



PARENT/GUARDIAN QUESTIONNAIRE (one per child)

Name of Parent: _____ Name of Child: _____ Date: _____

How did you hear about Big Brothers Big Sisters?

Why are you enrolling your child in Big Brothers Big Sisters?

Do you know anyone else involved in the program who has shared his or her experience with you? If so, what did they tell you?

What skills, areas and topics of discussion do you want a volunteer to speak to your child about, help your child with or teach your child?

Does your child have any type of physical or mental health problems? Any diagnoses?

Is your child seeing a therapist or receiving counseling, now, or in the past?

Does your child receive any special education services? Does he/she have an IEP?

Is your child on medication?

Does your child have any allergies to food, animals, insect bites, etc?

Has your child been involved with the police or juvenile justice system?

Has your child experienced any form of emotional, physical, or sexual abuse in the past? If so, describe.

Has your child witnessed domestic violence or violence in the neighborhood? Or any other experiences that you feel have been significant in his/her life?

What is your marital status?

Is there a faith community in which your family is involved?

Do you have any preferences regarding a volunteer's:

Race/Ethnicity:

Religion/Faith:

Sexual Orientation:

Age:

Would you be open to your child being matched with a married couple (a Big Brother and a Big Sister)?

Would you be open to your son being matched with a Big Sister?