New Path Walk-In Clinic
Parent/Guardian Questionnaire

Child/Youth Name: ___________________________ Date: __________________

Parent/Guardian Name(s): _____________________________________________

1. What is an outcome you would like to get out of counseling today?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. How would this outcome affect:
   a.) The adults? ______________________________________________________

   _________________________________________________________________

   b.) The child/youth? ______________________________________________

   _________________________________________________________________

3. What would be most helpful to talk about in this session today?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

4. If 1 is the worst and 10 is the best, how are things in your life today?
   ☹ Worst 1  2  3  4  5  6  7  8  9  10  Best ☀

5. What will be one indicator for you that things are starting to improve?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
6. a) What would someone else say your strengths are?

____________________________________________________________________

____________________________________________________________________

b) What would someone else say your child’s strengths are?

____________________________________________________________________

____________________________________________________________________

7. Are you, your child, or anyone with you, at risk of harm to self or to others?

☐ Yes   Who: ________________________________________________

☐ No

8. For us to be most helpful is there anything you feel is important for us to know about your culture, ethnicity, religion, language, sexual orientation, mental or physical health, or other?

____________________________________________________________________

____________________________________________________________________

January 2018