

Arvin High School  
**Parent Project**  
Parent Form 2011-2012

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

1) What do you feel are the three major problems with your child and how does it affect them?

1)

2)

3)

2) On a Scale of 1-5 (1 = Leave me Alone, 5 = I'm ready for change), where do you see your child?

**Leave me Alone** 1.....2.....3.....4.....5 **I'm Ready**

3) What are your expectations from Parent Project?

4) When your child breaks one of your rules, what do you do to ensure that they learn from it?

5) Who lives at home? Who's employed?

6) Please tell me two good things about your child?

1)

2)

7) What does your child love to do (Spark)? How do you support or encourage it?

8) What activities do you do together as a family (i.e. play board games, have dinner together)?

9) Is there any additional information that you would like to tell us about your child?

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10) **Homework:** Before coming in, we would like you to try something out for us. For every one bad thing you catch your child doing, we want you to catch them doing three good things. When you come in, we would like to know how this worked out for you.