

SUCCESSFUL CO-PARENTING

Date: ____/____/____

☐ I AGREE to allow my responses to be used for research purposes.

Instructor's Name: _____ County: _____

Circle the number that best describes your level of agreement with each statement.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I learned new information from this class.	1	2	3	4
2. I plan to use the information I learned in this class.	1	2	3	4
3. I feel more prepared to co-parent as a result of attending this class.	1	2	3	4
4. This class was helpful.	1	2	3	4

Think about your co-parenting knowledge / skills **BEFORE** and **AFTER** attending this class. Circle the number that best describes your level of agreement with each statement. Circle ONE NUMBER for each **BEFORE** statement and ONE NUMBER for each **AFTER** statement; 1 = STRONGLY DISAGREE and 4 = STRONGLY AGREE.

	BEFORE I took part in the class I KNEW...				NOW, AFTER participating in the class I LEARNED...			
	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
5. about my own grief and loss during the divorce process.	1	2	3	4	1	2	3	4
6. about the importance of caring for my own emotional health.	1	2	3	4	1	2	3	4
7. how the divorce process impacts my child(ren) based on his/her age.	1	2	3	4	1	2	3	4
8. about the importance of having stability and consistency in all aspects of my child(ren)'s life.	1	2	3	4	1	2	3	4
9. the importance of healthy communication with my child(ren).	1	2	3	4	1	2	3	4
10. the importance of healthy communication with my co-parent.	1	2	3	4	1	2	3	4
11. how to use healthy communication techniques such as problem solving with my co-parent.	1	2	3	4	1	2	3	4

Continued ➡



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL, AND
ENVIRONMENTAL SCIENCES

FAMILY AND CONSUMER SCIENCES

COLLEGE OF EDUCATION AND HUMAN ECOLOGY

12. What is the most important thing you learned?

13. What is one thing you will do to take care of yourself?

14. What is one thing you will do to take care of your child(ren)?

15. What is one thing you will do to take care of your co-parent relationship?

16. Other comments:

**The following information helps us better understand our audience.
Completion is voluntary.**

17. Are you? ☐ Female ☐ Male

18. Your age is: _____

19. Your current employment status is:
☐ Part-time ☐ Full-Time ☐ Unemployed

20. Your marital status is:
☐ First divorce
☐ Second divorce (or more)
☐ Never married, but lived with co-parent
☐ Never married, never lived with co-parent

21. How many children live in your household?

	Ages 0-5	Ages 6-12	Ages 13-17
Biological/adoptive	_____	_____	_____
Step- through marriage	_____	_____	_____
Other children	_____	_____	_____

22. Do you have a shared parenting custody arrangement? ☐ Yes ☐ No

23. Do you have a parenting plan?
☐ Yes ☐ No

24. How would you describe the quality of your relationship with your child(ren)'s other parent?
(Poor) 1 2 3 4 5 (Excellent)

25. Are you?
☐ Asian or Pacific Islander
☐ Native American or Alaskan Native
☐ Black or African American
☐ White or Caucasian
☐ Hispanic or Latino
☐ Multi-racial
☐ Other:

26. The highest level of school completed:
☐ Some High School or Less
☐ High School Diploma or GED
☐ Technical / Trade School Certificate
☐ 2-Year College Degree
☐ 4-Year College Degree
Graduate / Professional Degree