

## Parenting Worksheet

This reflection worksheet is a working tool that will allow the mediator a greater understanding of the unique relationship you have with your child/ren. The information on these sheets will be kept confidential. You may use additional sheets for each child involved.

Referring to the child by name and age, please describe him/her.

How would you describe the child's personality?

What are his/her favorite activities?

What specific things does the child like to do with you (special moments)?

Have you noticed any changes in your child's recent behavior? Yes \_\_\_ No \_\_\_

If yes, what sort of changes (please be specific)?

What specific things does the child like to do with the other parent (special moments)?

How does your child deal with being upset, angry, or frustrated?

Can you specifically recall observing negative behavior from your child recently? Yes \_\_\_ No \_\_\_

If so, what triggered the negative behavior, in your opinion?

Please list some things you do for the child when he/she is upset.

How is your child doing in school/ preschool (with a daycare provider)?

List three positive things you do with your child.

I.

II.

III.

List three positive things the other parent offers your child.

I.

II.

III.

What can the other parent do to have a better co-parenting relationship with you?

What can you do to have a better co-parenting relationship with the other parent?

Check any of the following items that you feel need to be addressed during mediation. List any other items you feel are appropriate.

<input type="checkbox"/> Communication with other parent	<input type="checkbox"/> Discipline of child/ren
<input type="checkbox"/> Safety concerns (please list below)	<input type="checkbox"/> Daily schedules of child/ren
<input type="checkbox"/> Education	<input type="checkbox"/> Child/ren's medical needs
<input type="checkbox"/> Extracurricular activities	<input type="checkbox"/> Religion
<input type="checkbox"/> Insurance coverage	<input type="checkbox"/> Day care for child/ren
<input type="checkbox"/> Relationships with relatives	<input type="checkbox"/> Interaction with parent's romantic interest

Is the child/ren currently residing with you? Yes \_\_\_ No \_\_\_

If no, what sort of visitation plan have you and the other parent set up?

If yes, what sort of visitation plan do you have set up with the other parent?

How is the current schedule working for everyone involved?

Please use a (D)ad or (M)om to indicate where the child will be spending the night.

Any Month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						Week 1
						Week 2
						Week 3
						Week 4

Indicate which holiday you wish to spend with the child/ren, with the understanding that the dates are negotiable during the negotiation session. Frequently, couples find it easiest on the children and themselves to expect time with the child/ren on any specific date every other year. Other couples find that negotiation is quite simple, holidays that mean less for other holidays that don't mean as much. Be specific when indicating the day, this means what day and hour the time begins and ends (for example, Thanksgiving, Begin Wednesday, Nov 20 at 5:00pm to Thursday, Nov 21 at 5:00pm. Write Mom or Dad under the odd or even year headings if alternating a holiday.

The parents follow the regular visitation schedule for any holidays that are left blank or are crossed off. Where the holiday start time is prior to the release of school, the holiday begins when school lets out.

### The Holiday Schedule

<b>Special Days</b> Check the days that apply to you	<b>Begin</b> Day and time Be specific	<b>End</b> Day and time Be specific	<b>Even Years</b> Dad or Mom	<b>Odd Years</b> Dad or Mom
<input type="checkbox"/> Easter				
<input type="checkbox"/> Mother's Day				
<input type="checkbox"/> Memorial Day				
<input type="checkbox"/> Father's Day				
<input type="checkbox"/> Fourth of July				
<input type="checkbox"/> Labor Day				
<input type="checkbox"/> Halloween				
<input type="checkbox"/> Thanksgiving				
<input type="checkbox"/> Christmas Eve				
<input type="checkbox"/> Christmas Day				
<input type="checkbox"/> New Year's Eve				
<input type="checkbox"/> New Year's Day				
<input type="checkbox"/> Rosh Hashanah				
<input type="checkbox"/> Yom Kippur				
<input type="checkbox"/> Sukkot				
<input type="checkbox"/> Hanukkah				
<input type="checkbox"/> Purim				
<input type="checkbox"/> Passover				
<input type="checkbox"/> Shavuot				
<input type="checkbox"/> Kwanzaa				
<input type="checkbox"/> Martin Luther King Day				
<input type="checkbox"/> Mom's Birthday				
<input type="checkbox"/> Dad's Birthday				
<input type="checkbox"/> Child's Birthday				
<input type="checkbox"/> Spring Break				
<input type="checkbox"/> Fall Break				
<input type="checkbox"/> Summer Break				
<input type="checkbox"/> Winter Break				
<input type="checkbox"/> Other special days				