

Following is a set of 40 questions. Please use pen on ruled paper or preferably a Word document and make sure that your answers are numbered the same as the question. Some items may require only a sentence while others may take over a page. In some instances, you may be asked to provide a list instead of a narrative. Please be thorough. This questionnaire requires a lot of thought and writing, however, this process will be quicker and more efficient based on the thoroughness of your responses.

Use separate pages for responses, do not write here

Please send personal information and responses to this questionnaire to Dr. Newton using secure technology and not as a routine email attachment. On the PlusFour Solutions website there is a link to an easy-to-use encryption service for just this purpose. You do not have to register to use this link; you simply attach the document(s) to an email message and send.

Lists

1. Provide a timeline of all court proceedings (orders, emergency screenings, etc.) with regard to the divorce and custody matter. Include dates or best approximations.
2. Provide a list of people you believe should be consulted with during this evaluation. This may include medical and mental health professionals, relatives and friends. These are people that know you, the child, and/or the family.
3. Provide a list of schools your child has attended by grade with a summary statement regarding general academic performance and behavior. Provide more detailed information about the current school placement including contact data for teachers.

Primary Concerns

4. What are your primary concerns to be addressed in this evaluation process? Please describe any safety concerns regarding, physical, aggression, emotional and/or verbal abuse, sexual abuse, or substance abuse.
5. What do you believe is the best timeshare/parenting plan for the family?

Parental Relationship

6. Provide a summary of why this relationship failed (no more than one page).
7. Describe your current relationship with the other parent.
8. How do you share information about the child with the other parent?
9. How are decisions made about school, doctors, religious training, etc?
10. Who attends events and how does the child react when you both attend the same event?
11. How are grandparents involved in the child's life? Are other relatives closely involved?
12. What do you sometimes do to contribute to the problems between you and the other parent?
13. What can you do to reduce conflict and increase trust?
14. How does arguing with the other parent affect your child?
15. What can you do to help disengage from the other parent?

Parenting

16. What are your strengths as a parent?
17. What areas of parenting do you need to most improve?
18. What do you believe are the essential things that children need from their parents?
19. How do you discipline your child(ren)?
20. What are the most significant differences in parenting between you and your ex-spouse?
21. Describe your ideas about how time with the child should be shared between parents.
22. Describe what types of activities you and your child do together.

Your Child(ren) *Please include separate sections for each child*

23. How is the health of your child?
24. Describe your child and include his or her personality traits.
25. What does your child know about the divorce and this evaluation process?
26. How is your child dealing with the conflict?
27. How does your child deal typically with rules and authority?
28. How does your child handle transitions between the two households?
29. How does your child express anger?
30. Does your child exhibit signs of anxiety? Please describe.
31. Describe your relationship with your child.
32. How does the child treat you in front of the other parent?
33. What concerns do you have about the other parent's relationship with the child?
34. How well does your child get along with peers? With adults? Describe your child's close friendships.
35. What is the bedtime routine in your home? Where does your child sleep? Does your child experience problems sleeping (nightmares, insomnia, etc.)?
36. What are your child's favorite activities and interests?
37. How does your child like school?
38. Does your child have any learning disabilities or behavior problems in school?
39. Does your child have any special needs (speech, health, behavior, learning, social, etc.)?
40. What else would you like to discuss about your child?