** that I have for my child's therapy are:

1. _____
2. _____
3. _____

I want to improve my relationship with my child in the following ways:

I will know when things are better when:

The things I enjoy most about my child are:

Any additional comments or concerns:
