



Our Family

Other Documents That I Could Add to This Section:

- Custody Plan and Schedule
- Temporary Guardianship form
-
-



About Our Family

Name	Age	Relationship (Ex. Sister)	Phone Number

Language spoken at home: _____ Religion: _____

Favorite things to do as a family:

Family culture and/or traditions:

Family rules:

Pets:

Other special family members or friends:



Recent Family Changes or Stress

Are there any recent changes or stressors in your family that might affect your child's emotions, behaviors, or physical health?

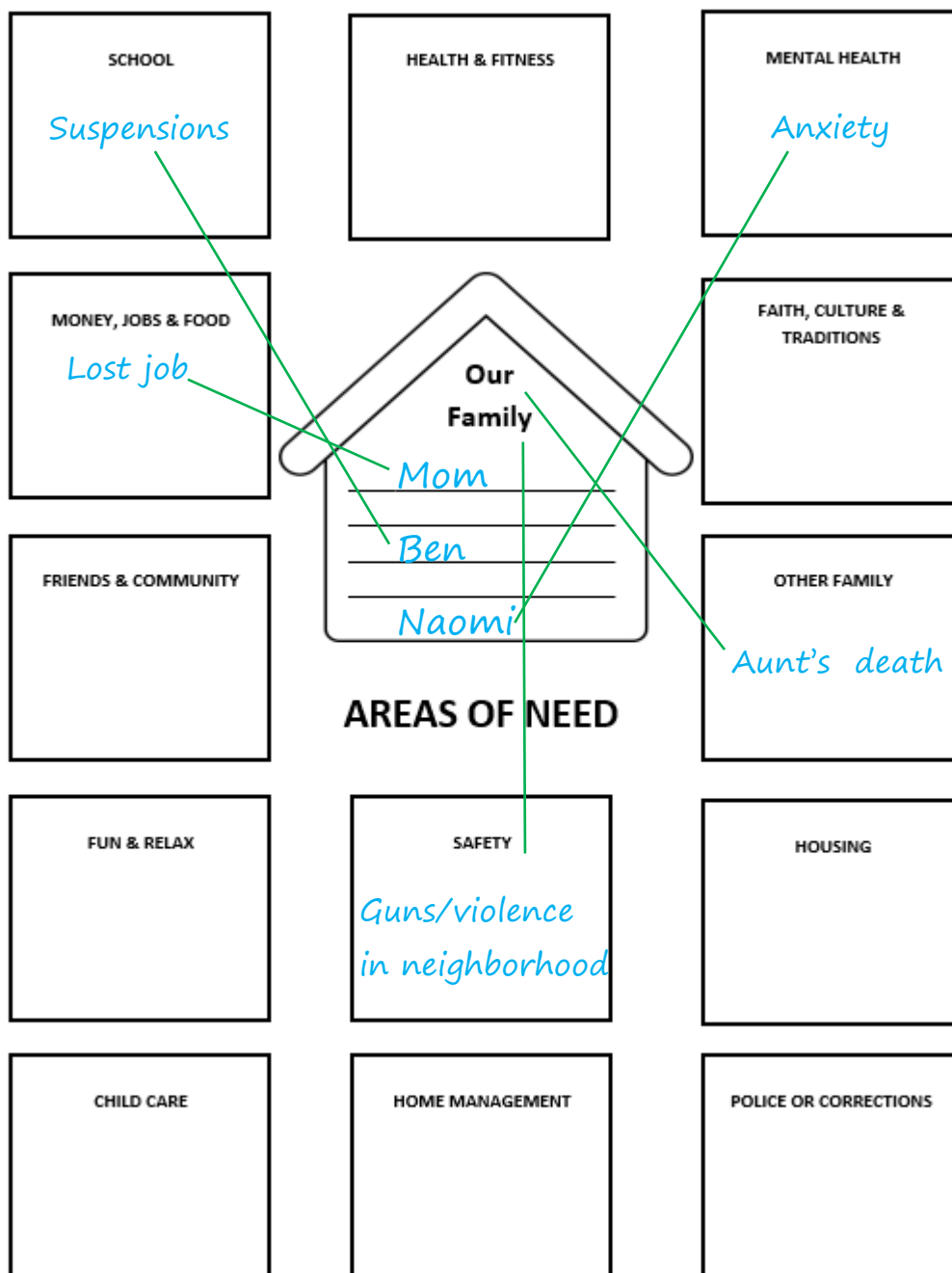
Change or Stress	How this affects my child	How we are managing the change/stress
<input type="checkbox"/> Change in financial situation		
<input type="checkbox"/> Change in job duties		
<input type="checkbox"/> Child starting a new school or program		
<input type="checkbox"/> Death of family member or close friend		
<input type="checkbox"/> Divorce/separation or relationship problems		
<input type="checkbox"/> Moving to a new home		
<input type="checkbox"/> A new family member (new baby, foster child, new spouse etc.)		
<input type="checkbox"/> Parent beginning or leaving a job		
<input type="checkbox"/> Pregnancy (parent or teen)		
<input type="checkbox"/> Trouble at school or bullying		
<input type="checkbox"/> Death or loss of a pet		
<input type="checkbox"/>		
<input type="checkbox"/>		



