



CHILD ASSESSMENT FORM for YOUTH ETIQUETTE CLASSES

Please take the time to fill this form out carefully and help us customize a curriculum that will suit your child's needs. ALL INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE and at no time will The Etiquette Academy use any of the information below to sell to advertising agencies or use for advertising purpose. If you would like your email to be added to our mailing list (same privacy rules apply) please check off the box below. We take pride in conducting our program in an ethical and transparent manner.

Child Name: _____ Gender: M / F Grade: ____ Age: ____

Class you are registering for: _____

Beginning Date: _____ Time: _____

Parent 1 Name: _____

Relationship to child: _____

Best phone number: _____

Best email address: _____

Parent 2 Name: _____

Telephone: _____ E-mail Address: _____

Does your child have any allergies or special health issues? Yes ____ No ____

(If "No" disregard the rest of this section)

List your child's allergies: _____

Emergency Contact: _____

Relationship: _____

Physician: _____

Telephone: _____ Policy Number: _____

At times, The Etiquette Academy may take photographs or videos of the students to use in brochures, the T.E.A. website, and other marketing materials. Please acknowledge below, if you approve the use of your child for these sessions. Agree ____ Disagree ____

I would like my email to be added to The Etiquette Academy Newsletter. Agree ____ Disagree ____

PLEASE NOTE: In order to participate, we require full payment is made at least 48 hours in advance to the class start date. REFUND POLICY: A full refund will be issued to participants as long as notification of class withdrawal is made and confirmation is received within 7 days of the first class.

Signature: _____ Date: _____



1. I enrolled my child/ren in The Etiquette Academy program because I would like to:

- a. Understand my child/ren better
- b. Help my child/ren better their social skills
- c. Help my child/ren feel better about himself/herself
- d. Improve my family's dynamics and communication
- e. Start enjoying family meals again
- f. Improve their level of comfort when visiting family and friends
- g. Further their understanding on what it means to be a good host/ess
- h. Reinforce the importance of gift giving & receiving, and Thank You Notes
- i. Stop worrying about _____

2. I would like my child to strengthen the following skills (circle all that apply):

- a. **Basic Manners.** Introducing, greeting and addressing adults and peers, covering yawn, pointing, etc.
- b. **Guest & Host Etiquette.** Be more aware of what is appropriate and helpful, giving/receiving presents, Thank You notes, etc.
- c. **Out-on-the-town.** Manners outside of the home, walking on the street, standing in line at cinema, theatre, grocery store, clothing store, elevator & escalator etiquette, etc.
- d. **Friendships, Cliques, and Social Cues.** What does it mean to be a good friend, why are friendships important and boundaries of friendship, how to make friends, etc.
- e. **Appropriate and Positive Communication.** Yes vs. yeah, no vs. nope, I am well vs. I am good; I hate this vs. I appreciate that; Telephone etiquette, etc.
- f. **Presentation and Public Speaking.** Speaking clearly, using eye contact, awareness of self-presentation, connecting with your audience.
- g. **Table Manners, Level I.** Proper use of utensils, social aspect of eating, napkin etiquette, etc.
- h. **Leadership Skills.** What makes a good leader, steps of becoming a leader, and styles of leadership.
- i. **Personal Appearance and Hygiene.** What clothing items go together, why comb your hair in the morning, how do we see others and what image we project.
- j. **Conversations Skills.** How to start a conversation, how to have a conversation with an adult, ending a conversation, interrupting, introducing people, etc.
- k. **Teamwork and Sportsmanship Etiquette.** Being on time, working in teams vs. working in groups, good sportsmanship, etc.
- l. **Family Etiquette.** Manners at home, knocking when entering a room, keeping family's private affairs private, family boundaries, etc.



- m. **Netiquette Rules.** Etiquette rules for email, texting, Facebook, Instagram, appropriate and inappropriate ways of using social media, circumstances and times, etc.
- n. **Table Manners, Level II.** Proper use of chopsticks, pace of eating, napkin, etc.
- o. **Job Interview Skills.** Professional interview decorum from in-person conduct to emails.
- p. **Teen Dating Etiquette.** Knowing how to approach someone, what to say / talk about, etc.
- q. **Basic Dancing.** Getting ready for prom or family wedding.

3. My child's strengths are (circle all that apply):

- Basic, everyday manners
- When we have guests, receiving presents, writing Thank You notes
- When we host an event
- Out-on-the-town manners
- Makes lasting and healthy friendships easily
- Appropriate and Positive Communication
- Presentation and Public Speaking
- Good knowledge of proper North American and European table etiquette
- Leadership skills
- Personal appearance and hygiene
- Conversation Skills
- Teamwork and sportsmanship etiquette
- Family etiquette
- Netiquette rules
- Proper use of chopsticks
- Job interview skills
- Teen dating etiquette
- Basic Dancing

4. My child has a strong bond with:

- Parents: mom / dad / guardian
- Siblings: brother / sister
- Grandparents: mother's side / father's side
- Uncle / aunts: mother's side / father's side
- Cousins: mother's side / father's side

5. Family activities we enjoy together:



6. Please list all chores your child is responsible for at home:

7. Please list all chores you would like your child to be responsible for at home:

8. My concerns about my child (circle all that apply):

- Poor posture sitting or walking
- Is overly shy
- Has poor eye contact
- Does not have real friends or deep, meaningful relationships
- Can't play well with other kids
- Has low self-esteem
- Gets bullied at school
- Wants to date but: is not sure how to go about it / is too shy / is embarrassed
- Spends too much time alone and/or too much time on the computer
- Has inflexible routines or rituals
- Speaks too softly / too loudly
- Gets nervous when talking to adults or in front of an audience
- Talks much more and faster than others and changes topics very quickly
- Has trouble focusing on instructions and difficulty following through
- Loses or forgets things such as homework, keys, promises
- Gets easily distracted, even when doing something fun
- Has trouble organizing tasks and activities
- Finds it difficult to wait his or her turn
- Interrupts or intrudes on other people
- Blurts out answers before questions have been completed
- Fidgets with hands or feet or squirms about when seated, feels restless

9. My goals for my child - I would like my child to take away the following things from this program:

- a. _____
- b. _____
- c. _____