



Co-Parenting for Resilience Important Information

The class you are registering for is designed to help divorcing parents learn about things they can do to reduce the negative impacts of divorce on their children, and to help their children adjust to the divorce more quickly. However, not everyone taking the class is getting a divorce. Some people may be asked to take this class for issues related to custody, paternity, legal separation, contempt, stepfamily break up, etc. Because the goals of Co-Parenting for Resilience class focus on helping the children, it addresses these situations as well.

To help make the class a positive experience for you and others, we need to ask you a series of questions on a brief survey. We are doing this for two important reasons:

1. When you go to a doctor's office the doctor needs to know something about your medical history to know how to help you. Similar to this, by answering these questions we will be able to better prepare the class to meet participants' needs.
2. We have found from experience that parents who respond to these questions ahead of time get more out of the class and are better able to meet their children's needs.

Your answers to these questions are anonymous.

- This means that no one will be able to know your answers. We will NOT ask you to put your name on the survey.
- There are no right or wrong answers. We simply ask that you respond to all the questions and be as honest as you can when answering.
- The survey questions reflect the fact that not everyone taking the survey is experiencing divorce. If this is your case, please answer the questions to the best of your ability for your situation, and if you find something does not relate to your situation, you can select "Does Not Apply."
- It takes most people about 20 to 30 minutes to answer all of the questions.

We know that you want the best for your children and appreciate you taking time to answer these questions.

After you finish the survey, you will be taken to a survey verification page. You must print the survey verification form and return it with your registration form and a check for the fee to be enrolled in the class.



Co-Parenting for Resilience Time 1 Survey (3/2017-3/2018)

Here are three things you should know to help you answer questions in this survey:

1. When we say "co-parent" we mean the child's other parent.
2. If you have had more than one child with the person you are divorcing, please think of the oldest child when responding to the questions; and
3. Some of the questions may not apply to your child because they are too young. Put does not apply or just leave them blank.

1. What is your sex?
 Male Female
2. With which race or ethnicity do you most closely identify (pick one)?
 Black / African American White / Caucasian
 Hispanic or Latino Native American
 Asian 2 or more races/other
3. What is the sex of your co-parent?
 Male Female
4. What is the highest level of education you have completed?
 Some Primary (K-11th) Some College /Tech school Masters Degree
 High School Degree or GED College Degree Doctorate (PhD, MD, JD, etc.)

5. What is your approximate **monthly** income from your work (take home pay) and/or retirement pension?
 \$0 to \$2,000 (up to approximately \$24,000 a year)
 \$2,001 to \$4,000 (approximately \$24,000-\$48,000 a year)
 \$4,001 to \$6,000 (approximately \$48,000-\$72,000 a year)
 \$6,001 or more (approximately \$72,000 or more a year)

6. What best describes the action you are currently taking in court regarding your child(ren)?
 Paternity Stepfamily break up or modification Separation
 Divorce Custody modification Contempt / Enforcement ruling

7. Are you physically separated from your co-parent (not living together)?
 Yes No If yes, how long have you been separated? ____Year(s) ____Month(s)

8. If separating/divorcing; how long were you with this person prior to the separation (if you never lived with this person please place a 0 in both blanks)? How long together? ____Year(s) ____Month(s)

9. On a scale of 1-10, indicate who you think wants the divorce/separation more? Circle a number.

1 2 3 4 5 6 7 8 9 10
 Partner wants it more.....both want it equally.....I want it more

10. On a scale of 1-10, indicate who you feel is more responsible for the relationship failing/ending? Circle a number.

1 2 3 4 5 6 7 8 9 10
 Partner completely responsible.....equally responsible.....I am completely responsible

11. Are you currently dating or seeing anyone romantically?
 No, I'm not seeing anyone right now
 Yes, I'm in a casual dating relationship with a new partner
 Yes, and we are living together
 Yes, and it's becoming serious

12. Is this legal action regarding children from a...?
- First Marriage
 - Later Marriage (2nd, 3rd, 4th, etc.)
 - Cohabitation (living together but never married)
 - Does Not Apply

13. Write the ages of each child you have had with the other person involved in the case. (Do not include children you had with another partner) *If the child is less than one-year-old, then please write a 1 in a blank below.

Child 1 _____ Child 2 _____ Child 3 _____ Child 4 _____ Child 5 _____ Child 6 _____ Child 7 _____ Child 8 _____

14. What is the current custodial arrangement for the children (to whom has the court given decision making authority)?
- I have custody
 - My co-parent has custody
 - We have joint custody
 - Other arrangements

15. During the past 30 days, about how many days did you spend time with your child(ren) in person? _____

16. During the past 30 days, about how many nights did your child(ren) spend the night with you? _____

17. During the past 30 days, about how many days did you have contact with your children via phone, text, or other means of social media etc.? _____

18. Does your co-parent currently have limited involvement with his or her children due to being in prison, living out of state, having a protective order, or for some other reason that limits their ability to be involved?

- Yes No

19. For the following questions, think of your oldest child, under the age of 18, with your co-parent (the other person in this case). If the question does not apply due to the child's age, mark "does not apply."

MY CHILD	Not true	Somewhat true	Certainly true	Does Not Apply
a) Is considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Is restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Often complains of headaches, stomachaches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Shares readily with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Often loses his/her temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Is rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Is generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Has many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Is helpful if someone is hurt, upset, or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Is constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY CHILD	Not true	Somewhat true	Certainly true	Does Not Apply
k) Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Is generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Is easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Is nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Is kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Is picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) Often offers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) Steals from home, school, or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Has many fears, is easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Has a good attention span, sees work through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. The next few questions ask about your feelings and thoughts during the last month...

