
Child's Name: _____ Gender: _____ Boy _____ Girl

Child's Age: _____ Date of Birth _____ Grade in school _____ School: _____

Ethnicity (Optional) _____

What is the Approximate amount of time this child currently has with each parent?

_____Your Time _____Other Parent's Time

Comments:

Does this child have any health problems, allergies or food restrictions about which workshop leaders should be aware?

What activities does this child like?

What are your observations of your child's adjustment to this separation or divorce?

What most concerns you about your child at this time?

Has your child ever received counseling? Current _____ Past _____ None _____
How does your child feel about his/her parents living in different places?

What would you like your child to get out of attending *Kids' Turn*?

Please circle the response that most closely indicates the extent to which you agree or disagree.

My child has someone to talk to about the separation and or divorce.

Strongly Agree Agree Not really/Don't know Disagree Strongly Disagree

My child talks to me about his/her feelings, questions, and concerns regarding the separation and/or divorce.

Strongly Agree Agree Not really/Don't know Disagree Strongly Disagree

My child's behavior has changed for the worse since the separation or divorce.

Strongly Agree Agree Neutral/Don't know Disagree Strongly Disagree

My child is a good problem solver.

Strongly Agree Agree Neutral/Don't know Disagree Strongly Disagree