**Co-Parenting Agreement**

This agreement between [co-parent 1 name] and [co-parent 2 name] regarding the child [child's name] was developed in the best interest of this unique child. We agree to adhere to the agreement and respect the policies outlined for communication and revisions.

**Parties & Child Information**

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| **Co-Parent 1 Information:** | **Co-Parent 2 Information:** |
| Name: | Name: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Address: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone no: | Phone no: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | Email Address: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer: | Employer: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer & Contact: | Employer & Contact: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*Co-parents agree to share any updates to their contact information in a timely manner (immediately when in custody child, and within 72 hours when not in custody of child) \*.*

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| Signatures | Signatures |

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| **Child’s Information:** |
| Name: | Diagnoses (if applicable): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age & Date of Birth: | Additional Medical Concerns or Behavior/Stress Triggers (if applicable): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Custody Summary**

\*\**This co-parenting plan is an outline for parenting decisions, not a substitute for a legal custody arrangement. However, please provide a summary of the custody arrangement witnessed and approved by a judge below:* \*\*

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**Parenting Decisions**

1. **Child Care:** When either parent is unavailable to supervise child, the following guidelines should be maintained regarding childcare:

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1. **Daily Routines:** Schedule and consistency are essential to special needs children. We agree to the following guidelines for daily routines.
* Bedtime
* Sleep
* Mornings (School)
* Mornings (Holidays & Weekends)
* Food & Nutrition
* Screen Time (Times Allowed and Acceptable Media)
* Chores
* Internet Usage (Times and Acceptable Media/social media)
* Phone Usage (Calling & Texting)
* Extracurricular Activities (Sports, Clubs, Dating, Curfew)
* Additional Routine 1
* Additional Routine 2
* Additional Routine 3

*\*Co-parents agree to discuss and write out any necessary changes to the child's routine in an updated co-parenting agreement. Suggested changes by therapists will be included in written documentation\*.*

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| Signatures: | Signatures: |

1. **Behavior & Rewards:** Schedule and consistency are essential to special needs children. We agree to the following guidelines for daily routines.

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| **Behavior Tracking & Parent Communication Summary:** |
| Desired Behaviors: | Acceptable Discipline: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Undesired Behaviors: | Unacceptable Discipline: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reward Tracking & Parent Communication Summary:** |
| Small Rewards (Redeemable Daily): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medium Rewards (Redeemable 2-3x/Week): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Large Rewards (Redeemable 3-4x/Month): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*Co-parents agree to discuss and write out any necessary changes to the child's behavior and rewards system in an updated co-parenting agreement. Suggested changes by educators and therapists will be included in the written documentation\*.*

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| Signatures: | Signatures: |

**Communication and Information Sharing:**

We agree to communicate primarily by:

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Topics we will not discuss in front of the child:

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Both parties agree to give each other [number of hours] hours of notice if any schedule changes should occur. Both parties agree to share any medical, education, or other information they receive about the child within [number of hours] hours or receipt.

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| Signatures: | Signatures: |

**Plan Revisions:**

Revisions to this plan must be proposed in written format and agreed to by both parents. A witness must sign [number of days] days before implementation.

This agreement is valid for [period] from the date signed unless otherwise agreed upon and revised.

**Co-Parent 1**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** | **Name** | **Date** |

**Co-Parent 2**

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| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** | **Name** | **Date** |

**Witness**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** | **Name** | **Date** |