

Questionnaire

1. Number of children (Please write number in appropriate box)

Male

Female

2. Ages (Please write number in appropriate box)

0-5

5-10

10-15

15+

3. Do you experience any of these challenges on a daily basis regarding your child?

Sibling Rivalry

Use of Technology

Sleeping

Disability

Anxiety

Independence

Behaviour

Other

4. Would you be interested in attending a parent group to talk, think, learn advice and participate in activities (this would be at the Tulip Tree Centre, Catshill)?

Yes

No

***If yes, please complete the section below:**

***Yes, I would be interested in attending a parent group to support my child**

Name _____

Name of Child(ren) _____

PLEASE RETURN TO SCHOOL BY FRIDAY 18TH OCTOBER