



“The Foundation For Building Your Dreams”

**Dream Builders Communication, Inc.
21st Century Community Learning Center T.A.G. Program
Person Centered Plan (PCP)
Parent Questionnaire**

Students Name: _____ **Date of Birth:** _____
School Attend _____ **Grade:** _____
Teacher (Homeroom) Name: _____

Describe your child?

List 3 strengths your child has:

- 1.
- 2.
- 3.

List 3 challenges your child has:

- 1.
- 2.
- 3.

List 3 areas you have identified as challenges in your students educational process:

- 1.
- 2.
- 3.

List 3 areas you would like to have your student target for growth/enhancement:

- 1.
- 2.
- 3.

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