



Kodiak Pathways Parent/Guardian Questionnaire

It is our goal to provide your child with a meaningful and memorable experience. By providing us with the information requested below, you will greatly assist us in achieving that goal.

1. Has your child ever participated or attended an extended overnight program or camp? If so, tell us about it and your child's reaction.

2. Do you have any concerns regarding your child's behaviors? If so, please feel free to share them with us.

3. What kind of a student is your child? What are his/her academic interests?

4. How does your child spend most of his/her free time?

5. Please circle which you feel apply to your child:

Introverted

Extroverted

Cautious

Daring

Leader

Follower

Active

Passive

Energetic

Lazy

Organized

Unorganized

Engaging

Apathetic

6. Additional Comments:

