



## Special Needs Co-Parenting Assessment

A printable workbook you can fill in on paper before completing the online assessment. Every question is optional - you can leave anything blank. Children's needs do not always fit one category, so you may address more than one area.

### What type of need are you addressing?

- ☐ Medical Needs
- ☐ Educational Needs
- ☐ Psychological or Behavioural Needs
- ☐ Multiple or Interconnected Needs

Select ev

### Step 1. Understand the Concern

**Medical Needs** - Describe the medical concern you want to address (e.g. a chronic condition, allergy, medication, therapy, or upcoming procedure).

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**Educational Needs** - Describe the educational concern you want to address (e.g. school performance, an IEP or Section 504 plan, attendance, or a specific classroom issue).

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**Psychological or Behavioural Needs** - Describe the psychological or behavioural concern you want to address (e.g. ADHD, anxiety, depression, an autism-related need, or a specific behaviour pattern).

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**Roughly how long has this been a concern?**

- ☐ Less than 3 months
- ☐ 3 to 12 months
- ☐ 1 to 3 years
- ☐ More than 3 years

**This concern currently affects my child's daily life.**

- ☐ 1 Strongly disagree   ☐ 2 Disagree   ☐ 3 Unsure   ☐ 4 Agree   ☐ 5 Strongly agree   ☐ N/A

**How time-sensitive is this concern?**

- ☐ Immediate / crisis
- ☐ Needs attention within weeks
- ☐ Longer-term planning
- ☐ Ongoing / stable

### Step 2. Identify the Child's Current Needs

**Medical Needs** - Which of the following describe your child's current needs? Select all that apply.

- ☐ Chronic medical condition
- ☐ Medication schedule
- ☐ Allergies or dietary restrictions
- ☐ Specialist appointments
- ☐ Medical testing or procedures
- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Nutritional or feeding support
- ☐ Emergency-care plan



- ☐ Health-insurance coordination
- ☐ Medical-expense coordination

**Educational Needs - Which of the following describe your child's current needs? Select all that apply.**

- ☐ Learning difficulty or developmental delay
- ☐ Kindergarten readiness
- ☐ Academic performance
- ☐ School attendance
- ☐ Educational evaluation or testing
- ☐ IEP or Section 504 services
- ☐ Tutoring or academic support
- ☐ Classroom accommodations
- ☐ Behaviour plan at school
- ☐ Communication with teachers
- ☐ Special events or field trips
- ☐ Extracurricular activities

**Psychological or Behavioural Needs - Which of the following describe your child's current needs? Select all that apply.**

- ☐ ADHD-related supports
- ☐ Anxiety-related supports
- ☐ Depression-related supports
- ☐ Autism-related supports
- ☐ Emotional-regulation strategies
- ☐ Behavioural intervention plan
- ☐ Counselling or psychotherapy
- ☐ Psychiatric medication monitoring
- ☐ Psychological or neuropsychological evaluation
- ☐ Crisis-response plan
- ☐ Communication with therapists

**Are any of these additional areas also involved? Select all that apply, or leave blank.**

- ☐ Sleep or fatigue issues
- ☐ Diet or nutrition
- ☐ Sensory sensitivities
- ☐ Mobility or motor skills
- ☐ Social relationships
- ☐ Family stress affecting the child
- ☐ Financial coordination between homes
- ☐ None additional
- ☐ Other

### **Step 3. Review Professional Recommendations**

**Medical Needs - Who is currently involved with this concern? Include every paediatrician, specialist, or therapist who has evaluated or is treating your child.**

- ☐ Paediatrician
- ☐ Family physician
- ☐ Specialist physician
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Therapist or counsellor
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Speech-language pathologist
- ☐ Teacher
- ☐ School counsellor
- ☐ IEP or 504 team



- ☐ Case manager or care coordinator
- ☐ No one yet

**Educational Needs - Who is currently involved with this concern? Include every teacher, school counsellor, IEP team, or educational specialist who has evaluated or is treating your child.**

