

GARIN DOUGLAS VICK, PSY.D.

CLINICAL & FORENSIC PSYCHOLOGY

FAMILY FOCUSED



SCREENING QUESTIONNAIRE FOR PARENT COORDINATION SERVICES

Name: _____

What year did you marry? _____ Separate? _____ Divorce? _____

Please list the names, ages, and dates of birth of your children:

NAME	AGE	DOB

1. Please rate your current relationship with your child(ren)'s other parent, check one:

Hostile/Frightening ___ Bitter/Angry ___ Distant/Cold ___
Polite/Respectful ___ Friendly ___

2. Please check all the issues, events, or situations which cause problems when you and the child(ren)'s other parent share parenting responsibilities:

- | | |
|---|--|
| <input type="checkbox"/> who pays for what | <input type="checkbox"/> putting children's needs first |
| <input type="checkbox"/> pick up/drop-off times | <input type="checkbox"/> making decisions about school |
| <input type="checkbox"/> different standards
(e.g. cleanliness, dress) | <input type="checkbox"/> buying necessities for children |
| <input type="checkbox"/> discipline | <input type="checkbox"/> buying gifts for children |
| <input type="checkbox"/> curfew | <input type="checkbox"/> vacation time |
| <input type="checkbox"/> school performance | <input type="checkbox"/> stepparent or live-in lover |
| <input type="checkbox"/> last minute changes in
schedule | <input type="checkbox"/> wanting more flexibility |
| <input type="checkbox"/> relationships with in-laws | <input type="checkbox"/> wanting more structure |
| | <input type="checkbox"/> attendance at school functions
(conferences, plays, games) |

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- | | |
|---|--|
| <input type="checkbox"/> (grandparents) | <input type="checkbox"/> activities in which your ex involves the children |
| <input type="checkbox"/> your ex's personal habits (e.g. drinking, cursing) | <input type="checkbox"/> crisis management (e.g. the child has a problem) |
| <input type="checkbox"/> religious difference | <input type="checkbox"/> division of parenting time |
| <input type="checkbox"/> different ideas about Medical treatment for children | <input type="checkbox"/> your ex's dating habits |
| <input type="checkbox"/> things that bothered you when you were married | |
| <input type="checkbox"/> different ideas re:diet and exercise for child(ren) | |

3. I respect the mother/father of my child(ren) as a parent:

Never	Rarely	Sometimes	Usually	Always

4. If I don't agree with my child(ren)'s other parent's approach to child rearing, I can accept that we are different and still support him/her:

Never	Rarely	Sometimes	Usually	Always

5. I restrain myself from talking badly about my child(ren)'s other parent in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

6. I believe my child(ren)'s other parent restrains him or herself from speaking badly about me in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

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7. I discuss with my child(ren)'s other parent issues which are relevant to the child(ren) (i.e. medical, educational, extracurricular activities, sports activities, family events, awards, etc.):

Never	Rarely	Sometimes	Usually	Always

8. My child(ren)'s other parent is willing to discuss with me any issues which are relevant to the child(ren):

Never	Rarely	Sometimes	Usually	Always

9. I think it is important for my child(ren) to maintain regular contact with their other parent and his/her family (grandparents) no matter what I think of them:

Never	Rarely	Sometimes	Usually	Always

10. I believe my child(ren)'s other parent feels it is important for my child(ren) to maintain regular contact with me and my extended family no matter what she/he think of us:

Never	Rarely	Sometimes	Usually	Always

I would be interested in the following services:

___ Parent Coordinator

___ Social Investigation and Parenting Plan Recommendation

___ Parent Education

___ Personal/Family Therapy

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___ Mediation

___ Evaluation to assess needs of child(ren)

SCORING CRITERIA

1. **For item #1:** if either of the first two choices are marked (hostile/frightening or bitter/angry), services are recommended.
2. **For item #2:** if eight or more items are checked, then services are recommended.
3. If never, rarely, or sometimes is checked for any of items 5 through 10, then services are recommended.
4. Any other services requested at the end of the questionnaire may also be recommended.

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