EMPOWERED

Parent Training Application

Husband's Name:
Wife's Name:
Primary Email:
Primary Phone Number:
Church & Campus (if applicable):
Class Day/Time: Sunday 4p-6p

List each of your children (by first name only) and how he/she entered your family (i.e., birth, adoption, foster care). For each child (other than current foster children), please indicate his/her age and briefly describe any special needs (i.e., medical, physical, and/or emotional/relational) that you are aware of:

For each child, identify any significant behavioral challenge(s) that you are currently dealing with:

What are the most significant challenges or issues for you personally as a parent?

Describe the parenting tools that you currently use most often to discipline and correct misbehavior.

To this point, what have been the most helpful sources of support, encouragement, and education for you as an adoptive/foster parent?

How do you define and/or measure success as a parent to your children?

On a scale of 1 to 10 (1 being the lowest and 10 being the highest), how nurturing are you as a parent toward your child? (Answer for each child by indicating the child's name and the score next to it.)

On a scale of 1 to 10 (1 being the lowest and 10 being the highest), how effective are you at providing structure for your child? (Answer for each child by indicating the child's name and the score next to it.)

Which is more important for you as a parent to your child(ren), nurture or structure? Explain.

Do you believe you were adequately prepared for the adoption or foster care journey? Explain.

What expectations did you have coming into the adoption/foster care journey that turned out to be unrealistic or wrong?

If you could change anything about the way you parent, what would it be and why?

What is your previous experience with the parenting approach taught by Dr. Karyn Purvis? (check all that apply)

- □ I have read The Connected Child
- □ I have read the Created To Connect study guide
- □ I have attended an Empowered To Connect Conference
- □ I have watched videos featuring Dr. Purvis

Do you currently plan to adopt/foster again? If so, please describe your current plans.

Will you need childcare during the training for any child(ren)? If no, leave blank. If yes, please provide below the following information for each child: name, date of birth, grade in school (if any), special instructions (if any), and allergies.

Application can be returned to Casidhe Meriwether at <u>info@tapestryohc.com</u> or Melissa Ortiz at melissao@oakhillschurch.com