

Co-Parenting Consultation/Counseling General Information

Name:

Phone number:

Zoom or phone call?:

Date of divorce or separation:

Name of child(ren) (or pseudonym, if preferred):

Age:

Grade:

- 1.
- 2.
- 3.

Currently custody schedule: (i.e., alternating weekends and one evening visit a week):

Custody timeshare, and physical and legal custody: (i.e, 50/50 joint physical and legal):

List positive aspects of your relationship with your child(ren), and what is going well:

List challenges that you and your kid(s) face now:

What are your primary goals for Co-parenting Consultation/Counseling:

- 1.
- 2.
- 3.

What resources would help you and your kid(s) thrive emotionally now, and in the future?