- ☐ Paediatrician
- ☐ Family physician
- ☐ Specialist physician
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Therapist or counsellor
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Speech-language pathologist
- ☐ Teacher
- ☐ School counsellor
- ☐ IEP or 504 team
- ☐ Case manager or care coordinator
- ☐ No one yet

**Psychological or Behavioural Needs - Who is currently involved with this concern? Include every psychologist, therapist, psychiatrist, or behavioural specialist who has evaluated or is treating your child.**

- ☐ Paediatrician
- ☐ Family physician
- ☐ Specialist physician
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Therapist or counsellor
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Speech-language pathologist
- ☐ Teacher
- ☐ School counsellor
- ☐ IEP or 504 team
- ☐ Case manager or care coordinator
- ☐ No one yet

**Medical Needs - What does the most recent medical recommendation include? Select every category that applies.**

- ☐ Daily medication
- ☐ As-needed / rescue medication
- ☐ Ongoing therapy sessions
- ☐ Diet, feeding, or nutrition plan
- ☐ Follow-up testing or imaging
- ☐ Referral to a specialist
- ☐ Emergency-response plan
- ☐ Home-care equipment or supplies
- ☐ Lifestyle or activity guidance
- ☐ Other

**Educational Needs - What does the most recent educational recommendation include? Select every category that applies.**

- ☐ Special-education services (IEP)
- ☐ Section 504 accommodations
- ☐ Classroom accommodations
- ☐ Tutoring or academic support
- ☐ Behaviour plan at school
- ☐ Speech-language therapy
- ☐ Occupational therapy at school



- ☐ Additional evaluation or testing
- ☐ Change of placement or setting
- ☐ Other

**Psychological or Behavioural Needs - What does the most recent clinical recommendation include? Select every category that applies.**

- ☐ Weekly therapy or counselling
- ☐ Medication management
- ☐ Behaviour plan at home
- ☐ Coping-skills tools
- ☐ Additional evaluation or testing
- ☐ Sleep or daily-routine changes
- ☐ Family or parenting support
- ☐ Crisis-response plan
- ☐ School-therapist coordination
- ☐ Other

**Do you have the recommendation in writing (report, plan, prescription, IEP, etc.)?**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ Unsure

**I understand the current recommendations for my child.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

## Step 4. Each Parent's Understanding

**Both parents have received the same written information about this concern.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**Both parents attend key appointments, meetings, or evaluations.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**My co-parent and I can discuss this concern openly and calmly.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**My co-parent and I use the same words when describing the concern to our child.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**I believe my co-parent understands what our child is going through.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

## Step 5. Coordination Between Homes

**Daily routines that affect this concern (medication, bedtime, homework, therapy practice) are consistent across both homes.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**Professional recommendations are followed in both homes.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**My co-parent and I share updates about appointments, changes, and new information promptly.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**Supplies the child needs (medication, adaptive equipment, homework, comfort items) travel reliably between homes.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

**Transitions and handoffs happen without disrupting the plan.**

- ☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Unsure ☐ 4 Agree ☐ 5 Strongly agree ☐ N/A

## Step 6. Agreement and Disagreement

**Where do you and your co-parent clearly agree on this concern?**

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**Where do you and your co-parent see it differently?**

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**Which type of gap best describes the disagreement?**

- ☐ Different information
- ☐ Different priorities
- ☐ Different parenting styles
- ☐ Communication breakdown
- ☐ No meaningful disagreement

## **Step 7. Practical Co-Parenting Options**

**Medical Needs - Select the practical options you would consider trying. You can pick more than one.**

- ☐ Shared calendar for medical appointments
- ☐ Shared medication log (paper or app)
- ☐ Pillbox or dispenser used consistently in both homes
- ☐ Emergency-care instructions posted in both homes
- ☐ Both parents added to the patient portal
- ☐ Copy of prescriptions kept in each home
- ☐ Shared travel supply (spare inhaler, EpiPen, etc.)
- ☐ Alternating attendance at appointments
- ☐ Both parents attend key appointments together
- ☐ Third-party liaison (nurse, care coordinator)

**Educational Needs - Select the practical options you would consider trying. You can pick more than one.**

- ☐ Both parents on the school contact list
- ☐ Duplicate report cards and school communications sent to each parent
- ☐ Shared homework folder that travels between homes
- ☐ Alternating attendance at parent-teacher conferences
- ☐ Both parents attend IEP or 504 meetings
- ☐ Shared school calendar (events, holidays, exam dates)
- ☐ Written homework routine agreed in both homes
- ☐ Neutral educational liaison or advocate
- ☐ School-provided planner used consistently in both homes
- ☐ Both parents review the IEP or 504 plan together

**Psychological or Behavioural Needs - Select the practical options you would consider trying. You can pick more than one.**

- ☐ Consistent bedtime and morning routines in both homes
- ☐ Shared behaviour or reward system
- ☐ Consistent screen-time rules
- ☐ Shared coping-skills toolkit that travels with the child
- ☐ Both parents on the therapist's release-of-information
- ☐ Alternating attendance at therapy sessions
- ☐ Written crisis-response plan posted in both homes
- ☐ Shared calendar for therapy and medication
- ☐ Third-party parent-coach or family therapist
- ☐ Neutral communication channel for behavioural updates

**Any additional cross-cutting options to consider?**

- ☐ Regular parent-only check-ins
- ☐ Written communication log
- ☐ Mediation for major decisions
- ☐ Third-party parenting coordinator
- ☐ Shared parenting app (OurFamilyWizard, TalkingParents, etc.)
- ☐ Formal written co-parenting agreement



- ☐ None additional
- ☐ Other

## Step 8. Create an Action Plan

**What is the single most important thing to address in the next 30 days?**

- ☐ Schedule the next professional appointment
- ☐ Refill medication or supplies
- ☐ Update the shared calendar or plan
- ☐ Align on daily routine between homes
- ☐ Have a difficult conversation with my co-parent
- ☐ Speak with a mediator or family professional
- ☐ Communicate with the child's school or provider
- ☐ Complete an evaluation or paperwork
- ☐ Other

**When could you and your co-parent meet (or send a written proposal) to discuss this plan?**

- ☐ This week
- ☐ Within 2 weeks
- ☐ Within a month
- ☐ Undecided

**Medical Needs - Which paediatrician, specialist, or therapist would be most useful to consult next?**

- ☐ Paediatrician
- ☐ Specialist physician
- ☐ Allergist or dietitian
- ☐ Physical or occupational therapist
- ☐ Nurse care coordinator
- ☐ Emergency-care doctor
- ☐ Other
- ☐ No new professional needed

**Educational Needs - Which teacher, school counsellor, IEP team, or educational specialist would be most useful to consult next?**

- ☐ Classroom teacher
- ☐ School counsellor
- ☐ IEP or 504 coordinator
- ☐ Special-education advocate
- ☐ Tutor or academic coach
- ☐ Educational psychologist
- ☐ Speech or occupational therapist
- ☐ Other
- ☐ No new professional needed

**Psychological or Behavioural Needs - Which psychologist, therapist, psychiatrist, or behavioural specialist would be most useful to consult next?**

- ☐ Child therapist or counsellor
- ☐ Family therapist
- ☐ Psychiatrist
- ☐ Behaviour specialist
- ☐ School psychologist
- ☐ Parenting coach
- ☐ Other
- ☐ No new professional needed

**Do you have any concerns about the plan you would like to raise before finalising it?**

- ☐ No concerns
- ☐ Concerns about my co-parent following the plan
- ☐ Concerns about cost or logistics



- ( ) Concerns about how our child feels about the plan
- ( ) Concerns about safety or communication
- ( ) Something else I want to flag

*This workbook is for co-parent preparation and mediation. It is not legal advice, does not determine parental fitness, and does not diagnose. Complete the online assessment to receive your personalised 9-section polished report.*