



# Parent Questionnaire

In order to better assist your child, we would like you to complete a brief questionnaire about your child's current/past behaviors, your child's needs and your (the parent/legal guardian's) expectations for your child and of the program.

Circle or fill in the appropriate answer and **do not** leave any question unanswered.

Child's Name: \_\_\_\_\_ DOB: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Child's Age: \_\_\_\_\_ Current grade in school: \_\_\_\_\_

Name of Parent/Legal Guardian completing questionnaire: \_\_\_\_\_

- Relations to the child:
- |                                     |   |
|-------------------------------------|---|
| Mother (Birth/Step/Adoptive/Foster) | 1 |
| Father (Birth/Step/Adoptive/Foster) | 2 |
| Grandparent                         | 3 |
| Other                               | 4 |

1. Please select the option that best describes your child's learning style:
- |   |    |
|---|----|
| My child is a VISUAL learner (i.e., learns by seeing pictures).....           | 1  |
| My child is an AUDITORY learner (i.e., learns by listening to information...) | 2  |
| My child is learns by both visual and auditory instruction.....               | 3  |
| Don't know.....   | -8 |

2. Please select the option that best describes your child's communication style:
- |   |    |
|---|----|
| Quite/Shy/Talks in a low tone.....                                      | 1  |
| Only talks when asked questions with limited answers (i.e., yes, no)... | 2  |
| Only talks when asked questions with elaborative answers.....           | 3  |
| Somewhat talkative.....   | 4  |
| Very talkative.....   | 5  |
| Don't know.....   | -8 |

3. Does your child need help with the Professional component of YME?
- |                 |                          |
|-----------------|--------------------------|
| Yes.....        | 1                        |
| No.....         | 2 (skip to question #4)  |
| Don't know..... | -8 (skip to question #4) |

- 3a. What area(s) of Professional component of YME does your child need help?
- |                              |    |
|------------------------------|----|
| Resume preparation.....      | 1  |
| Interviewing techniques..... | 2  |
| Attire.....                  | 3  |
| Occupational choices.....    | 4  |
| Don't know.....              | -8 |

- 3b. What area(s) of Occupational choices would you like YME to present to your child?
- |   |   |
|---|---|
| College Bound activities/interests..... | 1 |
| Trade schools.....                      | 2 |
| Military options.....                   | 3 |
| Other.....                              | 4 |

i. Please specify: \_\_\_\_\_  
Don't know..... -8

4. Does your child need help with the Respect component of YME?  
 Yes..... 1  
 No..... 2 **(skip to question #5)**  
 Don't know..... -8 **(skip to question #5)**
- 4a. What area(s) of Respect component of YME does your child need help?  
 Respect for ones-self..... 1  
 Respect for other..... 2  
 Don't know..... -8
5. Does your child need help with the Independency component of YME?  
 Yes..... 1  
 No..... 2 **(skip to question #6)**  
 Don't know..... -8 **(skip to question #6)**
- 5a. What area(s) of the Independency component of Independence does your child need help?  
 Transitioning to a new school..... 1  
 Using public transportation..... 2  
 Don't know..... -8
6. Does your child need help with the Mannerism component of YME?  
 Yes..... 1  
 No..... 2 **(skip to question #7)**  
 Don't know..... -8 **(skip to question #7)**
- 6a. What area(s) of Mannerism component of YME does your child need help?  
 Communicating with others..... 1  
 Health and hygiene..... 2  
 Spirituality..... 3  
 Don't know..... -8
7. Does your child need help with the Etiquette component of YME?  
 Yes..... 1  
 No..... 2 **(skip to question #8)**  
 Don't know..... -8 **(skip to question #8)**
- 7a. What area(s) of Etiquette component of YME does your child need help?  
 Dining etiquette..... 1  
 Proper etiquette for young men/young women.... 2  
 Don't know..... -8
8. Overall, my child needs help in the following components of YME:  
 Professionalism..... 1  
 Respect..... 2  
 Independency..... 3  
 Mannerism..... 4  
 Etiquette..... 5  
 All components..... 6  
 Don't know..... -8

## Child's History

In order to tailor the program to meet the needs of your child, it is important that obtain some personal information about your child. The information you provide will be kept confidential and will assist us as we develop a plan specific to your child.

9. Has your child been diagnosed with any of the following diagnoses?  
Please circle "yes", "no" or "don't know" to each category.

	Yes	No	Don't Know
Emotional problems.....	1	2	-8
Behavioral problems.....	1	2	-8
Psychosocial problems.....	1	2	-8

10. Has your child been diagnosed with any of the following health conditions?  
Please circle "yes", "no" or "don't know" to each category.

	Yes	No	Don't Know
Asthma.....	1	2	-8
Diabetes.....	1	2	-8
High blood pressure.....	1	2	-8
Other.....	1	2	-8

i. Please specify: \_\_\_\_\_

11. In school, does your child have an educational plan (i.e., IEP or 504 plan)?

Yes.....	1
No.....	2 (skip to question #12)
Don't know.....	-8 (skip to question #12)

- 11a. How often do you attend the IEP or 504 plan meetings

None of the meetings.....	0
At least 1 meeting/year.....	1
At least 2 meetings/year.....	2
All meetings.....	3

12. Does your child exhibit any aggressive behaviors?

No .....	0
Yes, Aggression towards peers.....	1
Yes, Aggression towards adults/person of authority.....	2
Yes, Aggression towards both peers and adults/person of authority....	3
Don't know.....	-8

13. To your knowledge, is your child sexual active?

Yes.....	1
No.....	2
Don't know.....	-8

14. Does your child have any siblings?

Yes.....	1
No.....	2 (skip to question #15)
Don't know.....	-8 (skip to question #15)

- 14a. How many siblings does your child have? \_\_\_\_\_

- 14b. What is your child's birth order?

First/Oldest child.....	1
Middle child.....	2
Youngest child.....	-8

15. Are both parents “actively” involved in the child’s life?  
 Yes..... 1  
 No..... 2 (skip to question #15)  
 Don’t know..... -8 (skip to question #15)
- 15a. Which parent is NOT actively involved in the child’s life?  
 Father..... 1  
 Mother..... 2  
 Neither father nor mother is involved..... 3

**Parent/Legal Guardian’s Expectation of YME**

In order to ensure that we meet the needs of the parent/legal guardian, we would like to obtain some information on your expectations for your child and of YME. Please the following questions truthfully.

16. How soon do you expect to observe a change in your child?  
 Immediately, within a week of starting the program... 1  
 Within 30 days (one month)..... 2  
 Within 60 days (two months)..... 3  
 Within 90 days (three months)..... 4  
 Within 6 months..... 5  
 Within 9 months..... 6  
 Within a year..... 7  
 Don’t know..... -8
17. What type of change do you expect to see in your child?  
 Circle each to each response that applies.  
 I expect my child to be job ready..... 1  
 I expect my child to have a career choice..... 2  
 I expect my child to be respectful..... 3  
 I expect my child to be able to do activities independently... 4  
 I expect my child to learn proper communication skills..... 5  
 I expect my child to have proper etiquette..... 6  
 I don’t have any expectations..... 0  
 Don’t know..... -8
18. How long do you expect your child to participate in YME?  
 One week..... 1  
 Two weeks..... 2  
 One month..... 3  
 2 to 3 months..... 4  
 4 to 6 months..... 5  
 7 to 9 months..... 6  
 More than 9 months..... 7  
 Don’t know..... -8
19. How would you prefer to receive information about the program’s activities?  
 I don’t have a preference..... 0  
 Phone call..... 1  
 Text message..... 2  
 Email..... 3  
 Newsletter/paper correspondence.... 4  
 In-person..... 5

# YME

## Agreement and Consent Form

In order to ensure that you child is successful in the YME program, parental involvement is essential. Therefore, it is important that as the parent/legal guardian of the child you agree to the following:

- I will ensure that my child is on-time to all activities.
- I will ensure that that my child attends all YME-related activities.
- I will ensure that that my child has the appropriate material for each activity.
- I will ensure that I complete parental assignments on-time.
- I agree to adhere to the philosophy of the program.
- I agree to make myself available to attend any meetings that concern my child.
- I agree to always help my child in the best way I know how and will do anything needed to ensure my child's success.

By signing, you acknowledge that you have read the information above, agree to each item and provide consent for your child to participant in all activities.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

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### Parent's contact information:

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

