

## Reference Questionnaire

You are being asked to participate in a social study. The purpose of a social study is to make recommendations to the court when the parents cannot agree on the best parenting plan for their child(ren). Each parent has been asked to identify references to complete a questionnaire about their parenting. Your participation is voluntary. **Your responses are not confidential**- they may be shared with the court, the attorneys and the parties involved in this suit. You may be called and asked additional questions about your responses.

Please send the questionnaire **as soon as possible**, by mail, email or fax directly to:

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Please answer the following questions as completely and as objectively as possible, confining your answer to what you have first hand knowledge of. You may use additional paper if necessary but please use only **8 ½ by 11 inch** paper and **write only on one side**.

Date completed: \_\_\_\_\_

1. Your name, address and telephone number. (all three are required)
2. Name of the person who asked you to complete this questionnaire (“this parent”).

**This parent:**

3. What is your relationship with this parent?
4. How long have you known this parent?
5. How often do you have contact with them and when was the last contact?

6. Do you know the child(ren) in this case? How often do you see them?

7. How often have you seen this parent and the child(ren) together? Based on those observations how would you describe their relationship?

8. Based on your observations of this parent and their child(ren), describe their strengths as a parent.

9. Based on your observations of this parent and their child(ren), describe their weaknesses as a parent.

10. Have you ever had any concerns about this parent related to emotional stability, substance use, anger, violent behavior, physical health or other topics that may impact a person's ability to parent? If so, describe.

11. Have you ever heard this parent make negative remarks about the child(ren)'s other parent in front of the child(ren) or within earshot of the child?

12. Have you ever been present during an exchange of possession between the parents? If so, how did this parent interact with the child's other parent?

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13. Does this parent interact with his/her child(ren) when they are together? If yes, how would you describe their interaction?

14. Does this client listen to his/her child(ren) when they are together? If yes, please tell me how you can tell that the parent is listening to their child(ren).

**The other parent:**

15. Do you know the other parent? **If not stop here.**

16. What is your relationship with the other parent?

17. How long have you known them?

18. How often do you have contact with them? When was the last contact?

19. How often have you seen the other parent and the children together? Based on those observations, how would you describe their relationship?

20. Based on your observations of the other parent and their child(ren), describe their strengths as a parent.

21. Based on your observations of the other parent and their child(ren), describe their weaknesses as a parent.

22. Have you ever had any concerns about this parent related to emotional stability, substance use, anger, violent behavior, physical health or other topics that may impact a person's ability to parent? If so, describe.

23. Have you ever heard the other parent make negative remarks about the child(ren)'s other parent in front of the child(ren) or within earshot of the child?

24. Have you ever been present during an exchange of possession between the parents? If so, how did the other parent interact with the child(ren)'s other parent?

25. Does the other parent interact with his/her child(ren) when they are together? If yes, how would you describe their interaction?

26. Does the other parent listen to his/her child(ren) when they are together? If yes, please tell me how you can tell that the parent is listening to their child(ren).

27. Any additional observations or information that you believe an evaluator should know? *(use the back of this form if necessary)*

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Your Signature

Date