

PSNP Program Paperwork Explanation

To help explain the paperwork, since staff is not physically present, please look at the following as you complete your Parenting Support Intake.

Program Agreement- Simply states that you are voluntarily participating, you are not court ordered to do so.

Session Policy- This is for you to keep for your records regarding No Shows and our 15 minute rule. After 2 No Shows, we have the right to terminate a participant from the program for failure to comply. It is mentioned in the Family Enrollment Contract that participants attend all sessions and share in activities to the best of their abilities. I inform participants that if they will maintain contact with me, we can work around scheduling. I'm not one for setting my parents up for failure.

Notice of Privacy Practices- This is similar to the HIPAA forms you would sign at a doctor's office. It states that information will not be shared without consent and it is to help maintain your confidentiality. The bottom 3 bullet points are in regards to billing, which we do not have to worry about right now as our program is covered by a grant from our local Smart Start office. There is a similar program in Charlotte that typically charges anywhere from \$75-150 per parent.

Consent for Release- This gives me permission to talk to people on your behalf. I have the belief that what is said in session, stays in session unless it meets legal reporting guidelines and then I have to share. In that event, I always inform the participant so that they know. The consent is good for one year. You can choose who to share your information with, however there are a few that I have to have signed off: Parenting Support, because I have case supervision and monitoring; Human Services, because I am in a different division than CPS and it covers the building as a whole. I would recommend listing an attorney, co-parent, etc., especially if you will be using someone else's email/phone number.

Program Termination- I have 2 ways of ending things with my parents- planned and unplanned termination. Planned is when you complete all 13 sessions, you graduate, and don't need me anymore. Unplanned is when I have parents that are not rescheduling appointments, fail to maintain contact, or physically/verbally harm staff or others (such as a parent violating a Protective Order). It leaves me the right to end participation if safety becomes an issue.

Family Enrollment Contract- This actually comes from the evidence-based curriculum itself. It is simply a participant's agreement that they will participate, complete weekly homework assignments for skill building, not hurt others, not come into session under the influence, and that they will keep session information confidential themselves.

Medical Info Form- This is mainly used for face to face sessions, as many of my parents have chronic health issues that may occur while we meet. This lets me inform EMS of possible drug interactions and allergies. I have had parents have seizures, go into diabetic shock, and even labor while we meet. It's more health risk prevention.

Testing- Used to tailor teaching style and needs to the individual parent.

PSNP Program Agreement Authorization

AUTHORIZATION FOR PARTICIPATION: I voluntarily request and consent to participation in the Parenting Support & Nurturing Parenting Program provided by Union County Department of Social Services. I understand that the successful completion of this program will depend on my attendance, active participation, and demonstration of program competencies.

AUTHORIZATION FOR EMERGENCY TREATMENT: In case of an emergency, I authorize Union County Department of Social Services to obtain emergency treatment by calling 911 for emergency assistance. I understand that the minimum necessary health information, written or verbal, may be released to emergency treating providers to meet the needs of the emergency.

NOTICE OF PRIVACY PRACTICES: I have also received, and had the opportunity to read, the company's *Notice of Privacy Practices* that explains how confidential information about me is used and disclosed by Parenting Support & Nurturing Parenting. I understand that I should ask questions or discuss any concerns at the time of my first contact with my provider. I understand that I may request restriction(s) on how confidential information is used and disclosed, and that in specific situations my request for restriction(s) may not be honored because of the State and Federal laws or other situations.

SESSION CANCELLATION: Please remember your attendance is directly connected to determination of successful completion. If you are unable to attend your scheduled program session, please notify Parent Educator/Facilitator Malia Williams at 704-221-2471, or Program Coordinator Nicole H. Blevins, CHES, RHEd, at 704-296-4403. Confidential and time-stamped voicemail is available 24 hours a day.

MISSED SESSIONS: Please see additional page regarding No Show/No Call and 15 minutes late policy.

