

PARENTAL RESPONSIBILITIES EVALUATION

PERSONAL REFERENCE QUESTIONNAIRE

Please give this form to an individual (not a family member) who is aware of your parenting abilities. Form can be faxed to (303) 794-7811 or mailed to Julie Van Heyningen, Psy.D., 26 W. Dry Creek Circle, Suite 180, Littleton CO 80120.

PLEASE NOTE: THIS INFORMATION IS NOT CONFIDENTIAL

Client's name: _____ Evaluator: Dr. _____

Reference name: _____

Phone #s for referent: Day _____ Evening _____ Cell _____

1. How long have you known this individual?
2. In what context have you known this individual?
3. In general, what can you say about his/her parenting of the child(ren)?
4. Please speak to the manner in which this person disciplines his/her child(ren).
5. What are his/her parenting strengths?
6. What are his/her parenting weaknesses and what could they improve upon?

(over)

7. Please describe the ways in which this parent is involved with his/her child(ren).

8. If you know both parents, please discuss your knowledge of how they get along at present. (If you have knowledge of how they related when they were married, please discuss this also.)

9. If there is any other information that you think would be helpful for the PRE Evaluator to know, please feel free to discuss it here. Thank you.

Signature of referent _____

Date _____

01/2018 Julie Van Heyningen, Psy.D., P.C.