In the last month, how often have you...	0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very Often
a) been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) found that you could not cope with all of the things you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. The next few questions ask about what support you may have. Please select one response per question.

	Never	Rarely	Sometimes	Usually	Always
a) I have someone who will listen to me when I need to talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I have someone to confide in or talk to about myself or my problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I have someone who makes me feel appreciated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I have someone to talk with when I have a bad day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Using the scale shown below, please select the response that best describes how you think about yourself right now...

	Not at all	A little	Somewhat	A lot	Almost Always
a) If I should find myself in a jam, I could think of many ways to get out of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) At the present time, I am energetically pursuing my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) There are lots of ways around any problem that I am facing now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Right now, I see myself as being pretty successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I can think of many ways to reach current goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) At this time, I am meeting the goals that I have set for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Please indicate how much each of the following influenced your relationship ending with your co-parent?

	Not at all	A little	Somewhat	A lot
a) Differences in how to raise the children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Alcohol and/or drug abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Physical violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Emotional or verbal abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Involvement with criminal activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sexual abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Infidelity (one of us had an affair/cheated)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Select the response that best describes the way you and your co-parent work together as parents.

In the PAST MONTH how often did the following happen?

Never Sometimes Often Almost Always Does Not Apply

- | | Never | Sometimes | Often | Almost Always | Does Not Apply |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I didn't agree with the decisions my co-parent made about our children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I made negative comments, jokes, or sarcastic comments about the way my co-parent is as a parent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I discredited my co-parent as a parent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) My co-parent and I discussed the best ways to meet our children's needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) My co-parent and I shared information about our children with each other. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) My co-parent and I made joint decisions about our children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) My co-parent and I tried to understand where each other is coming from. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) My co-parent and I respected each other's decisions made about our children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) My co-parent made it hard for me to spend time with my children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j) I have reminded my children about special occasions/events to celebrate with their other parent? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k) I have experienced conflict with the children's other parent that the children watched or listened to? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l) I have talked to my children about feelings they are experiencing in the divorce process? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m) I put my children "in the middle" of a difficult situation between myself and the children's other parent? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n) My co-parent or I used visitation as a threat to get something else? (e.g. "If you don't____ I won't let you see the kids). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o) I felt angry or upset due to communication difficulties with the children's other parent? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p) I have relayed messages to my co-parent through our children? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

25. Select the response that best describes your relationship with your oldest child	Strongly Agree	Agree	Mildly Agree	Mildly Disagree	Disagree	Strongly Disagree
a) I would make a good role model for new parents who needed to learn what it takes to be a good parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Being a parent is manageable and any problems are easily solved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I know what to do when problems arise with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I am satisfied with the way I care for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) If anyone can find the answer to what is troubling my child, I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Considering how long I've been a parent, I feel completely at home with this role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I honestly believe that I have all the skills necessary to be a good parent to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions deal with how people respond when they are presented with problems and challenges.

26. How true are the following....	Never	Rarely	Sometimes	Often	Always
a) You adapt to change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) You can deal with whatever comes your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You try to see humorous sides of problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You believe that coping with stress will make you stronger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You tend to bounce back after illness or hardship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) You can achieve your goals despite the obstacles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) You can stay focused under pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) You are not easily discouraged by failure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) You think of yourself as strong person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) You can handle unpleasant feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. In the past 7 days how frequently have...	Never	Rarely	Sometimes	Often	Always
a) I felt depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I felt that nothing could cheer me up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I felt that my life was empty?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I felt unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I felt I had no reason for living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I felt that nothing was interesting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In the past 7 days how frequently have...	Never	Rarely	Sometimes	Often	Always
a) I had trouble controlling my temper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) It was hard to control my behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I said or did things without thinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I got impatient with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I was irritable around other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I was bothered by little things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I became easily upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I was in conflict with others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I felt impulsive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) People told me that I talked in a loud or excessive manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I said or did things that other people probably thought was inappropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I felt angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) I suddenly became emotional for no reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) I felt restless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) It was hard to adjust to unexpected changes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) I had a hard time accepting criticism from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. If you are separating or divorcing, please tell us...	Not at all	Somewhat	A lot	Does not apply
a) Even at this point, do you feel your divorce (separation) could be prevented if one or both of you works hard to save the marriage (relationship)?	○	○	○	○
b) If a service were offered to help divorcing (separating) couples work out their problems and save their marriage (relationship), would you seriously consider trying it?	○	○	○	○

30. The following questions are to help us track how many different people take our programs and to see how our programs help people over time. We will use this information and your birthday to create a unique code so that no one will know who you are. If you ever take another program with us, we will ask you the same questions and match these answers with your answers later.

What are the first three letters of your first name as it appears on your birth certificate (please put one letter per box)? Do not use the letters for any nicknames you might have. Ex: If your name is John Ray Smith, you will write "J O H" in the boxes to the right (one letter in each box)			
What is your birthday?	Month	Day	Year
What are the first three letters of your co-parent's first name as it appears on his or her birth certificate? (please put one letter per box) Do not use the letters for any nicknames they might have. Ex: If their name is Sarah Jane Smith, you will write "S A R" in the boxes to the right (one letter in each box)			
What is your co-parent's birthday?	Month	Day	Year

Thank you very much for your help!