



PARENT QUESTIONNAIRE

We are both honored & excited to have your teen at Camp iDENTIFY this summer! It's important to our team that we get to know each student BEFORE they arrive. The questions below give you the opportunity to give us the "inside scoop" about your unique student. Please know that the information you share is kept confidential.

Parents Names: _____ Cell # _____

Students Name: _____ Age at camp: _____

Describe your teen's home life: *(relationship with parents & siblings; divorced household, blended family, both parents work, faith based home, etc.?)*

How does your teen show up as a student? *(self motivated, average, irresponsible, etc.)*

What are your teen's top 3-5 strengths & talents?

Do you and your teen invest time develop those strengths & talents?

What are some obstacles you have seen your teen face as they have grown through their teen years? (*downfalls, challenges or fears*)

What areas currently present the greatest challenge for your teen?
(relationships, friendships, social life, school, learning, sports, self-image, fears, discipline, respect, faith, other)

Hoes does your teen like to spend their free time? Do they have down time often?

Select the top 5 areas of importance to your family:

(rate choices 1 = MOST... 5 = LEAST)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Faith | <input type="checkbox"/> Friends | <input type="checkbox"/> Hobbies |
| <input type="checkbox"/> Education | <input type="checkbox"/> Appearance | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Dating | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social life | <input type="checkbox"/> Career |
| <input type="checkbox"/> Family | <input type="checkbox"/> Business | <input type="checkbox"/> Social Media |

Does your teen have health challenges physically or emotionally? If so, how does that affect their life?

Name 3 benefits you would like to your teen to gain from their Camp *iIDENTIFY* experiential training:

1)

2)

3)

What do you want to see more of in your teen's life? (select 5-10)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Love | <input type="checkbox"/> Honesty | <input type="checkbox"/> Concern for Others |
| <input type="checkbox"/> Wisdom | <input type="checkbox"/> Gentleness | <input type="checkbox"/> Honor |
| <input type="checkbox"/> Peace | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Consideration |
| <input type="checkbox"/> Courage | <input type="checkbox"/> Strength | <input type="checkbox"/> Affirmation |
| <input type="checkbox"/> Joy | <input type="checkbox"/> Laughter | <input type="checkbox"/> Sibling Love |
| <input type="checkbox"/> Patience | <input type="checkbox"/> Focus | <input type="checkbox"/> Lightheartedness |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Faith | <input type="checkbox"/> Family time |
| <input type="checkbox"/> Humility | <input type="checkbox"/> Diligence | <input type="checkbox"/> Good Friends |
| <input type="checkbox"/> Kindness | <input type="checkbox"/> Self-Respect | <input type="checkbox"/> Courage |
| <input type="checkbox"/> Purity | <input type="checkbox"/> Respect for Authority | <input type="checkbox"/> Manners |
| <input type="checkbox"/> Self-Control | | |

Please share any concerns you may have...

I understand that the questions on this questionnaire are designed to help provide information to the camp leadership and support staff who will be working with my teen. I have read and understand camp conduct, clothing policies and have read the dress for success code.

Parents' Signatures

Date