

Tell Me About Your Child(ren) Child Custody Evaluation

Please answer each section on a separate piece of paper. Each section contains one or more questions or statements.

- Provide the name, age, and date of birth of your child or children, including the child or children named in this child custody suit. This same data applies in adoption cases where one parent is seeking to adopt a child or children of one's spouse. **Furnish birth records** for each child that resides in your home.

- Does your child(ren) have any special needs that require specialized care? List any medical, dental, or vision care needs of all children. **Ask medical provider to furnish current medical, dental and vision care records** that will explain the child's medical condition, and general health. If your child is being treated by a social worker, counselor, or psychologist, please explain and provide the name and phone number of the child's therapist. I request that you make arrangements to pay for copying expenses, if any, and sign their Release of Information and HIPAA forms if the medical practitioner or therapist prefers to use their own. Give the medical practitioner permission to send the child's records to me and give them permission to speak with me if I have questions or need to ask additional questions. I request that if your child is seeing a therapist or psychologist for mental health reasons, to have the therapist send me a summary of treatment that includes: dates of service, initial complaint or reason for therapy, his/her diagnosis, if applicable, any psychological testing performed, goals and objectives of counseling and current progress. Please follow the instructions found on Page 2 of the DOCUMENT LIST, that asks for verification of the child's health, dental, etc. **Ask medical provider and mental health professional to mail records to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227.**

- Is your child covered by medical, dental, and/or vision insurance? If so, which parent provides the insurance coverage? **Furnish documentation or proof of insurance coverage**, or explain how medical and other expenses are paid if the child is not covered.
- Describe your child's education if the child is school age. What grade is the child in and where does the child attend school? How is the child performing in school academically and socially with teachers and other students? **Furnish education records** such as a current report card, any documentation from teachers or the principal of the school regarding the child, and the name / location and phone numbers for this evaluator to contact the principal, school counselor, or teachers.
- Explain how you parent your child(ren). Describe your parenting skills and ability to rear a child. What core values do you teach your child or children? What are your general expectations of your child(ren) in terms of learning family values, learning how to do chores, family rules and boundaries, individual goals, academics, and so forth? Describe each of these categories as it applies to each child.
- What are the rules - boundaries in your home? How do you discipline your child(ren)?
- How would you describe your child or children's physical, mental, emotional and spiritual well being? Does your child(ren) exhibit any Unusual / Troublesome behaviors?
- What are your expectations of your child(ren)?
- Explain your current childcare plan. With your work schedule, how will you get your child(ren) to daycare or school? What is the child's daily schedule and who takes care of them during the day while you work? Who picks the child(ren) up from daycare or school? Do you have a social support system or extended family that cares for your child(ren) after school or before you get home from work? What period of time is

your child supervised by a babysitter or family member before you get home? Do you expect this childcare plan will remain the same or change in the future?

- Daily Routines ! Provide a description of family time, daily routines involving the child(ren), activities your child enjoys, and so forth. **Be specific!** Example: What time does your child(ren) get up, who makes their breakfast, lunches, and dinner? How do they get to and from school? Who takes them to and from doctor's appointments, extracurricular activities, etc? Does the family eat dinner together? Who monitors the child's homework? What time is bedtime? These are examples of routines. **You tell me what your family currently does on a daily basis.**
- What are your feelings about yourself as a parent?
- Please describe the Parent-Child Relationship with the other parent or coparent while you and the coparent were still in a marriage relationship or non-marital cohabitation relationship. What was the child's relationship with this parent like before the divorce or separation? How is different now? Why do you think the relationship is the way it is now? Please thoroughly explain your answers and provide evidence to support your answers, if possible.
- Are there any concerns or subject matters that were not addressed in the aforementioned questions or statements that you want this evaluator to know about?