

HANDOUT 10B

Proactive Structuring Checklist

Consider the following list of common trouble spots. Do any of them apply to you and your child? If so, use a checkmark to indicate trouble spots and to indicate which of them you would like to change using proactive parenting.

	Trouble spot?	Want to work on it?
Bedtime	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	<input type="checkbox"/>
After school/homework	<input type="checkbox"/>	<input type="checkbox"/>
Device/phone usage	<input type="checkbox"/>	<input type="checkbox"/>
Time on social media	<input type="checkbox"/>	<input type="checkbox"/>
Video games	<input type="checkbox"/>	<input type="checkbox"/>
Getting ready to go out	<input type="checkbox"/>	<input type="checkbox"/>
Bath time	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends	<input type="checkbox"/>	<input type="checkbox"/>
Getting out the door for school in the morning	<input type="checkbox"/>	<input type="checkbox"/>
While I'm doing chores	<input type="checkbox"/>	<input type="checkbox"/>
While I'm on the phone	<input type="checkbox"/>	<input type="checkbox"/>
On car trips	<input type="checkbox"/>	<input type="checkbox"/>
While I'm making meals	<input type="checkbox"/>	<input type="checkbox"/>
After I go to bed	<input type="checkbox"/>	<input type="checkbox"/>
When I am at work	<input type="checkbox"/>	<input type="checkbox"/>
Having friends at the house	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):)	<input type="checkbox"/>	<input type="checkbox"/>