

## OUR PROGRAM

### Home Take Action Questionnaire

Because every family is unique it helps us to learn more about your particular situation. Out of respect to you and your Child, TBC will keep all the information you provide completely confidential.

Please only provide the information you feel comfortable with. If you simply want to ask question you can also email us at: [info@trailblazersclub.com.ng](mailto:info@trailblazersclub.com.ng)

- ❖ Is your Child Male or Female    M        F
- ❖ Child's Name: \_\_\_\_\_
- ❖ Relationship to Child: Father  Mother  Foster Parent  Others
- ❖ Age of the Child: \_\_\_\_\_
- ❖ Describe the Child's behaviors: \_\_\_\_\_  
\_\_\_\_\_
- ❖ Are you working with a professional? Yes                       No
- ❖ If so who? \_\_\_\_\_
- ❖ Would you like us to call you? Yes     No
- ❖ Phone number: \_\_\_\_\_
- ❖ Email: \_\_\_\_\_
- ❖ Address: \_\_\_\_\_
- ❖ City: \_\_\_\_\_
- ❖ State: \_\_\_\_\_
- ❖ Country: \_\_\_\_\_