

How Well Do You Know Your Child/Teen?

| 1. | If your child could do anything he/she chose for a day, what would it be? |
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| 2. | Who is your child's closest friend? |
| 3. | Your child is happiest when? |
| 4. | Who would your child like to have as a friend? |
| 5. | What does your child do that he/she is proud of? |
| 6. | What are some things your child would like to do better? |
| 7. | What color does your child like best? |
| 8. | How does your child feel about his/her name? Body? Appearance? |
| 9. | What groups does your child feel he/she? An important member? |
| 10. | Do your child's friends call him/her by a nickname? If so, what is it? |
| 11. | What makes your child feel "special"? |