Ecomap

An “ecomap” is a picture of your family and how you are connected to other people and resources. It can help you tell your story. Ecomaps can be drawn in different ways. In this Care Binder, we created a page for Needs/Challenges and a page for Resources/Supports. The categories are the same on each page. If a category doesn’t make sense for your family, just cross it out or change it to something else.

Sample:

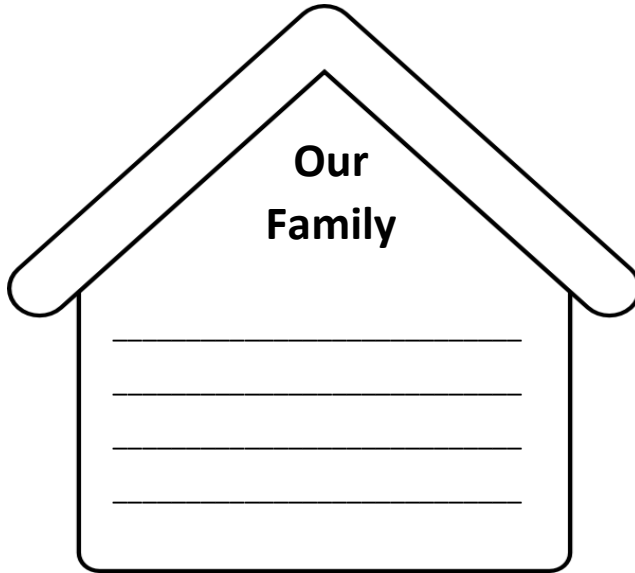


SCHOOL

HEALTH & FITNESS

MENTAL HEALTH

MONEY, JOBS & FOOD



FAITH, CULTURE & TRADITIONS

FRIENDS & COMMUNITY

OTHER FAMILY

NEEDS/CHALLENGES

FUN & RELAX

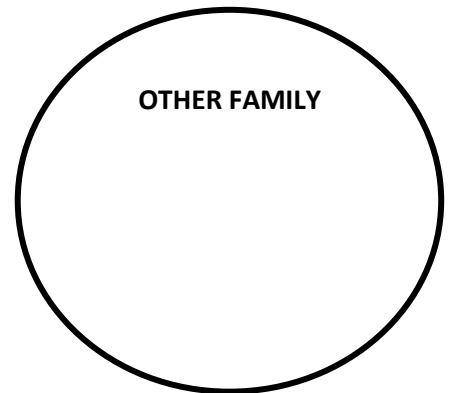
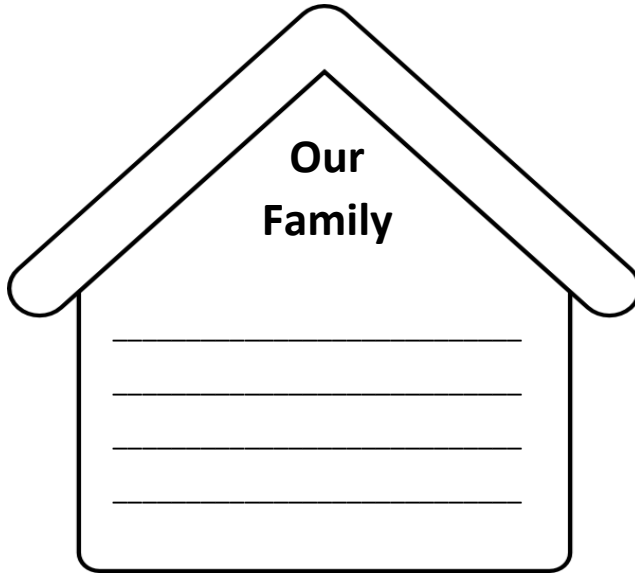
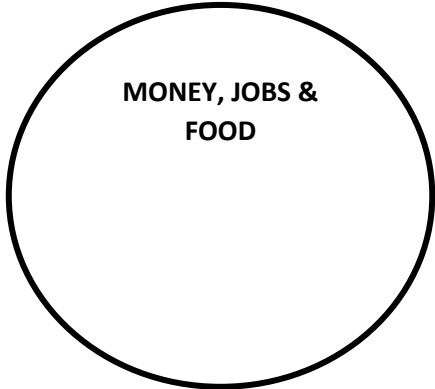
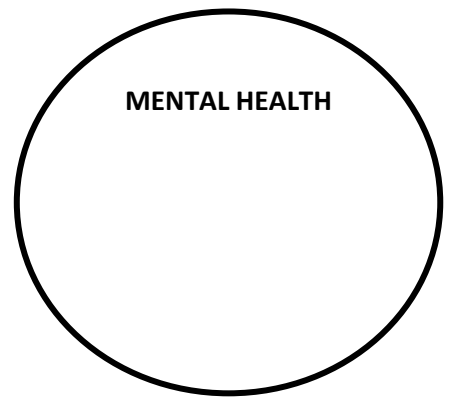
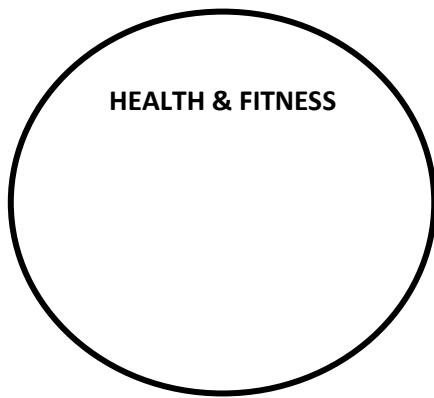
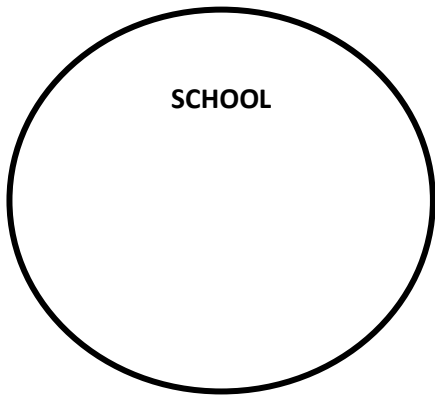
SAFETY

