

Client Questionnaire

Date: _____

Parents: _____

- Phone: _____
- Email: _____
- Address: _____

Student: _____

- Phone: _____
- eClass login: _____ Password: _____
- Birthday: _____

School: _____

Grade level: _____

Classes/Teachers:

- Current/past grades: _____
- Study skills, Strengths: _____
- Study skills, Struggles: _____

Wanting help with:

Extra-Curricular: _____

Siblings: _____

How did you hear about us? _____