

# 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? \_\_\_\_\_