

PARENT COACHING

The Parent Coaching programs are tailored to each family's individual needs who have children between 3 and 16; both are designed to help the whole family. Our programs focus on your family's strengths and facilitates attainable goals that will support it for years to come. Both programs are offered virtually or in-home to best meet the needs of your family.

The **NEST PARENTING PROGRAM**

includes connecting, empowering and correcting principles based in TCU's Trust-Based Relational Intervention (TBRI). Parent coaches spend 10 weeks in each family's home or virtual visits, ensuring parents connect, correct and empower their children who may have one of six risk factors.

Our **NURTURING PROGRAM** allows each family to choose aspects of their plan to work towards a more unified family from limiting screen time to building and creating schedules and even parenting a child with ADHD.



For more information on the program, please visit theparentingcenter.org or call our Family Life Program Director, Kathryn Thalken, at 817-632-5537.

PARENT COACHING REFERRAL FORM

Today's Date: _____

PLEASE SELECT A PROGRAM

NEST PROGRAM

Have you or your child experience one of the following (check all that apply):

- Moderate/high stress in family Difficult/stressful pregnancy
 Difficult/complicated birth Early hospitalization (birth-3 years old)
 Abuse or neglect
 Trauma of some kind (domestic violence witness, natural disaster survivor, divorce, etc.) Adoption or foster care

NURTURING PROGRAM

With more than 50 topics available, would you like to choose specific topics to cover in your sessions (check all that apply):

- ADHD
 Sibling rivalries
 Boundaries
 Tantrums
 Other: _____

PRIMARY CAREGIVER INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____

Gender: Female Male Identify as: _____

Primary Language: English Spanish Other: _____

Phone: _____ Email: _____

Address: _____
Street City State Zip County

In order to be eligible for this program, the family must answer **YES** to the following questions:

Do you have a child/children between the ages of 3 and 16 years old? Yes No

Does the child/children live with you at least half of the time? Yes No

Are you willing to make a life change? Yes No

What is the presenting issue for the family? _____

Referred By: _____

Agency Name (if applicable): _____

Date Referral Sent: _____

Email: _____

Phone: _____

Optional: Is there a current open CPS case? Yes No

A current open case will be considered for services.

If this form is being filled out by an agency, is the client aware of this referral? Yes No

Please fax back to 817-332-6489 attention: Kathryn Thalken or email to kthalken@theparentingcenter.org.

TPC Use Only:

Date Referral Received: _____

Parent Coach Assigned: _____

Date of 1st contact with family: _____ Type and Coach: _____

Date of 2nd contact with family: _____ Type and Coach: _____

Date of 3rd contact with family: _____ Type and Coach: _____