Strength Based Assessment

Parent/Guardian Survey

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What are your hopes and dreams for your child’s future?***

***What type of job/career do you see our child having and why?***

***What do you see your child doing for post-secondary training and/or lifelong learning?***

***Where do you see your child living in the future? What type of lifestyle, for example?***

***Are there any other jobs you think would be a good fit?***

***What types of things could stand in the way of your child reaching his/her dreams?***

***What are some of your child’s strengths, gifts, talents and skills?***

***What are some of your child’s dislikes?***

***What are some of your child’s hobbies?***

***What is your child’s best subject?***

***What is your child’s favorite subject?***

***What does your child like to do when he has free time?***

***Three words you would use to describe your child:***

***Does your child’s have any chores at home? What are they?***

***What helps your child to do a good job and be successful?***

***How do you feel your child learns best?***