

Parent Assessment of Child

Childs Name _____ Birthday _____

Parents Name _____ Today's Date _____

1. Please describe your child briefly.
2. What has your child been doing lately?
3. What are your child's strengths?
4. What questions or concerns do you have about your child?
5. How are you doing, as a parent and otherwise, at this time?
6. Three goals for your child?
7. Goals for your child at LSH?