

## **PARENTAL RESPONSIBILITIES EVALUATION**

### **INTAKE QUESTIONNAIRE**

Name: \_\_\_\_\_

Name of (ex) spouse/significant other \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Age of (ex) spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Attorney: \_\_\_\_\_

### **MARITAL HISTORY**

We were never married but lived together from \_\_\_\_\_ to \_\_\_\_\_ N/A \_\_\_\_\_

We married on \_\_\_\_\_, after a courtship of \_\_\_\_\_ years/months.

This was my \_\_\_\_\_ marriage, and his/her \_\_\_\_\_ marriage.  
(1st, 2nd ....) (1st, 2nd ...)

During our time together, we lived in:

1. \_\_\_\_\_ for \_\_\_\_\_ years/months.  
(City, State)
2. \_\_\_\_\_ for \_\_\_\_\_ years/months.
3. \_\_\_\_\_ for \_\_\_\_\_ years/months.
4. \_\_\_\_\_ for \_\_\_\_\_ years/months.

Briefly describe your employment history during your marriage:

Briefly describe your spouse's employment history during your marriage:

What do you feel have been the principle causes for the breakup of your marriage?

When did you separate? (If more than once, explain with dates and length of separation for each time.)

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Whose decision was it to divorce/end the relationship?

What is the other's attitude toward the divorce/end of the relationship?

When were divorce papers filed?

By whom?

Outline the court proceedings that have taken place so far with regard to these proceedings.

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**PLEASE ADDRESS THE FOLLOWING ISSUES**

Include information regarding yourself, the child, the child's other parent, and significant others (step-parents, boyfriends/girlfriends) or relatives that have frequent contact with the child(ren). If you need more room please continue on a separate sheet.

1. Are there issues of psychological, emotional, sexual or physical abuse in this case? If so, what are they?
2. Are there substance abuse issues in this case? If so, what are they? Any substance abuse treatment?

3. If there has been contact with law enforcement during the marriage (or, since your permanent orders), please describe. Please note if there have been any arrests.
4. If any of the parties in this case have ever had a criminal conviction, or if there is a pending criminal matter, please describe.
5. Please describe any involvement with Human Services or Child Protective Services.
6. Have there been any protection orders or no contact orders? If yes please explain.
7. Please convey any other information which you believe is important for me to know.

**CHILDREN**

List names and ages of the children from this marriage:

1. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_
2. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_
4. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe the current decision-making and parenting time arrangements for the children listed above.

List children from previous marriage:

- | <u>Name and Date of Birth:</u> | <u>Parent's Name:</u> |
|--------------------------------|-----------------------|
| 1. _____                       | _____                 |
| 2. _____                       | _____                 |
| 3. _____                       | _____                 |
| 4. _____                       | _____                 |

Describe the current decision-making and parenting time arrangements for the children listed above. (Please include any adopted or foster care children.)

What do you feel will be the ideal parenting time schedule and parental responsibility arrangements (i.e. decision making) for the children? Include any special needs the child(ren) may have and how that affects your decision.

Discuss any additional information you feel is critical to a court decision in your child(ren)'s best interest.

Please select five (five only) friends, acquaintances, work associates, or neighbors who can provide information helpful to this evaluation - these are your personal references (Do not list family members.) If possible, include references who knew you while still living with your spouse.

Name and Phone Numbers

How Known/How Long

1.

2.

3.

4.

5.

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Signed

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Date completed





5. In general, what can you say about his/her parenting of the child(ren), including their parenting strengths.
6. Please speak to the manner in which this person disciplines his/her child(ren).
7. What are his/her parenting weaknesses and what could they improve upon?
8. Please describe the ways in which you have observed this parent being involved with his/her child(ren).

Signature of referent \_\_\_\_\_ Date \_\_\_\_\_

## **PARENTAL RESPONSIBILITIES EVALUATION**

### **CHILD DEVELOPMENT INVENTORY**

This information helps Dr. Albert understand your child's experience and temperament from birth to the present.

Parent's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Age: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Age: \_\_\_\_\_

#### **I. Family's adjustment to new baby** (mother, father, siblings)

Birth to nine months:

Ten months to two years:

How did baby respond to family? (mood, attachments, activity level, sleep patterns)

Was there ever a time you were concerned about any of the baby's development (e.g. crawling, walking, talking, feeding, activity level, toilet training)?

