



## Co-Parenting Self-Assessment

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Joint Co-Parenting    \_\_\_\_\_ Group Co-Parenting    \_\_\_\_\_ N/A

Therapist Name: \_\_\_\_\_ 1<sup>st</sup> Appt \_\_\_\_\_ Follow-up \_\_\_\_\_

Please rate how you and your co-parent are doing by placing a mark on the line nearest to the description that best fits your experience.

### Communication

My co-parent and I do not communicate effectively.

I-----I

My co-parent and I communicate effectively.

### Cooperation

My co-parent and I do not make joint decisions regarding our child(ren).

I-----I

My co-parent and I consistently make joint decisions regarding our child(ren).

### Parenting Plan

My co-parent and I do not follow the parenting plan and are not able to make adjustments when necessary.

I-----I

My co-parent and I follow the parenting plan and are able to make adjustments when necessary.

### Behavior

My co-parent and I are not able to remain calm in front of our child(ren).

I-----I

My co-parent and I are always cordial in front of our child(ren).