



## Redirecting Children's Behavior Course Parent Information Sheet

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse / Course Partner: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Course Time: \_\_\_\_\_

Location: \_\_\_\_\_

**By one week before the Start Date of the Course, return this form with the signed contract and deposit to: **Growing Peaceful Families,**  
**PO Box 22257, Lexington, KY 40522****

1. How many children were in your family when you were growing up?  
What were you in the birth order? What was your role in the family? Were you the "good" child, sports star, always in trouble, the brains, etc.?
2. What discipline methods did your parents generally use?
3. Describe a time when you were disciplined as a child. Then describe how you felt.
4. What discipline methods do you use with your child/children? What is your child's reaction to these methods?

5. What discipline methods does your spouse / course partner use with your children? What are your children's reactions to these methods?

6. List three specific things that you would like to gain from taking this course.

1.

2.

3.

7. Please list your children's names, ages, grade in school and any information that might be helpful for your instructor to know.

Name	Age	Grade	Comments