#### **II. Pre-school, day care, play group experience**

Did your child have pre-school, day care, or play group experience? Yes \_\_\_\_\_ No \_\_\_\_\_

At what age?

How did they transition to day care?

If child is currently in day care, please list name and phone number of day-care setting:

What is the child's adjustment to day care?

Are you happy with this arrangement?

Is the child happy in this setting?

### **III. School background**

Present grade:

Teacher(s):

Name and phone number of school:

Are there are any special concerns or problems around school?

Are there special accomplishments at school or in other activities?

Range of grades: below average \_\_\_\_ average \_\_\_\_ above average \_\_\_\_

#### **IV. Parents' Separation**

Has there been more than one separation?

Child's age at separation(s) of parents:

Contact with each parent, before separation, in the following activities:

	<u>Mother - % of Time</u>	<u>Father - % of Time</u>
Feeding		
Diapering		
Playing with		
Caring for while ill		
Taking to doctor		
Taking to day care		
Afterschool activities or sports		

#### **V. Child's relationships**

Is child liked by adults? (teachers, coaches, activity leaders, neighbors)

With peers, does child play with older children, younger children, or same-age? (circle all that apply)

Is child aggressive? Yes\_\_\_\_ No\_\_\_\_ If yes, in what ways?

Is child able to stand up for him/her self? Yes\_\_\_\_ No \_\_\_\_

Is child taken advantage of by peers? Yes \_\_\_\_ No \_\_\_\_

Are there stepparents? (names)

_____	_____
_____	_____
_____	_____

Length and quality of relationship with stepparents.

Stepsiblings, half-siblings (names and ages)

_____	_____
_____	_____
_____	_____

Frequency of contact with extended family (grandparents, cousins, etc.):

Quality of those relationships:

## **VI. Other Information:**

Please describe any experiences you would describe as traumatic for your child?

Has child ever had significant illness or injury requiring hospitalization or extended treatment?  
Describe.

How would you describe your child's:

1. Problem-solving ability (according to his/her developmental level)?
  
  
  
  
  
  
  
  
  
  
2. Ability to handle disappointment?
  
  
  
  
  
  
  
  
  
  
3. Response to change/transition?

What is your biggest worry about your child?

What is it about your child that gives you the greatest pleasure?

## CHILD PROBLEM CHECKLIST

Circle each item as 1, somewhat true; 2, mostly true; or 0, not true of your child in the past three months.

- |   |  |
|---|--|
| <p>1. 0 1 2 Disobedient at home</p> <p>2. 0 1 2 Disobedient at school</p> <p>3. 0 1 2 Denies problematic behavior</p> <p>4. 0 1 2 Doesn't like rules</p> <p>5. 0 1 2 Trouble learning</p> <p>6. 0 1 2 Clowns around a lot</p> <p>7. 0 1 2 Lost in thoughts</p> <p>8. 0 1 2 Can't finish things</p> <p>9. 0 1 2 Argues a lot</p> <p>10. 0 1 2 Cheats in games</p> <p>11. 0 1 2 Uses bad language</p> <p>12. 0 1 2 Lies a lot</p> <p>13. 0 1 2 Steals</p> <p>14. 0 1 2 Destroys possessions</p> <p>15. 0 1 2 Cruel to animals</p> <p>16. 0 1 2 Drinks alcohol</p> <p>17. 0 1 2 Uses drugs</p> <p>18. 0 1 2 Lacks energy</p> <p>19. 0 1 2 Sad and unhappy</p> <p>20. 0 1 2 Irritable</p> <p>21. 0 1 2 Moody</p> <p>22. 0 1 2 Has thoughts of killing self</p> <p>23. 0 1 2 Acts to get attention</p> <p>24. 0 1 2 Difficulty with sleep: Can't get to sleep _____ ; Can't stay asleep _____ .</p> <p>25. 0 1 2 Fears things (e.g., bugs, animals). What? _____</p> <p>26. 0 1 2 Worries a lot. What about? _____</p> | <p>27. 0 1 2 Acts first, thinks later</p> <p>28. 0 1 2 Hyperactive</p> <p>29. 0 1 2 Bosses or bullies others</p> <p>30. 0 1 2 Aggressive with peers</p> <p>31. 0 1 2 Few friends</p> <p>32. 0 1 2 Feels inferior</p> <p>33. 0 1 2 Clumsy</p> <p>34. 0 1 2 Nervous habits</p> <p>35. 0 1 2 Needs everything in its place</p> <p>36. 0 1 2 Accident prone</p> <p>37. 0 1 2 Has aches and pains</p> <p>38. 0 1 2 Overly shy</p> <p>39. 0 1 2 Too dependent on adults</p> <p>40. 0 1 2 Jealous of siblings</p> <p>41. 0 1 2 Whines</p> <p>42. 0 1 2 Problems with speech</p> <p>43. 0 1 2 Uses baby talk</p> <p>44. 0 1 2 Eats too much</p> <p>45. 0 1 2 Eats too little</p> <p>46. 0 1 2 Wets the bed</p> <p>47. 0 1 2 Wets during the day</p> <p>48. 0 1 2 Soils him/herself</p> |
|---|--|

