PARENT COACHING

Service Inquiry Form

Sandi Taylor Counselling & Consulting
1137 Simmons Drive, Headingley, Manitoba R4H 1E1
(204) 818-2609 | sandi@stcc.ca

CONFIDENTIAL INQUIRY

This form helps determine whether Parent Coaching may be appropriate for you and your family.
Completion does not establish a professional relationship or guarantee acceptance into services.
Estimated completion time: 10-15 minutes.

Parent Coaching Service Inquiry

Contact and family information

1. Before You Begin

Parent Coaching is a voluntary, educational, and supportive service focused on parenting skills, communication, confidence, and child-focused decision-making. It is not emergency service, legal advice, or a replacement for therapy when therapy is needed.

2. Contact Information

Full name *

Preferred name

Date of birth

Telephone *

Email *

Address

Preferred contact method: Email Telephone Text - scheduling only

Safe to leave voicemail? Yes No

Safe to send email? Yes No

3. Family Information

Relationship status: Married Separated Divorced Other

Approximate separation date

Number of children

Children - names, ages, and current living arrangements

Parent Coaching Service Inquiry

Referral and reason for inquiry

4. Referral Information

How did you hear about STCC?

- ☐ Website
- ☐ Lawyer
- ☐ Physician
- ☐ Therapist
- ☐ Friend / family
- ☐ Previous client
- ☐ Online search
- ☐ Self-referral
- ☐ Other

Referring person or organization

5. What Brings You to Parent Coaching?

- ☐ Improve communication
- ☐ Co-parenting after separation
- ☐ Parenting transitions
- ☐ Parenting plan support
- ☐ Managing conflict
- ☐ Child behaviour
- ☐ Parenting strategies
- ☐ Blended-family concerns
- ☐ New partner adjustment
- ☐ Boundary setting
- ☐ Emotional regulation
- ☐ Stress management
- ☐ Parenting confidence
- ☐ Preparing for mediation
- ☐ Preparing for Parent Coordination
- ☐ Other

Briefly describe your current concerns *

6. Current Parenting Situation

Describe the current parenting arrangement and schedule, if applicable:

Describe current communication with the other parent or important caregivers:

7. Parenting Challenges

Communication with the other parent: ○ Good ○ Fair ○ Poor ○ N/A

Current conflict level: ○ Low ○ Moderate ○ High ○ N/A

Child transitions between homes: ○ Smooth ○ Sometimes difficult ○ Frequently difficult

Consistency between homes: ○ Consistent ○ Some differences ○ Significant differences

8. Goals for Coaching

What would you like to accomplish through Parent Coaching? *

What would meaningful progress look like for you and your family?

9. Current Supports

- [ ] Therapist / counsellor
- [ ] Family physician
- [ ] Psychiatrist
- [ ] Lawyer
- [ ] Mediator
- [ ] Parent Coordinator
- [ ] Child therapist
- [ ] School supports
- [ ] None
- [ ] Other

List relevant professionals, programs, or supports currently involved:

10. Children's Needs

- [ ] Anxiety
- [ ] Behaviour concerns
- [ ] ADHD
- [ ] Autism / neurodivergence
- [ ] School / learning concerns
- [ ] Medical concerns
- [ ] Mental health concerns
- [ ] Developmental concerns
- [ ] None identified
- [ ] Other

Please explain relevant child strengths, needs, diagnoses, supports, or accommodations:

11. Preliminary Safety Screening

Complete this section privately.

A yes response helps identify whether safeguards or another service may be needed.

Is there current or past family violence or coercive control?	Yes	No
Is there a protection, peace bond, or no-contact order?	Yes	No
Is Child and Family Services currently involved?	Yes	No
Are there safety concerns during exchanges or parenting time?	Yes	No
Are there substance use concerns affecting parenting?	Yes	No
Are there current criminal charges involving either parent?	Yes	No
Do you feel safe participating in coaching?	Yes	No

Explain any yes responses and current safety measures:

12. Readiness for Coaching

Please indicate your understanding and readiness. These statements help determine whether coaching is likely to be a helpful fit.

- [ ] I understand Parent Coaching is voluntary.
- [ ] I understand Parent Coaching is educational and supportive.
- [ ] I understand Parent Coaching does not provide legal advice.
- [ ] I understand Parent Coaching does not replace counselling or therapy.
- [ ] I understand coaching focuses on parenting skills, communication, and child-focused decision-making.
- [ ] I am willing to participate respectfully and actively.
- [ ] I am willing to consider activities or practice between sessions.

13. Session Preferences

Preferred format: ○ In person ○ Virtual ○ Either

Interested in: ○ Individual coaching ○ Two-parent coaching ○ Either

Preferred time: ○ Morning ○ Afternoon ○ Evening

General availability and scheduling limitations:

Is there anything else you would like STCC to know?

14. Acknowledgement

Please confirm each statement before signing. This is an inquiry only and is not a full intake or informed consent agreement.

- [ ] I understand this is an inquiry form only.
- [ ] I understand completion does not establish a professional relationship.
- [ ] I understand completion does not guarantee acceptance into Parent Coaching.
- [ ] I understand the information will be reviewed to determine whether coaching may be appropriate.
- [ ] I understand additional intake and informed consent documents will be required before coaching begins.
- [ ] I confirm the information provided is accurate to the best of my knowledge.
- [ ] I understand electronic transmission carries privacy and security risks that cannot be completely eliminated.

Electronic signature / typed name *

Date *

Submission instructions

Save the completed PDF and submit it using the secure method provided on the STCC website.

Do not send urgent or emergency information through email or a website form.

For questions: (204) 818-2609 | sandi@stcc.ca

For STCC Office Use Only

Date received

Reviewer

Preliminary outcome: ○ Offer consultation ○ Request more information ○ Refer elsewhere

Review notes and recommended next steps: