

**Shaughnessy Point Grey Out of School Society**

5300 Maple Street Vancouver BC

V6M 3T6

**Personality Survey**

Child(ren) named: \_\_\_\_\_

1. My child's personality and temperament:

2. Activities my child enjoys:

3. How my child plays with other children:

4. Recent changes I have seen in my child:

5. My child communicates by:

6. The most challenging aspect of raising my child:

7. Specific areas where I would like my child to experience growth:

8. I would like to add:

Parent signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature of person receiving information: \_\_\_\_\_ Date: \_\_\_\_\_