



Demographic Questionnaire

Name of person completing the form: _____

Contact number: _____

Email address: _____

Address: _____

Medical Aid: _____ Plan: _____

Medical Aid number: _____

Member I.D number: _____

Where did you here about the career counselling services?

Name of child/ client: _____

Gender of child/ client: Male: _____ Female: _____

Date of birth of child/ client: _____

Date of assessment: _____

Grade that the child is currently completing: _____

School: _____

Has your child ever repeated a Grade? _____

Mother's

Name: _____ Occupation: _____

Father's

Name: _____ Occupation: _____

Child stays with: Mother _____ Father _____ Both _____

Other _____



Names and ages of other siblings:

What language do you speak at home?

Language of Education?

Briefly describe your child's personality:

What does your child enjoy doing in his/her free time?

Does your child have any specific responsibilities at home?

Have there ever been any serious changes in your child's life (e.g. divorce, death of a loved one ect.?)

How does your child show his/her emotions?



Is there anything that you want me to know, which I have not asked?

Which subjects do your child perform well in?

Which subjects do your child struggle with or not perform well in?

In your opinion, which career path should your child follow one day?

In your opinion, which career/s do your child show interest in?

Does your child take part in any arts/culture activities at school or as an extracurricular activity?

Does your child take part in any sport activities at school or as an extracurricular activity?