METHODS OF CONTACTING: During and after program participation, I may be contacted in the following way(s):

Initial all that apply:

Telephone: Cell Phone: _____ Yes _____ No Home: _____ Yes _____ No

Leave Message: Cell Phone: _____ Yes _____ No Home: _____ Yes _____ No

Mail: Home: _____ Yes _____ No Work: _____ Yes _____ No

I understand that my confidentiality is not guaranteed should I use my cell phone to contact the Parenting Support & Nurturing Parenting. I also understand it is my responsibility to inform Parenting Support & Nurturing Parenting, in writing, when I desire changes in the method of contacting me.

Signature of Legally Responsible Person(s)

Date

Print Name of Legally Responsible Person(s)

Signature of Program Facilitator

Date

11/14/2014 Authorizations

PSNP Session Policy

We understand that unplanned issues can come up and you may need to cancel a scheduled session. If that happens, we respectfully ask for sessions to be cancelled at least 24 hours in advance, per the Program Agreement.

Facilitators want to be available for your needs and the needs of all of our families. When a client does not show up for a scheduled session, another client loses an opportunity to be educated. Although we have always had a cancellation policy, circumstances have caused us to enforce a restructured termination policy for No Show sessions.

Per the Program Termination Criteria, if a client fails to show up for their scheduled session and does not call out, it is considered a No Show, No Call. After 2 of these incidents, a client will be terminated from the Parenting Support Program for failure to comply with the family Enrollment Contract, as well as the Program Agreement. Both are explained and signed at the Intake meeting.

Also, if a client is more than 15 minutes late for their scheduled session, regardless of calling ahead, they will be rescheduled.

Scheduled appointments such as No Shows, as well as, late arrivals will be documented in the client's file and referral sources will be alerted.

Thank you for being a valued client and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused sessions to better serve the needs of all our families.

PSNP Notice of Privacy Practices

I understand that as part of my participation, this organization originates and maintains client records describing my family history, participation, intervention, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my case and educational sessions
- a means of communication among the many community professionals who contribute to my case
- a source of information for applying my participation information to a bill, if applicable
- a means by which a third-party payer can verify that services billed were actually provided, if applicable
- and a tool for routine program operations such as assessing quality and reviewing the competence of community professionals

Parenting Support & Nurturing Parenting shall protect the confidentiality of any and all individuals and shall not discuss, transmit, or narrate in any form other information, medical or otherwise, received in the course of providing services hereunder, except as authorized by the individual, his/her legally responsible person(s), or as otherwise permitted by law. This company shall, in addition, meet all confidentiality guidelines promulgated by any applicable governmental authority.

All information about your child and your family is confidential. Both verbal and written information are released only after the legally responsible person(s) has signed a release of information. This release is specific as to the nature of the information to be released; it's intended purpose of use, and date of expiration. Once the release is signed, the legally responsible person may revoke the release except to the extent it has already been used.

Signature of Legally Responsible Person(s)

Date

Print Name of Legally Responsible Person(s)

PSNP Consent for Release

I hereby authorize the below mentioned list of agencies/facilities to exchange specified information. I understand that by signing only, and not initialing, I give my total consent to all entities listed below.

This data shall include all information relating to assessment, evaluation, and treatment including medical, social, and educational information.

The purpose of exchanging this data shall be: to assess eligibility for participation in the Parenting Support & Nurturing Parenting; to monitor progress throughout each scheduled class; and to share necessary information as needed in order to comply with program standards.

I voluntarily consent for Parenting Support & Nurturing Parenting to obtain or release my client record information for the purpose stated above.

I understand that this consent can be revoked by me in writing at any time. I understand that this information may not be re-disclosed without my permission.

This consent is valid for a period of one year, _____.

- | | |
|--|---|
| _____ Parenting Support & Nurturing Parenting | _____ 20B Judicial District, Union County |
| _____ Guardian ad Litem | _____ Other: _____ |
| _____ Medical Provider: _____ | _____ Other: _____ |
| _____ Mental Health Provider: _____ | _____ Other: _____ |
| _____ Law Enforcement: _____ | |
| _____ Union County Human Services
(including but not limited to: Public Health, CMARC, OBCM, WIC, CCHC) | |

Signature of Legally Responsible Person(s)

Date

Print Name of Legally Responsible Person(s)

Signature of Program Facilitator

Date

11/23/22 Consent for Release

PSNP Program Termination Criteria

While there are no across-the-board standards that address the circumstances under which the Parenting Support & Nurturing Parenting services provider may terminate an individual from the program, group or individual session, there are criteria that would allow for termination under the following circumstances:

1) A "planned termination" is when the client, PS&NP staff, and, if appropriate, others responsible for the client's welfare agree that the client should no longer participate. A planned termination may result from the need to address medical issues, including but not limited to substance abuse or developmental therapies for the child.

