Child Questionnaire

Note: This form can be completed electronically or by hand.

Please support your child as required to answer the following questions. If they would like to write or draw their answers please feel free to provide a copy in person to your therapist. It is important that the child is an active participant in this process. If you are unsure about any of the questions, ask your therapist to clarify. All information collected will be kept private and confidential.

Person supporting child to complete questionnaire _____ *Relationship to client* _____

Name _____ **Date** _____

What are you good at?

What do you find hard?

What is your favourite thing to play with?

What other things do you like to play with?

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