

PARENT COORDINATION INTAKE QUESTIONNAIRE

Please complete this form and mail a copy of it to the Parent Coordinator named below **within 5 days**. Please keep the original of this form and mail only the copy to the Parent Coordinator. ***This form is for you to fill out without your child(ren)'s participation and/or input. Please do not share this form with your child(ren).***

If there are things that you are not sure how to answer, it is ok to leave those items blank. You may discuss this with the Parent Coordinator at your first meeting. Please just fill this form out to the best of your ability. This form is to help the Parent Coordinator best meet your needs and to help you and your child(ren). Please use additional paper, if necessary. Thank you!

Contact Information

Your Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Is it OK to Call you at Work?: _____

Cell Phone: _____

E-mail: _____

General Information

Please circle one:

Are you and the other parent divorced? Yes No

If yes, date of divorce: _____

If no, are you unmarried parents? Yes No

In your Court Order, who has Parental Rights & Responsibilities?

Physical: Sole Joint Neither Legal: Sole Joint Neither

If sole, who has sole - you or the other parent? _____

How long was your relationship/marriage with the other parent? _____

How long have you been separated/divorced? _____

How many children do you have from this relationship? _____

Names and ages: _____

How many children do you have from other relationships? _____

Names and ages: _____

Who lives with you in your house? (provide name and relationship to you)

Please circle one:

Do you Pay or Receive child support? how much each month? _____

Information about the children **associated with this case:**

PARENT COORDINATION INTAKE QUESTIONNAIRE

Child's Name	Date of Birth	Grade	School / Day Care Phone Number

Contact Name(s) - possibly teacher(s), principal and/or guidance counselor - and their title/position at the School/Day Care:

Contact Person(s)	Position	School / Day Care	Phone Number

When was the last time you attended a parent-teacher conference or visited your child's day care? _____
 Briefly state what you learned while you were there about your child(ren)?

Does your child have an IEP, experience learning difficulties or have problem behaviors at school and/or at home? Circle *Yes* or *No*. If yes, please describe:

Please list your child(ren)'s hobbies, sports or special interests:

Child's Name: _____
 Interests: _____
 Child's Name: _____
 Interests: _____
 Child's Name: _____
 Interests: _____
 Child's Name: _____
 Interests: _____

What are your hobbies, sports or special interests?

Describe the current contact schedule with your child/ren (including holidays/vacations):

PARENT COORDINATION INTAKE QUESTIONNAIRE

Do you think that the current contact schedule allows time for the child(ren) to enjoy their interests when they are with you? *Yes or No*

Please explain: _____

What about this schedule do you think works well for your children?: _____

Would you like to change your child(ren)'s schedule? _____

Why /Why Not? _____

If so, how would you change/improve the schedule so it would be better for your child(ren)? _____

What do you think the child/ren like about the current schedule? _____

What do you think they would change about the current schedule if they could? _____

How are the transportation/exchanges of the child/ren handled right now?

Does this need to change? *Yes or No*. If yes, please describe how: _____

Health Care Information:

Is/are your child/ren on any medication? *Yes or No*

If yes, please write the child's name, the medication and the reason for the medication.

List doctors/health care providers' names and phone numbers for each child:

Over the last year, when did your child(ren) go to the doctor's office or hospital?

For what reason? _____

PARENT COORDINATION INTAKE QUESTIONNAIRE

List counselors/therapists names and phone numbers working with your child/ren:

List counselors/therapists and phone numbers working with the family/you:

Do you have any health condition that should be considered as a parent/child contact schedule is developed? *Yes or No*

If yes, please describe: _____

Additional Information:

Do you drink now? *Yes or No* How often? _____

Do you smoke now? *Yes or No* How often? _____

Is or was your driver's license suspended? *Yes or No* When? _____

Why? _____ DWI/ DUI? *Yes or No*

Is/Was there domestic violence/ drugs/substance/psychological/emotional abuse in your home? *Yes or No* RFA? *Yes or No*

If yes to either of these questions, please explain and state if this is current or past and with whom. _____

Are you afraid of the other parent of your children? _____

Are there any guns in the home or homes the children frequent? *Yes or No*

If yes, what type of guns are in the home? _____

Where are they kept? _____

Has SRS/DCF ever been involved with you or your child/ren? *Yes or No*

If yes, please describe: _____

How do you and the child's other parent communicate currently? _____

How would you like to see this change? _____

What is your understanding of the reason Parent Coordination was ordered?

What do you think would be the best outcome for this situation? _____

PARENT COORDINATION INTAKE QUESTIONNAIRE

How will you participate in resolving the issue(s)? _____

What can you say that's positive about your child/ren's other parent, either as a person or as parent? _____

Who would you like the Coordinator to contact that may be able to share helpful information or observations? Please include:

1. phone numbers and what relationship they have to you or your child(ren) and 2. what do you think they will be able to tell me *that will be helpful to your child(ren)* that is different information than you can tell me? _____

Is there anything else you would like to write about here? _____

End of Parent Coordination Intake Questionnaire: please return a copy by mail within 5 days of receipt to the Parent Coordinator named at the top on the front page.

Thank you