

Jennifer McMillan, LMFT, LMHP

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Parent Coaching Client Information

Name: _____ Date of Birth _____

Address: _____

Best number to reach you: _____

Email address: _____

I prefer: ___ not to communicate through email
 ___ to use email only for scheduling appointments
 ___ I understand that the use of email may not be confidential

Main reasons for being here today:

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What are your current parenting strengths/weaknesses:

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What would you like to accomplish in our parent coaching session today: