

The Seven Secrets of Good Coparenting Seminar

Basic Information Form

DATE: ____/____/____ EMAIL ADDRESS _____

FULL NAME:

First MI Last

ADDRESS:

CITY _____ STATE _____ Zip Code _____

TELEPHONE NUMBERS:

Work: () _____ Home: () _____

Cell: () _____ Fax: () _____

Date of Birth: ____/____/____ DL#Cause No. _____

Employer: _____ Occupation: _____

Employer's Address: _____

Employer's Telephone: () _____

Attorney's Name: _____ Tel: () _____

Coparent's Name: _____

Coparent Attorney _____

Participation Agreement

Please read/ initial each item, and provide your signature at the bottom of the page.

- _____ 1. The Seven Secrets of Good Coparenting Seminar contains an “instructional component,” and an “applied component.” The Instructional Component is offered with the first three Classes (four at the most). The remainder of the Seminar is “applied,” and involves Group Classes and Individual and Couple Session.

- _____ 2. **Participants are encouraged to be mindful of instructions from the Court regarding attendance and participation in the Seminar.** Attendance at Seminar classes remains under the control of the participant, his/her attorney, and the referring Court, and is not enforced by the provider (Institute for Families in Transition, Inc.). Participants are encouraged to make individual decisions regarding continuing past court-ordered sessions if they consider classes useful. A Status Report is available on request following termination of involvement, and will require completion of an Exit Quiz.

- _____ 3. The enrollment fee of \$625 is payable prior to the first Class, and is non-refundable. Fees for additional Class, Group, Couple or Individual Sessions are payable at the time of the session. (Please refer to the attached Fee Schedule.)

- _____ 4. Classes within the Instructional Component are presented in sequence. “Make-up Sessions” for Instructional Classes are available at a fee of \$125, and must be completed prior to the next scheduled Instructional Class. (Small Group Classes do not require a Make-up Session.)

- _____ 6. Participants and attorneys are encouraged, as much as possible, to avoid legal involvement during participation in the Seminar.

- _____ 7. The Seminar provides coparenting training, and does not involve assessment or therapy. Records and/or testimony available via subpoena are limited to attendance, effort and progress.

I, [*please print full name*] _____, have read, understand and agree to the conditions set forth within this Participation Agreement, and desire to participate in the *Systematic Training for Effective Coparenting Seminar*.

Signature of Participant

Date

My Coparenting Index

(WWGCD: What Would a Good Coparent Do?)

Instructions: Circle the number that best describes how well you accomplish these Coparenting tasks.

Regarding my Coparenting Partner, I...	Almost Always	Usually	Some -times	Usually Not	Almost Never
1. ...display basic respect and consideration in person and on the telephone.	5	4	3	2	1
2. ...accept parenting attitudes and practices that are different from my own.	5	4	3	2	1
3. ...remain flexible about necessary demands of family life in my child's other home.	5	4	3	2	1
4. ...avoid hostile, critical, or threatening words and gestures during communication.	5	4	3	2	1
5. ...stay fully involved in all of my child's activities in both homes.	5	4	3	2	1
6. ...make sure my child talks to his/her other parent at least every other day.	5	4	3	5	1
7. ...do my best to be on time when my child is changing homes.	5	4	3	2	1
8. ...make sure my child feels completely free and safe to love both parents, and all parenting figures.	5	4	3	2	1
9. ...make positive statements around my child regarding his/her other parent.	5	4	3	2	1
10. ...protect my child from my own negative feelings about his/her other parent.	5	4	3	2	1