

This checklist is designed for parents in transition to review how your children’s needs are being met and how your parenting team is working. Family transition takes place over time, and developing your new parenting relationship is a process. Roles change, responsibilities shift and parents often need to learn new skills.

The following set of detailed questions will help you identify areas that are working well and areas where improvement is needed. The checklist can be used on your own or with support professionals such as attorneys, mediators and counselors.

These materials are based on the [*Birth Through Three*](#) Parenting Tool adopted by the Oregon Judicial Department and distributed to Oregon Family Law Courts statewide.

1 (a) Child's Safety

	Seldom or never true about ME (green)	True about ME sometimes (yellow)	True about ME most of the time (red)	Seldom or never true about OTHER PARENT (green)	True about OTHER PARENT sometimes (yellow)	True about OTHER PARENT most of the time (red)
Serious and ongoing abuse of alcohol or drugs by parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent is violent towards child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent does not recognize or is not able to meet child's basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent presents other dangerous conditions (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

1(b) Parent's Safety

	Seldom or never true about ME (green)	True about ME sometimes (yellow)	True about ME most of the time (red)	Seldom or never true about OTHER PARENT (green)	True about OTHER PARENT sometimes (yellow)	True about OTHER PARENT most of the time (red)
Parent has been physically violent towards other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent has damaged items or harmed pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent has used or threatened to use a weapon against other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent has been charged with harming or threatening harm to anyone (including restraining order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Child's Connection With Parents

	True about ME most of the time (green)	True about ME sometimes (yellow)	Seldom or never true about ME (red)	True about OTHER PARENT most of the time (green)	True about OTHER PARENT sometimes (yellow)	Seldom or never true about OTHER PARENT (red)
Parent has been consistently involved in the child's life for at least the past six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child seeks out parent when upset or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

If you answered "true most of the time" on any of the items in questions 1(a) or 1(b), or "seldom or never true" in question 2 (use up arrow to review your answers), limited or no overnights should be considered for that parent at this time. See [Safety Focused Parenting Plan Guide](#) and page 3 of the [Birth Through Three Parenting Time Tool](#)

3. Child's Day-To-Day Needs

	True about ME most of the time (green)	True about ME sometimes (yellow)	Seldom or never true about ME (red)	True about OTHER PARENT most of the time (green)	True about OTHER PARENT sometimes (yellow)	Seldom or never true about OTHER PARENT (red)
Parent sees and responds to child's physical and emotional needs as separate from parent's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent does not currently abuse drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any of parent's emotional and mental health issues are acknowledged and are being treated/managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Child's Physical And Special Needs

	True about ME most of the time (green)	True about ME sometimes (yellow)	Seldom or never true about ME (red)	True about OTHER PARENT most of the time (green)	True about OTHER PARENT sometimes (yellow)	Seldom or never true about OTHER PARENT (red)
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Parent stays up-to-date about child's special needs and follows agreed-upon professional recommendations

If child is breastfeeding, parent takes action to support child's ability to do so

Comments:

5. Child's Response To The Family Situation

Child Manages well most of the
time (green)

Child manages well some of the
time (yellow)

Child shows signs of long-term
distress (red)

Child handles transitions between parents with a manageable level of stress (some crying or sadness, resistance to leaving parent), but does not show on-going signs of distress (unable to be soothed, withdrawn for long periods of time, unable to sleep, unable to do things at child's usual level).

Comments:

6. Our Parenting Team

	True about ME most of the time (green)	True about ME sometimes (yellow)	Seldom or never true about ME (red)	True about OTHER PARENT most of the time (green)	True about OTHER PARENT sometimes (yellow)	Seldom or never true about OTHER PARENT (red)
Parent can listen and talk with other parent and problem-solve with other parent in a calm and effective way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent is able to be present at child events without behaving negatively toward the other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent follows through with parenting time as scheduled or lets the other parent know if a change is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent encourages the child's relationship with the other parent in a positive and consistent way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent maintains a calm atmosphere around child's transition from one parent to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

7. Other Important Details

	True about ME most of the time (green)	True about ME sometimes (yellow)	Seldom or never true about ME (red)	True about OTHER most of the time (green)	True about OTHER PARENT sometimes (yellow)	Seldom or never true about OTHER PARENT (red)
Parent can provide a safe and comfortable place for the child to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent is able to get child to where the child needs to be (other parent's home, school/ day care) on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent can care for child on short notice if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

8. Child's Other Connections

	Important to ME	Important to the OTHER PARENT
There are other important people in the child's life who should be considered when making a plan for this child	<input type="checkbox"/>	<input type="checkbox"/>
There is a cultural or religious connection that we want to preserve when making a plan for this child	<input type="checkbox"/>	<input type="checkbox"/>

Other relationships or practices to support in the plan (please specify)

REVIEWING YOUR RESPONSES

If you answered “true about me” or “true about the other parent” for any of the questions in 1a or 1b, please continue to take your safety, and your children’s safety, seriously. You may need to use a [Safety Focused Parenting Plan](#). Here are some additional resources: [Domestic Violence Information](#)

If your answers were mostly **red**, or if you and the other parent have significantly different answers throughout, professionals (such as mediators and attorneys) can help you design your parenting plan. They will help you identify choices to support the safety and well-being of your child and communication with the other parent.

Where your answers were **yellow**, they present opportunities to improve your child’s environment and your co-parenting. Consider how to write your parenting plan so you can move those areas towards the green zone.

Where your answers were **green**, think about what you are doing well, and write your parenting plan in a way that continues to support your child and your co-parenting relationship.

To explore more questions about your child and both parents to help you create your parenting plan, go to the [How Do I Get Started?](#) section of the [Basic Parenting Plan Guide](#).