(2) An "unplanned" termination occurs when the client drops out; client fails to live up to the terms of his/her program agreement; fails to adhere to the Family Enrollment Contract; or, demonstrates behavior that requires immediate removal.

(a) Dropping out of the program may include, but is not limited to, failure to do the following examples: return phone calls, schedule and/or reschedule sessions, not being home for scheduled visits.

The Parenting Support & Nurturing Parenting provider will give the client written notice, an exit date, and indicate any recourse available under grievance procedures. Given the nature of "unplanned" terminations, the guidelines do not impose any specific notice requirements. When a Parenting Support & Nurturing Parenting provider ceases program services, they will give notice to collateral and/or referral sources, if necessary, to client's case.

Parenting Support & Nurturing Parenting will inform the client of any grievance procedures available.

The Parenting Support & Nurturing Parenting Coordinator and Supervisor will review cases for termination on an individual basis.

A termination letter will be provided to the participating parent or guardian. Parents/guardians will be notified as to their possibility of continuing program services within the next group series or quarter.

Correspondence will be placed in each participant's cumulative file indicating termination.

Signature of Legally Responsible Person(s)

Date

Print Name of Legally Responsible Person(s)

Signature of Program Facilitator

Date

PSNP Family Enrollment Contract

I agree to:

1. Attend all sessions of the program;
2. Arrive on time and stay until the end of each session;
3. Notify a staff member by phone 1 hour prior to the start time the day of the session, in a case where I am forced to be absent due to an emergency only;
4. Complete the weekly home practice to the best of my ability;
5. Refrain from hitting or belittling members of my family- at least for the duration of the program;
6. Spend some play time each day with each child;
7. Refrain from the use of alcohol or drugs, especially before group sessions;
8. Keep confidential the personal information that is shared among group members;
9. Participate in program activities to the best of my ability, including filling out questionnaires before, during, and after the program.

Signature of Legally Responsible Person(s)

Date

Signature of Program Facilitator

Date

PSNP General Medical Form

General Medical Information

Personal Information:

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Insurance Information: _____

Health Information:

Allergies:

_____ Reaction: _____
 _____ Reaction: _____
 _____ Reaction: _____

Medications and Vitamins:

_____	Dose: _____	_____	Dose: _____
_____	Dose: _____	_____	Dose: _____
_____	Dose: _____	_____	Dose: _____

Surgeries:

_____	Year: _____	_____	Year: _____
_____	Year: _____	_____	Year: _____

Known Medical Conditions:

Primary Care Physician:

Name: _____ Phone Number: _____

_____	_____
Signature of Legally Responsible Person(s)	Date

_____	_____
Signature of Program Facilitator	Date

*By signing this form you give Parenting Support staff permission to share information with Emergency Staff on your behalf if needed during a medical emergency.

Adult-Adolescent Parenting Inventory (AAPI-2.1*)

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Fillable Form A

*Version 2.1 of the AAPI has updated and additional demographic items. No changes have been made to the 40 parenting items.

