

PARENT COACHING FORM

Please take a moment to fill out this form. I recognize that the challenges you face parenting your child are very personal and intimate. I am committed to providing you with a wealth of education, insights, perspectives and support. This information will remain confidential.

You may type the answers directly on this form if you wish

	Parent 1	Parent 2
Full Name		
Occupation/Employer		
Home Phone		
Work Phone		
Cell Phone		
Email		
Address		
City/State/Zip		

Please list ALL children:

Child's Name	Age	Grade	School	Diag w/ ADHD (if so, age/yr.)	Any Co-Existing Conditions (Please detail)	Is child on any medication for ADHD or other condition (Please detail)	Does child have IEP or 504 Plan? (Please supply copy)

How did you hear about my services? _____

Please list the professionals who have been involved in working with your child.

	Name	Phone/Email	Address
Diagnostician			
Psychiatrist			
Therapist			
Pediatrician			

Has (s)he ever repeated a grade? YES NO If yes, What grade? _____

Please indicate what types of support services your child has received in school. Indicate **"P"** for Past service or **"C"** for Currently receiving.

<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Resource Rm	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Reading Help	<input type="checkbox"/>	Adaptive Phys. Ed.	<input type="checkbox"/>	Other (Specify) _____

Are you aware of any substance abuse by your child (past or present)? If yes, please detail

Does anyone else in your family (including your parents or siblings) have, or is suspected to have, ADHD?

Please share some personal thoughts about your child.

Please share 3 primary reason(s) and goal(s) for seeking coaching at this time.

BEHAVIOR/MENTAL HEALTH

Do you feel that this child exhibits any of the following symptoms more often than is typical for a child of his/her age? (Please put an "X" in front of any that apply)

	Often touchy/easily annoyed		Often bullies/threatens		Often irritable
	Often defies adult rules		Initiates physical fights		Changes in appetite
	Often angry/resentful		Ever been arrested		Diminished interest
	Often argues with adults		Physically cruel to others		Sleep problems
	Often loses temper		Physically cruel to animals		Restlessness or slowed down
	Blames others for mistakes		Difficulty maintaining friendships		Fatigued/low energy
	Deliberately annoys		Destroys property		Feels worthless
	Often spiteful/vindictive		Deliberately sets fires		Becomes tearful easily
	Refuses to go to school		Lies often		Often sad
	Repeated nightmares		Steals		Indecisive/can't think
	Unusual fears		Has run away		Thinks about death
	Panic attacks		Extreme mood swings		Talks about suicide
	Self-conscious/clings		Does not show emotions		Hurts self
	Excessive need for reassurance		Overreacts to touch/noise		Currently uses drugs
	Somatic complaints (headache, stomach)		Strange or bizarre ideas		Used drugs in the past
	Worry of future events		Gets upset by changes in routine		Currently drinks beer or alcohol
	Repeats certain actions		Poor social interactions		Used beer or alcohol in past
	Can't stop thinking about things		Self-injurious behavior		Excessive preoccupation with objects or ideas
	Motor or vocal tics				

Please place a check mark in the column which best describes the child:

Not At Just A Pretty Very
All Little Much Much

		Not At All	Just A Little	Pretty Much	Very Much
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities				
2.	Often has difficulty sustaining attention in tasks or play activities				
3.	Often does not seem to listen when spoken to directly				
4.	Often does not follow through on instructions and fails to finish schoolwork, or chores (not due to oppositional behavior failure to understand directions)				
5.	Often has difficulty organizing tasks and activities				
6.	Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
7.	Often loses things necessary for tasks or activities (toys, school assignments, pencils, or books)				
8.	Is often easily distracted by extraneous stimuli				
9.	Is often forgetful in daily activities				
10.	Often fidgets with hands or feet or squirms in seat				
11.	Often leaves seat in classroom or in other situation in which remaining seated is expected				
12.	Often runs about or climbs excessively in situation where it is inappropriate (in adolescents, may be limited to subjective feelings of restlessness)				
13.	Often has difficulty playing or engaging in leisure activities quietly				
14.	Is often "on the go" or often acts as if "driven by a motor"				
15.	Often talks excessively				
16.	Often blurts out answers before questions have been completed				
17.	Often has difficulty waiting turn				
18.	Often interrupts or intrudes on others (butts into conversations or games)				