Other problems:



## **PARENTAL RESPONSIBILITIES EVALUATION**

### **PERSONAL HISTORY QUESTIONNAIRE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

#### **Section I: General Information**

1. How old were your parents when you were born? Mother \_\_\_\_\_ Father \_\_\_\_\_

If you were adopted, what was your age at time of adoption? \_\_\_\_\_

2. Describe your relationship with each of your brothers and sisters:

<u>Sibling's Name</u>	<u>Current Age/Sex</u>	<u>Nature of Relationship</u>
		<u>Then</u> <u>Now</u>

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(If you have more siblings, please continue at end of questionnaire.)

3. List the places you lived up until age 18 and your age(s) during your stay in each of these.

<u>City, State</u>	<u>Your Age</u>	<u>Who Lived With</u>	<u>Type of Dwelling</u>
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(If there were more, please continue at end of questionnaire.)

4. Briefly describe your family's socioeconomic status while you were growing up.

**Section II: Social and Cultural Influences**

1. Describe any strong ethnic, sub-cultural, or religious influences in your early development.
2. How strong an influence was religion in your family's life?
3. For what, how, and by whom were you praised or criticized as a child? How frequently?
4. Was anyone in your family (including yourself) ever in trouble with the law while you were growing up? If yes, explain.
5. Briefly describe your childhood relationship with each of your parents. Could you confide in them? Could you count on their help and support if you needed it?

6. Please discuss your parents' relationship with their parents?
7. What activities did you like as a child?
8. What were you afraid of as a child?
9. Describe your school experience and your feelings about school.
10. When did you first begin dating? How frequently?
11. Describe your work while you were growing up. List types of work you did and at what age.

**Section III: Health Data**

1. Have you had any serious injuries?
  - a. Any prolonged illness?
  - b. Any physical disabilities?
  - c. Take any medication for an extended period of time?
  - d. Current Medications?
2. Were you ever abused, sexually, physically and or emotionally, as a child or adult? If yes, explain.
3. What were your parents' attitudes towards sex?
4. Did anyone in your home abuse alcohol or other drugs? If yes, explain.

5. Have you abused drugs or alcohol? Please explain.
6. Was anyone in your family (including you) ever in treatment for alcohol or drug abuse? If yes, what was the outcome?
7. Has anyone in your family ever received a psychiatric diagnosis? If yes, what was the diagnosis, treatment, and outcome of treatment?
8. Describe your general emotional state:
  - a. As a child:
  - b. As an adolescent:
9. Is there anything not covered above that you feel is important to mention?

## **PARENTAL RESPONSIBILITIES EVALUATION**

### **AUTOBIOGRAPHY GUIDELINES**

Please provide Dr. Albert with a written “capsule” of your life experience, focusing especially on the relationships and events most influential in shaping the person you are today.

As a guideline, many people find they can do this comfortably in about five to ten pages, but take the time and space that works best for you.

In your discussion, please touch on:

- Who was in your family when you grew up? Did this change?
- What are your earliest memories?
- What were your relationships with family members like?
- What are these relationships like now?
- How was discipline handled?
- How did grade school go for you? Middle School?
- Your high school experience?
- Dating? Previous Marriage(s)?
- How was your response to parenthood?
- Please discuss any events that have shaped your life.

Please describe major events in the family (e.g., divorce, significant injury or illness, moves, abusive or traumatic incidents, substance abuse, deaths, etc.) and their impact on you.

If law enforcement has been involved during either your marriage or separation, please discuss.