

Parent: Mom Dad

Date of Graduation:

Case Number:



		Co-Parenting 202 Report Card by Child
Yes/No		
<input type="checkbox"/>		My parent is "on the same parenting team" as my other parent.
<input type="checkbox"/>		My parent is confident in the way my other parent parents me.
<input type="checkbox"/>		My parent talks about goals for me with my other parent.
<input type="checkbox"/>		My parent acts the same usual way with me in front of my other parent.
<input type="checkbox"/>		My parent speaks in a positive or neutral way about my other parent in front of me.
<input type="checkbox"/>		My parent discusses decisions about me with my other parent for things like school, doctor, schedules.
<input type="checkbox"/>		My parent lets my other parent know when they appreciate them doing something for me.
<input type="checkbox"/>		My parent can call or text my other parent, without hesitation, to talk about me.
<input type="checkbox"/>		My parent has similar house rules to my other parent.
<input type="checkbox"/>		My parent is careful not to talk with me about adult issues or things I cannot control.
<input type="checkbox"/>		My parent keeps me "out of the middle" by talking directly with my other parent.
<input type="checkbox"/>		My parent encourages me to talk with my other parent directly when I have a problem.
<input type="checkbox"/>		My parent helps me feel comfortable living in two homes. I have everything I need.
<input type="checkbox"/>		My parent can "agree to disagree" for now and solve the problem later when I am not around.
<input type="checkbox"/>		My parent treats my other parent as an important person, like they really matter as my mom or dad.
<input type="checkbox"/>		My parent wants to get along with the other parent, but they haven't been able to figure out how.
		Total Grade