New Family Questionnaire

What is most difficult for your child?

(To be completed by parent)

Basic Info Student Name: Student Age: Student Grade: Parent/Guardian Name(s): Names and Ages of Siblings:
List student's weekly extra-curricular activities.
How much homework does your child do per night (on average)?
What does your child like to do most?
What do you like to do with your child for fun?
Personality/Learning Style: Would you say your child is an extrovert or introvert? How do you know?
What type of learner is your child?
Does your child have any learning challenges or physical challenges you are comfortable sharing (IEP, behavioral challenges, etc.)?
What is your child's greatest strength?



How open is your child to criticism? From you? From other adults? From peers?

What does it look like when your child is frustrated?

In an effort to create a safe learning space, is there anything to which your child is particularly sensitive?

Routines in the home:

What are your child's responsibilities within your home?

What are the most common points of conflict with your child at home?

What motivates your child?

Your vision for your child:

What musical skills are you hoping your child gains through the study of an instrument?

What non-musical skills are you hoping your child gains through the study of an instrument?