

Parenting Class Participant Information

updated 12/1/22

Name _____ Cell Phone _____

E-mail _____

County of residence _____ Were you referred by an agency? YES NO

If YES:

- Name of agency making referral _____
- Name of case manager _____
- May we talk with the referring agency about your progress? YES NO
- Please share why you were referred to parenting class: _____

Please list the names and ages of your children:

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Please share your current custodial situation with your children:

What are your favorite things about being a parent?

What are your parenting struggles?

What do you do when you are faced with a struggle involving your children?

Please share what you hope to learn during this class:

Please use the back of this page to share with me any information you would like me to know to make our time together beneficial for you.