

# 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.



# 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: PARENT COACHING or [coaching@theparentingcenter.org](mailto:coaching@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: \_\_\_\_\_