



Parent Questionnaire

PARENT'S NAME:							
HOME ADDRESS & ZIP:							
HOME PHONE:							
MOBILE PHONE:							
EMAIL:							
RATE YOUR CHILD'S ATHLETIC SKILLS :						Poor	Excellent
Overall athletic ability	1	2	3	4	5	NA	
Coordination	1	2	3	4	5	NA	
Technical skill	1	2	3	4	5	NA	
Strength	1	2	3	4	5	NA	
Understanding of strategy/tactics	1	2	3	4	5	NA	
Speed	1	2	3	4	5	NA	
Agility or changing directions	1	2	3	4	5	NA	
RATE YOUR CHILD'S MENTAL SKILLS:						Never	Often
Frequency of Making Excuses	1	2	3	4	5	NA	
Shows Maturity	1	2	3	4	5	NA	
Shows Independence	1	2	3	4	5	NA	
Shows Self Discipline	1	2	3	4	5	NA	
Shows Accountability	1	2	3	4	5	NA	
Frequency of updating written goals	1	2	3	4	5	NA	
Frequency of adversity practice regimens	1	2	3	4	5	NA	
Use of positive self-talk (affirmations)	1	2	3	4	5	NA	
Reads about their sport	1	2	3	4	5	NA	
Reads books on sport psychology	1	2	3	4	5	NA	

CHECK YOUR CHILD'S HIGHEST DREAM/GOAL AS AN ATHLETE

- Make H.S. or "A" team
- Lead H.S. or Captain of their team
- Selected to All Conference or All State
- Selected to National Team (or qualify for Nationals)
- Earn a College Scholarship
- Play for a Top 10 College Team
- Earn a living at the Professional Level (if applicable)
- Selected for Olympic Team (if applicable)
- Captain a Gold Medal Olympic Team (if applicable)
- Other: _____