This inventory can only be scored online at AssessingParenting.com

PLEASE PRINT:

1. Date Inventory was administered: _____ Person administering Inventory: _____

2. Unique User Name or ID#: _____

Agency Name	City	State
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5. Birthday: _____ / _____ / _____
Month Day Year

6. Gender:
Male
Female
Transgender Man
Transgender Woman
Other: _____

7. Race/Nationality:
White
Black
Asian
Hispanic
Native American
Pacific Islander
Bi-racial
Multi-racial
Other

Nationality: _____

8. Marital Status:
Single
Married
Unmarried Partners
Separated/Divorced
Widow/Widower

9. Number of children you have: _____

10. Highest grade you completed:
Grade School
Middle School (grades 7 & 8)
Some High School (grades 9 -11)
High School Graduate
Working on OR Completed GED
Two Year Tech School
Some College
College Graduate
Post Graduate or above

11. Current Employment-School status:
Employed full-time
Going to school full-time
Employed part-time
Going to school part-time
Both going to school and working
I am a stay at home Mom or Dad
Currently unemployed and not going to school
Retired
Other

12. Annual Household Income (estimate):
Under \$15,000
\$15,001 to \$25,000
\$25,001 to \$30,000
\$30,001 to \$40,000
\$40,001 to \$60,000
Over \$60,000
I don't know

13. Are/were you or your partner in the military?
Yes, only me
Yes, only my partner
Yes, both of us
No

14. As a child, did you experience any type of physical, emotional or sexual abuse by someone outside your family?
Yes
No

15. As a child, did you experience any type of physical, emotional or sexual abuse by someone inside your family?
Yes
No

(800) 688-5822 ▪ (435) 649-5822 (outside the United States) ▪ fdp@nurturingparenting.com

AssessingParenting.com

INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

- 1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.**
- 2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.**
- 3. Circle only one response for each statement.**
- 4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.**

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

1. Children need to be allowed freedom to explore their world in safety.
2. Time-out is an effective way to discipline children.
3. Children who are one-year-old should be able to stay away from things that could harm them.
4. Strong-willed children must be taught to mind their parents.
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.
6. Spanking teaches children right from wrong.
7. Babies need to learn how to be considerate of the needs of their mother.
8. Strict discipline is the best way to raise children.
9. Parents who nurture themselves make better parents.
10. Children can learn good discipline without being spanked.
11. Children have a responsibility to please their parents.
12. Good children always obey their parents.
13. In father's absence, the son needs to become the man of the house.
14. A good spanking never hurt anyone.
15. Parents need to push their children to do better.
16. Children should keep their feelings to themselves.
17. Children should be aware of ways to comfort their parents after a hard day's work.
18. Children learn respect through strict discipline.
19. Hitting a child out of love is different than hitting a child out of anger.
20. A good child sleeps through the night.
21. Children should be potty trained when they are ready and not before.

22. A certain amount of fear is necessary for children to respect their parents.
23. Spanking teaches children it's alright to hit others.
24. Children who feel secure often grow up expecting too much.
25. There is nothing worse than a strong-willed two-year-old.
26. Sometimes spanking is the only thing that will work.
27. Children who receive praise will think too much of themselves.
28. Children should do what they're told to do, when they're told to do it. It's that simple.
29. Children should be taught to obey their parents at all times.
30. Children should know what their parents need without being told.
31. Children should be responsible for the well-being of their parents.
32. It's OK to spank as a last resort.
33. Parents should be able to confide in their children.
34. Parents who encourage their children to talk to them only end up listening to complaints.
35. Children need discipline, not spanking.
36. Letting a child sleep in the parents' bed every now and then is a bad idea.
37. A good spanking lets children know parents mean business.
38. A good child will comfort both parents after they have argued.
39. "Because I said so" is the only reason parents need to give.
40. Children should be their parents' best friend.

Clicking "Save Responses" will open the print dialogue box. Please print and fax a copy to your administrator. Alternatively, you may select "Save to PDF" or take screenshots that can be emailed to your administrator.

Nurturing Skills Competency Scale (NSCS-3.0*)

Parents and their Infants, Toddlers and Preschoolers

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Short Version

Check One:
Pretest _____
Posttest _____

* Items on Version 3.0 of the NSCS have been updated, added or revised in each of the six construct areas.
This inventory can only be scored online at AssessingParenting.com.

PLEASE PRINT:

1. Date Inventory was administered: _____ Name of person administering Inventory: _____

2. Last Name (or agency ID number): _____ 3. Middle Initial: _____ 4. First Name: _____

Agency Name _____

City _____

State _____

Directions: Please circle the letter of your response in each item AND write the letter in the space provided. For example, for item #6, if you are Female, circle the letter b, and write the letter b in the space provided. Answer all the items.

