

Child/Student Assets Map

(Parent Assessment)

Things to keep in mind:

- Why do we call them maps? We call them 'maps' because the information they produce can lead us somewhere new in our relationship with our child/children.
- If you have more than one child, you could complete one of these maps/surveys for each child.
- Do not feel any pressure to complete the survey in one sitting. There is a suggested break between Parts I and II.
- If you are having difficulty answering any question, please do not feel any pressure. ***There is no need to answer all the questions.*** An unanswered question can tell us something important, too!
- **This is not a test!** No one is being graded! There are no right or wrong answers! **The survey should be fun!!!**
- Once you've completed this survey, your child will complete the survey on the back. At the second R & R Workshop (April 24th) we will discuss how the results can be used to support students and families.
- If you have any questions about the survey, feel free to contact Scott at: Scott.Milne@yrdsb.edu.on.ca

1. What are your child's **two** (2) favourite things to do **at home**.

i)
ii)

2. How often does your child do these things **at school**? (check one box)

Frequently **Sometimes** **Rarely** **Never**

3. What is your child's **least favourite** thing to do at home?

4. Name one (1) **new thing** your child would like to do at home.

5. What are your child's **two** (2) favourite things to do **in the community** (not at home or school)?

i)
ii)

6. How often does your child do these things **at school**? (check one box)

Frequently **Sometimes** **Rarely** **Never**

7. What is your child's **least favourite place** in the community?

8. Name one (1) **new thing** your child would like to do in the community?

9. What are your child's **two** (2) favourite things to do *at school*?

i)
ii)

10. How often does your child do these things *at school*? (*check one box*)

Frequently **Sometimes** **Rarely** **Never**

11. What is your child's **least favourite place** at school?

12. Name one (1) **new thing** that your child would like to do at school?

Suggested Break (End of Part I)

Part II

13. What **two** (2) things does your child **like most** about her/himself?

14. Name something s/he would like to improve on.

15. What two (2) things do **your child's friends** like most about him/her?

16. Name something your child's friends would like her/him to change.

17. What are **two** (2) things **your child's teachers** like most about her/him?

18. Name something your child's teachers would like him/her to improve on.

19. What are **two** (2) things you like most about your child?

20. As a parent, name one (1) thing you would like your child to improve on/change.

21. Name **something** your child's friends say that bothers her/him.

22. Name **something** your **child's teachers** say that bothers him/her.

23. Name **something** your child hears at home that bothers her/him.

24. List **three** (3) things you think your child would like to be when s/he grows up.

i)
ii)
iii)

Congratulations! You completed the survey!!! 😊