PARENTING WORKSHEET

Fill in the blanks to reflect on your experience as a parent.

I AM A _____ PARENT.

I NEED TO BECOME A MORE _____ PARENT.

MY CHILD THINKS I AM A _____ PARENT.

I WISH MY CHILD WOULD STOP _____.

I WISH MY CHILD WOULD START _____.

I HOPE MY CHILD NEVER _____.

I NEED TO GIVE MY CHILD MORE _____.

MY CHILD'S BEHAVIOR WOULD BE BETTER IF _____

_____.

MY CHILD'S FRIENDS ARE _____.

MY CHILD MAKES ME PROUD WHEN _____.

MY CHILD DISAPPOINTS ME WHEN _____.

MY CHILD'S MOOD IS TYPICALLY _____.

MY CHILD'S BEHAVIOR IS TYPICALLY _____.

MY CHILD LIKES TO _____.

MY CHILD HATES TO _____.

I WANT TO TEACH MY CHILD TO _____.

I PROVIDE A(N)_____ ENVIRONMENT FOR MY CHILD.

MY DISCIPLINE STYLE IS_____.

OUR FAMILY IS _____.

I *HOPE* THAT SOME DAY MY CHILD WILL _____.

I *KNOW* THAT SOME DAY MY CHILD WILL _____.

ONE THING I WILL NEVER DO AS A PARENT IS_____.