Parent / Co-Parent Names: _____ _____

Parenting Reference Questionnaire

You are being asked to participate in a child custody evaluation. The purpose of a child custody evaluation is to make recommendations to the court when parents cannot agree on the best parenting plan for their child or children. Each parent has been asked to identify references to complete a questionnaire about their parenting skills and abilities. Your participation is voluntary. **Your responses are NOT confidential.** They may be shared with the court, the attorneys and the parties involved in this suit. You may be called and asked additional questions about your responses.

Please do **not** return your response to the parent who asked you to complete this questionnaire. Send your completed questionnaire *as soon as possible* directly to:

Cecilia Powers, LCSW-S
PO Box 911456
Sherman TX 75091
cecilia@texomafamilyandcourtservices.com

Please answer the following questions as completely and objectively as possible, confining your answers to what you have firsthand knowledge of. You may use additional paper, if necessary.

1. Your name, address and telephone number

2. Full name of the person who asked you to complete this questionnaire ("this parent"):

3. What is your relationship with this parent? How long have you known them? How often do you have contact with them? When was the last contact?

4. Do you know the child or children in this case? How often do you see them? How well do you know the child(ren)?

5. How often have you seen this parent and the child or children together? Based on those observations, how would you describe their relationship?

6. Based on your observations of this parent and their child or children, describe their strengths and weaknesses as a parent.

7. Have you ever had any concerns about this parent related to emotional stability, substance use, anger, or other topics that may impact a person' ability to parent? If so, describe.

The other parent:

8. Do you know the other parent? **If not, stop here.**

9. What is your relationship with the other parent? How long have you known them? How often do you have contact with them? When was the last contact?

10. How often have you seen the other parent and the child or children together? Based on those observations, how would you describe the relationship?

11. Based on your observations of the other parent and the child or children, describe their strengths and weaknesses as a parent.

12. Have you ever had any concerns about the other parent related to emotional stability, substance use, anger or other topics that may impact a person's ability to parent? If so, please describe.

13. <u>Other</u>

Any additional observations or information that you believe an evaluator should know? Anything that you feel is pertinent?

_____ _____

Signature Date

Thank you for your time in responding to this questionnaire