

# Questionnaire

Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthday \_\_\_\_\_ Year in School \_\_\_\_\_  
What school do you attend? \_\_\_\_\_

## Questions — What do you like?

To collect? \_\_\_\_\_  
To read? \_\_\_\_\_  
To do on activities? \_\_\_\_\_

## Your Favorite Things . . .

Color _____	Candy Bar _____
Song _____	Book _____
Food _____	Hobby _____
Sport _____	Game _____
Holiday _____	Project or Craft _____
Pet _____	Thing to Do _____

## More Questions . . .

What do you like most in life? \_\_\_\_\_  
What do you like least in life? \_\_\_\_\_  
What are some of your goals? \_\_\_\_\_  
What spiritual truth do you want to learn this year? \_\_\_\_\_  
\_\_\_\_\_

What practical things do you want to learn this year? \_\_\_\_\_  
\_\_\_\_\_

## Problem Areas . . .

What areas do you need improvement in? \_\_\_\_\_  
\_\_\_\_\_

How would you like me to help you? \_\_\_\_\_  
\_\_\_\_\_

*Use the reverse side for any comments or other things you would like to write.*