

COLLEGE PARENT QUESTIONNAIRE

Please either print out the questionnaires and fax or mail them to the appropriate office, or copy and paste into an e-mail to the appropriate e-mail address. For appointments with Ginger Miller, please use the New York office information. For Howard or Matthew Greene, please use the Westport office, even if your appointment is scheduled in New York.

Westport Office

60 Post Road West
Westport, CT 06880
Phone: 203-226-4257
Fax: 203-226-5595
Email: counseling@howardgreeneassociates.com

New York Office

39A East 72nd Street
New York, NY 10021
Phone: 212-737-8866
Fax: 212-535-4312
Email: ginger@howardgreeneassociates.com

Student's Name _____

Father's Name _____

Home Address _____

Home Telephone _____ Home Fax _____

Business Name _____

Business Address _____

Position _____

Business Telephone _____ Business Fax _____

Business e-mail _____ Home e-mail _____

Father's college and class _____ Grad School and class _____

Mother's Name _____

Home Address _____
Home Telephone _____ Home Fax _____
Business Name _____
Business Address _____
Position _____
Business Telephone _____ Business Fax _____
Business e-mail _____ Home e-mail _____
Mother's college and class _____ Grad School and class _____
Does student live with Mother and Father? _____ If not, with Mother _____ Father _____
If student does not live with both parents, to whom should invoice be sent? Mother _____ Father _____
How did you hear about Howard Greene & Associates? _____

Your son or daughter is completing a detailed questionnaire prior to our meeting. Your own responses and insights relating to the questions which follow will help us in our counseling efforts. Please feel free to attach any additional commentary that you think would be helpful.

(1) Please comment on your child's relative strengths and weaknesses as a student. Include your perspective on student's motivation, self-discipline, energy level, organization, independence, creativity, level of confidence, etc. _____

(2) How would you describe your child's personality and values? Please comment on leadership ability, maturity, concern for others, social and/or community interests, etc. _____

(3) What is his or her greatest achievement? In what sense is he or she special? In what area does he or she “shine?” _____

(4) Please indicate any family, medical, psychological, or special testing background which we should be aware of in order to effectively counsel you in the college selection process. Are there any adverse conditions your child has had to overcome to achieve the level of competence currently attained?

(5) What characteristics are you especially interested in finding in a college or university for your child? You might want to comment on type, size, atmosphere, facilities, location, academic programs, challenge, or competitive level _____

(6) List the names of colleges or universities to which you would encourage your child to apply.

(7) If you wish to add anything not covered above, please feel free to elaborate. _____

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