



Client Questionnaire

Client's Name: _____

Parent/Guardian's Name: _____

Please answer each question below before the scheduled meeting. Feel free to email the responses before the meeting. If you choose to write your responses below, please bring this form with you to the meeting. You may use the space provided (or write on the back of sheets if you need more room). There are no right or wrong answers.

Client's Strengths:
1.
2.
3.
4.

Client's Areas of Need:
1.
2.
3.
4.



<p>Client's favorite activities that I do with them are: "Activities" can include any time spent with client - not just formal/structured time.</p>	
1.	
2.	
3.	
4.	

<p>I wish I could enjoy these activities with the client, but at this time it does not seem possible:</p>	
1.	
2.	
3.	
4.	