



Art Therapy - Parent Questionnaire

Participant Name: _____

Parent/Guardian's Name: _____

Please explain your participants' needs so that we may properly assess and offer the best treatment plan.

What are you hoping to gain from art therapy?

What prior art experience does the participant have?

What are the participant's preferred materials?

Does the participant have any sensory issues with certain types of art materials?

Is there any important cultural, ethnic, heritage, or religious information that you would like to share?

Art therapy explores sensitive issues at times. Are there any issues that need to be addressed?
