

How does your child feel about getting a Big Brother/Big Sister? _____

Why do you think your child needs a Big Brother/Big Sister? _____

Describe your child's relationship with the absent parent? _____

How often does your child see the absent parent? _____

How would you describe your child's basic personality? _____

Describe your relationship with your child. _____

How does your child feel about school? _____

How does your child get along with other children? _____

Describe any physical or mental limitations that your child may have. _____

Is your child on any medications continuously? If so, what medications?

What physician is prescribing these medications? _____

Comments _____

Parent/ Guardian's Signature

Date