



Family Goal-Setting Survey

Use this survey with program families to determine goals for their student(s), the program and their family.

Parent/Guardian Name(s): _____

Student Name(s): _____

Date: _____

1. What are some of your biggest challenges at home?
2. What would you like to do better?
3. What is your family's favorite activity or thing to do together?
4. What would you do if you had more free time?
5. What are your goals for your child? What do you want them to achieve?
6. What obstacles stand in the way of those goals?