Listed below are areas of functioning that your child might find challenging. Please rate your child on a scale of 1 (representing no difficulty) to 5 (representing great difficulty) for each area. Once you have completed the rating, please place an "X" at the end of the 3 or 4 areas that you would most like to focus on as we start our work.

1. _____ Ability to organize, prioritize and begin work
2. _____ Ability to maintain focus, listen and shift focus as needed
3. _____ Ability to sustain effort and pace of work as needed
4. _____ Ability to manage frustrations/stress/anxiety/emotions
5. _____ Ability to hold onto and recall information needed for short-term work
6. _____ Ability to monitor and control impulsive behavior
7. _____ Ability to handle social situations and develop friendships
8. _____ Ability to advocate for self as needed
9. _____ Ability to set realistic and reachable goals
10. _____ (Other, please fill in)

Coaching Goals

During our coaching together, we will target areas that you feel as parents need to be addressed to help you and your child be more successful. Place an "X" in box of all that apply; and add an "X" in the box to the 3 or 4 most important to you.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Child more organized in school |
| <input type="checkbox"/> | Child more organized at home |
| <input type="checkbox"/> | Improve child's study habits/ skills |
| <input type="checkbox"/> | Help child spend less time on homework |
| <input type="checkbox"/> | Improve parent/child relationships |
| <input type="checkbox"/> | Improve sibling relationships |
| <input type="checkbox"/> | Eat healthier |

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Improve compliance |
| <input type="checkbox"/> | Participate in more / different activities |
| <input type="checkbox"/> | Make new friends |
| <input type="checkbox"/> | Exercise more |
| <input type="checkbox"/> | Improve child's personal hygiene |
| <input type="checkbox"/> | Lose or gain weight |
| <input type="checkbox"/> | Other: _____ |

Coaching Process and Disclaimer:

Coaching is designed to guide the Client to learn how to consistently achieve results and make purposeful choices. Client agrees to communicate honestly, be open to feedback and assistance and create the time and energy to participate fully in the coaching program. However, due to the subjective nature of the work, Client understands and agrees, that the Coach makes no guarantee as to the results Client will achieve, nor is the Coach responsible for the results achieved by the Client from the coaching.

Client understands that coaching is NOT therapy and is not a substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

Emergencies:

If there is a medical emergency- physical or psychological, **DO NOT CONTACT THE COACH'S OFFICE.** Emergency issues must be addressed directly by your doctor or therapist, or by dialing 9-1-1 emergency services if warranted.

Confidentiality and Privacy Agreement:

In order to make this service enjoyable and therapeutic for all who participate, it is necessary that both Coach and Client agree to abide by all the rules listed below.

Coach agrees to maintain complete anonymity of all Client information disclosed or received from any third party unless permission is received. If it is necessary for the Coach to gain access to information from schools, therapists, physicians or other professionals, Coach will provide a standard information release form for signature by the Client.

However, the terms of anonymity shall not apply where failure to disclose may be, in the Coach's sole discretion, in violation of any law or may involve information regarding certain crimes that have either been committed or Coach believes may be committed, or when such information is subject to subpoena.

Client understands that breaking this agreement could result in the termination of Client's agreement with the Coach.

This provision (privacy) will survive expiration or termination of the Agreement.

This Agreement constitutes the entire agreement of the parties, and reflects a complete understanding of the parties with respect to the subject matter and supersedes all prior written and oral representations, communications or agreements.

IN WITNESS WHEREOF, the Parties have duly executed this Agreement.

Client

Date

Client

Date

Coach

Date

Thank you! I look forward to working with you.