


# NORTH TEXAS COUNSELORS

## Filial Parenting Group



Call 972-984-2071  
or email  
info@ntxcounselors.com

Child-Parent Relationship Training  
Starts Wed. August 1<sup>st</sup> 6:30-7:30  
\$30 per session (8 weeks)

Parenting Can Be Difficult...

- Do you feel like you have lost control of your role as a parent?
- Do you find yourself yelling at your child more often than laughing with your child?
- Do you feel you have lost touch with your child...-don't feel as close as you'd like?
- Do you feel frustrated and find yourself saying the same things over and over, with no results?
- Would you like for your relationship with your child to go back to the "way it used to be"?

If you answered "Yes" to any of these questions, Child-Parent-Relationship (C-P-R) Training Can Help!

Learn skills that will make a difference in your life and the life of your child.

In 8 weeks, you will learn how to:

- Regain control as a parent
- Help your child develop self-control
- Effectively discipline & limit inappropriate behavior
- Understand your child's emotional needs
- Communicate more effectively with your child

In 8 weeks, you will see a noticeable difference in:

- Your relationship with your child
- Your child's behavior
- Your ability to respond effectively
- Your confidence in your parenting skills

**NORTH TEXAS COUNSELORS: FILIAL GROUP INTAKE FORM**  
**(Both parents do not have to attend)**

Parents's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How many years married: \_\_\_\_\_

MOM:

What is your biggest strength/ as a parent? \_\_\_\_\_

What is your biggest challenge?: \_\_\_\_\_

What do you need help with the most? \_\_\_\_\_

What would you like to gain from this group? \_\_\_\_\_

DAD:

What is your biggest strength as a parent? \_\_\_\_\_

What is your biggest challenge?: \_\_\_\_\_

What do you need help with the most? \_\_\_\_\_

What would you like to gain from this group? \_\_\_\_\_

*Circle any symptoms family members have below:*

Anger	Anxiety/Phobias	Eating problems	Acts out
Conduct Problems	Controlling	Isolation	Discipline Issues with parents
Defiance/discipline issues	Depression	Shy, quiet	Manipulates
Hyperactive	Tantrums	Lack of empathy Lack of motivation	Lying/Stealing Lethargy

How do your children interact with each other?  
\_\_\_\_\_  
\_\_\_\_\_

What discipline strategies have you tried? What has worked/not worked?  
\_\_\_\_\_  
\_\_\_\_\_

What do you do together as a family?  
\_\_\_\_\_  
\_\_\_\_\_

What do you want your family to be like?  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, I understand that I am committed to paying \$240 for the full group (either all upfront or half upfront and half the first session) regardless if I am in attendance or not. I authorize my credit card on file to be charged.*

**(Please check):**  Pay in full

**(Circle) Visa MC DISC**  
 Pay \$120 now & \$120 first session

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_