Questionnaire

We are excited that your child will be completing the YES! assessment! Please answer the following questions below. Feel free to get your child's input. Please return the completed questionnaire to your child's Consultant/Facilitator 24 hours before their meeting (unless they have indicated a different time). Thank you!

What is your child's favorite school subject(s)?

What is your child's least favorite school subject(s)?

What school subject(s) do/does your child find it easy to learn about?

What school subject(s) do/does your child struggle to understand the most?

What activities and/or careers has your child expressed an interest in, either verbally or through what they like to do/play?

What natural skills have you seen displayed in your child?

What would you like to see as an outcome of your child's participation with YES!? Check all that apply.

- [ ] Affirmation of their unique design
- [ ] Increased self-awareness
- [ ] Greater understanding of people around them
- [ ] General guidance for potential Interests to explore
- [ ] Specific guidance for subjects and/or careers for focus

Is there anything else you would like to share with us about your child?

Please sign here to give me permission to record our consultation for training purposes._____