

PARENTAL RESPONSIBILITIES EVALUATION

INTAKE PACKET

Name: _____

Name of (ex) spouse/significant other _____

Age: _____ DOB: _____ Age of (ex) spouse: _____ DOB: _____

Court Case Number: _____

Attorney: _____

MARITAL HISTORY

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

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

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

During our time together, we lived in (city/state):

1. _____ for _____ years/months.
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 believe 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 and list dates.
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:

Name and Date of Birth:

Parent's Name:

- | | |
|----------|-------|
| 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 believe 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.

Signature

Date

Please give this form to an individual (not a family member) who has knowledge of your parenting abilities. Forms can be: faxed to (720) 550-8964; emailed to kevin.albert@comcast.net; or mailed to Kevin Albert, Psy.D., P.C., 6402 South Troy Circle, Suite 310, Centennial CO 80111

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).

9. If you know both parents, please discuss your knowledge of how they get along at present. (If you have knowledge of how they related when they were together, please discuss this also.)
10. If there is any other information that you think would be helpful for Dr. Albert to know, please feel free to discuss it here. Thank you.

Signature of referent _____ Date _____

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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 child'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? _____

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

Current 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

When was the 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** if somewhat true; **2** if mostly true; or **0** if not true of your child in the past three months.

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

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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>Sex/Current Age</u>	<u>Nature of Relationship</u>	
		<u>Then</u>	<u>Now</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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? If so what?
 - b. Any physical disabilities? If so what?
 - 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 and what did they share with you?
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?

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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 the topics below and their impact on you:

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