

TIME-SHARING CHECKLIST

Health Issues:

No Yes

Additional Details

Headache

Stomach Problems

Vomiting

Tooth Pain or (loss tooth)

Injuries

Medical Visit

Diagnosis

Prescription Info.

Treatment Plan

Warnings & Symptoms

Follow Up Care & Future Appts.

Changes in Insurance

New Medical Provider Info.

Medication(s):

New medication(s)

Adverse response

Changes (ex. ran out or refused to take)

Behavioral:

Sleep

Appetite

Arguments

Acting Out

Emotional:

Current Mood

Significant Changes

School:

Paperwork

Teacher Report

Items bought or needed

Info. to know before next school day

Clothing:

Book bag

Stuffed Animal(s)

Electronics

Other personal items

Sports Equipment (extracurricular items)

Time-Sensitive Issues:

Time-Sharing Requests

Upcoming Conflicts in Schedule

Questions or statements made by child about the other parent and/or divorce.
