



Parent Coaching Works!  
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**Initial Consultation with Parents**

Consultation Date/Time: \_\_\_\_\_  Over the Phone?  Over Zoom?

Referred by: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Cell Number(s): \_\_\_\_\_  
\_\_\_\_\_

Name of Teen: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Siblings: \_\_\_\_\_

As parent(s) what are your top 3 concerns? What brings you to seek parent coaching?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

What changes would you like to see in your parenting?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Questions related to your teen:**

History of academic performance:

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Assessments? Psychological-Educational assessments?

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Any Diagnosis? Treatment?

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Learning issues? 504 plans? IEP?

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Behavior issues? At Home? At School?

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What is classroom performance like at school?

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What is homework routine like at home?

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Conflict? Stress?

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What are the changes you would like to see in your teen?

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What are your expectations with regards to academic performance & grades?

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Strengths? Love of learning?

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Challenges? (knowing assignments, missing assignments, low test scores, focus in class...)

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Outside of school interests? (Sports, music, art, etc.)

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College plans? Interest of study? \_\_\_\_\_

Use of technology/ texting/ FB social media: \_\_\_\_\_

Rules, consequences, expectations? Chores? (driving)

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Other relevant information:

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Parents education and career backgrounds:

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