PART A – About Me

5. Birthday: _____ / _____ / _____
Month Day Year

6. Gender: _____ 6. _____
a. Male d. Transgender Woman
b. Female e. Other: _____
c. Transgender Man

7. Race/Nationality: _____ 7. _____
a. White f. Pacific Islander
b. Black g. Bi-racial
c. Asian h. Multi-racial
d. Hispanic i. Other
e. Native American

Nationality: _____

8. Marital Status: _____ 8. _____
a. Single
b. Married
c. Unmarried Partners
d. Separated/Divorced
e. Widow/Widower

9. Number of children you have: _____ 9. _____

10. Highest grade you completed: _____ 10. _____
a. Grade School
b. Middle School (grades 7 & 8)
c. Some High School (grades 9 -11)
d. High School Graduate
e. Working on or Completed GED
f. Two Year Tech School
g. Some College
h. College Graduate
i. Post Graduate or above

11. Current Employment-School status: _____ 11. _____
a. Employed full-time
b. Going to school full-time
c. Employed part-time
d. Going to school part-time
e. Both going to school and working
f. I am a stay-at-home Mom or Dad
g. Currently unemployed and not going to school
h. Retired
i. Other

12. Annual Household Income: _____ 12. _____
a. Under \$15,000 e. \$40,001 to \$60,000
b. \$15,001 to \$25,000 f. Over \$60,000
c. \$25,001 to \$30,000 g. I don't know
d. \$30,001 to \$40,000

13. Are or were you and/or your partner in the military? _____ 13. _____
a. Yes, only me
b. Yes, only my partner
c. Yes, both of us
d. No

14. As a child, did you experience any type of physical, emotional or sexual abuse by someone outside of your family? _____ 14. _____
a. Yes
b. No

15. As a child, did you experience any type of physical, emotional or sexual abuse by someone inside of your family? _____ 15. _____
a. Yes
b. No

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AssessingParenting.com

**THERE ARE NO PARTS B, C, OR D IN THE SHORT VERSION.
PLEASE CONTINUE ON TO PARTS E AND F.**

PART E – About My Knowledge of Nurturing Practices

16. **Nurturing Parenting is:** 16. ____
- a. Being a parent 24 hours a day, seven days a week
 - b. Taking care of your children and yourself
 - c. Making sure the needs of children always come first
 - d. Understanding that children need to be cared for throughout their lives
17. **Holding and cuddling babies helps their brains grow.** 17. ____
- a. Baby's brains are still developing after birth
 - b. Baby's brains are fully developed at birth
 - c. Baby's brains fully develop by the age of seven
 - d. Holding and cuddling babies has very little to do with brain growth - proper nutrition enhances growth
18. **Having appropriate expectations for children helps them:** 18. ____
- a. Learn to feel good about themselves
 - b. Develop trust and security
 - c. Learn to succeed in school
 - d. All the above statements are true
19. **Pick the right way to Praise a child for Being:** 19. ____
- a. "You are such a good child for helping me"
 - b. "You make me feel so happy when you get good grades"
 - c. "You are a wonderful child"
 - d. "You are such a nice girl when you cooperate"
20. **Pick the right way to Praise a child for Doing:** 20. ____
- a. "Good job cleaning your room - Mommy really loves you"
 - b. "You sing really well"
 - c. "You did well but I know you will do better next time"
 - d. "Do well and make your family feel proud"
21. **Discipline means:** 21. ____
- a. To guide children by using the rod of correction
 - b. To guide children in learning morals and values
 - c. To teach children to be obedient
 - d. Telling children what to do so they behave
22. **The rights and wrongs that we learn as children are called:** 22. ____
- a. Family Morals
 - b. Family Beliefs
 - c. Family Traditions
 - d. Family Customs

23. **Parental empathy means:** 23. ____
- a. To be aware of and help children get their needs met
 - b. To quiet your children when they are upset
 - c. To care for children but not to spoil them
 - d. To teach children to help others get their needs met
24. **Which of the following are good rewards to use as discipline?** 24. ____
- a. Praise
 - b. Hugs and other types of appropriate touch
 - c. Privileges like staying up a little later
 - d. At times, all these are good rewards
25. **Family rules are important because:** 25. ____
- a. Children need to learn to be obedient
 - b. Children need to learn how to cooperate
 - c. Children need to respect authority
 - d. Children need to listen to their parents
26. **Why do parents spank their children?** 26. ____
- a. Because parents were spanked as children
 - b. Because they love their children
 - c. To teach children right from wrong
 - d. Parents spank children for all these reasons
27. **Teaching children to hit a pillow or punching bag is a good way for them to release their anger.** 27. ____
- a. Hitting is a good way to release anger energy
 - b. Hitting teaches kids to hit when they're angry
 - c. Hitting is OK as long as you don't get carried away
 - d. Hitting something is a very quick way to calm down
28. **Anger is:** 28. ____
- a. Old feelings of hurt that are finally being expressed
 - b. A feeling that causes people to become violent
 - c. A good way to release stress
 - d. A good way to let others know you are mad at them
29. **Our self-worth is:** 29. ____
- a. Developed from the way others think about us
 - b. The thoughts and feelings we have about ourselves
 - c. Learned in childhood and is difficult to change
 - d. Dependent on how well our children behave
30. **It is important to nurture yourself because:** 30. ____
- a. When parents get their needs met they can help their children get their needs met
 - b. If parents don't get their own needs met, they will soon feel burned-out
 - c. Nurturing parents take care of themselves and their children
 - d. All of the above
31. **Parents should praise themselves for being or doing in front of their children:** 31. ____
- a. It's a good idea to model self-praise
 - b. Are you kidding – self-praise is like bragging
 - c. Children are going to think this is really weird
 - d. Not a good idea – this will definitely turn people off

32. Which of the following is an appropriate punishment for an infant: 32. ____
- Taking away a privilege
 - Three-minute time-out
 - Gently slapping their hand
 - Infants are never punished
33. Which of the following is a good way to build self-worth in children? 33. ____
- Listen and honor their opinions
 - Provide children with choices and consequences for their behavior
 - Don't blame them for the way parents feel
 - All of these are good ways to build self-worth
34. When children are crying, nurturing parents: 34. ____
- Comfort the child and tell them "Everything is OK"
 - Try to get the child to stop crying
 - Let them cry themselves to sleep to learn self-control
 - Calmly hold the child, rub their back and hum a lullaby
35. In building empathy in your children, it's a good idea to: 35. ____
- Develop family morals
 - Teach children to care for pets, plants and things
 - Teach children to express their feelings
 - All the above are good ideas in building empathy

44. Model appropriate ways to manage stress 0 1 2 3
45. Model appropriate ways to express anger 0 1 2 3
46. Help my children improve their self-worth 0 1 2 3
47. Refer to our family rules to help guide my children 0 1 2 3
48. Use positive discipline rather than spank my children 0 1 2 3
49. Reward my children when they are behaving appropriately 0 1 2 3
50. Help my children learn ways to manage their behavior 0 1 2 3
51. Make time to get my needs met 0 1 2 3
52. Express unconditional love for my children 0 1 2 3
53. Help my children get their needs met 0 1 2 3
54. Have awareness of my own needs 0 1 2 3
55. Get my needs met in healthy ways 0 1 2 3

Part F – About My Use of Nurturing Skills

INSTRUCTIONS:

Rate how often you practice the following nurturing parenting and nurturing self-behaviors.

- 0 = Don't practice the skill at all
 1 = Sometimes
 2 = Often
 3 = Regularly

How often do I ...

36. Make time to nurture myself 0 1 2 3
37. Recognize my personal strengths 0 1 2 3
38. Respond to my children with empathy 0 1 2 3
39. Give my children choices and consequences 0 1 2 3
40. Have expectations of my children to succeed 0 1 2 3
41. Hold, play, sing and read to my children 0 1 2 3
42. Praise my children for "being" wonderful kids, for being loving, etc. 0 1 2 3
43. Praise my children for "doing" their best, for cooperating, trying, etc. 0 1 2 3