



# PARENT QUESTIONNAIRE

PARENT NAME:

CHILD NAME:

## QUESTIONS:

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**ARE THERE GUNS IN THE HOUSE?**

 

**IF THERE ARE GUNS IN THE HOUSE, ARE THEY PROPERLY STORED AWAY?**

 

**WILL THE KIDS HAVE ACCESS TO THE INTERNET?**

 

**DO YOU HAVE PARENTAL CONTROLS TURNED ON?**

 

**DO YOU SUPERVISE THEIR COMPUTER USE?**

 

**WHAT MOVIES, TV SHOWS, VIDEO GAMES, ETC ARE ALLOWED IN YOUR HOUSE?**

 

**DO YOU HAVE PETS IN YOUR HOME?**

 

**DO YOU HAVE ALCOHOL AND POISONS LOCKED AWAY?**

 

**ARE THERE ALLERGIES WE NEED TO BE AWARE OF?**

 

**ARE THERE ANY BEHAVIORAL ISSUES WE NEED TO BE AWARE OF?**

 

**WILL THE KIDS BE LEFT ALONE AT ANY POINT?**

 

**WILL THE KIDS BE LEFT WITH ANY ADULT OR TEENAGER OTHER THAN YOU AT ANY POINT?**

 

**WILL YOU BE DRIVING ANYWHERE WITH MY KIDS AT ANY TIME?**

 

**DOES ANYONE IN YOUR HOME KNOW CPR?**

 

**ARE THERE ANY SPECIFIC RULES IN YOUR HOME THAT MY CHILD SHOULD BE AWARE OF?**

 

**CAN WE BRING ANYTHING?**