HOUSING

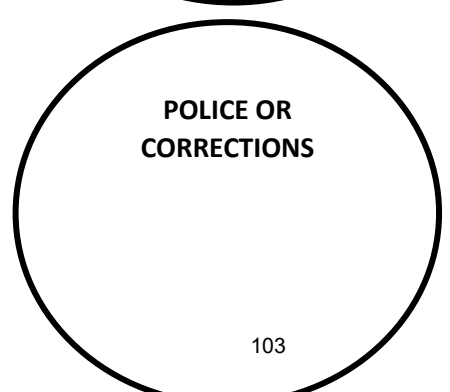
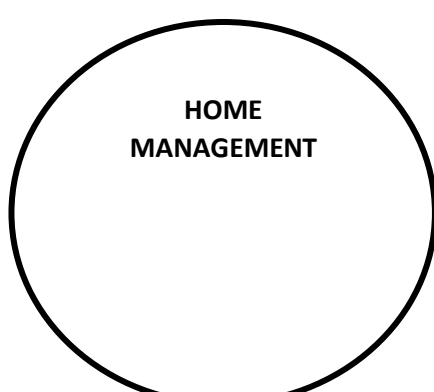
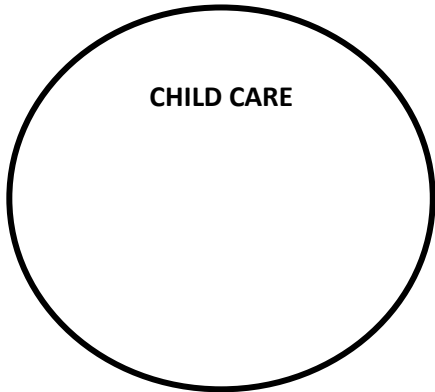
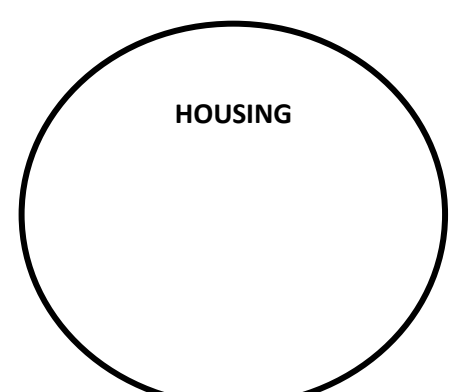
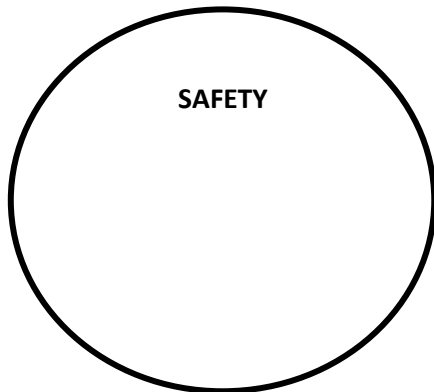
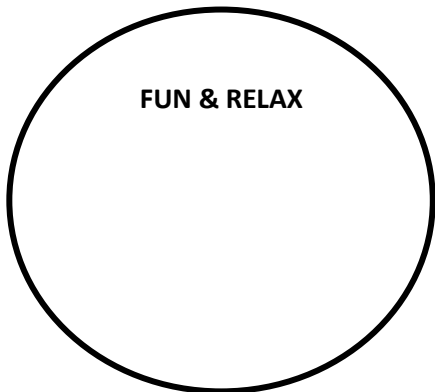
CHILD CARE

HOME MANAGEMENT

POLICE OR CORRECTIONS



**RESOURCES &
SUPPORTS**





Full Name _____ Date of Birth _____

Nickname _____

My child lives at.... My Home Other Parent/Family Home Foster Home
 Hospital/ In-Patient Other _____

Add a Photo Here	Eye color:
	Hair color:
	Height:
	Weight:
	Race/Ethnicity:
	Gender:
	Language(s):
Special Description (Example: a birthmark):	

My Child's Favorite Things

Color _____

Apps _____

Toy _____

Hobby _____

TV _____

Song _____

Movie _____

Other _____

Game _____



More About My Child/Teen

Foods- YES!	
Foods- NO!	
Activities- YES!	
Activities- NO!	
Sensory- YES! (Things in the environment that help and soothe my child.)	
Sensory- NO! (Things in the environment that hurt or bother my child.)	
Independent Activities (child can do this alone)	
Assisted Activities (child will need help to do this)	
Special Pets, Friends, Family	
Child/Teen's Bedtime Weekday and Weekend	
Child/Teen's Bedtime Rituals and Routines	



Child/Teen Strengths

Youth Name _____ Youth Age _____

Source of Info (Youth, Caregiver, Teacher, Observation, etc.) _____

	1) Social	2) Academic	3) Athletic
Capacities	<ul style="list-style-type: none"> <input type="checkbox"/> Easily initiates relationships <input type="checkbox"/> Keeps long-term relationships <input type="checkbox"/> Good interpersonal boundaries <input type="checkbox"/> Relates well with peers <input type="checkbox"/> Relates well with adults <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Good reading skills <input type="checkbox"/> Good writing skills <input type="checkbox"/> Good math skills <input type="checkbox"/> Good verbal skills <input type="checkbox"/> Good computer skills <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Good at team sports (e.g. basketball, foot- ball, baseball) <input type="checkbox"/> Good at independent or non-competitive sports (swimming, gymnastics, jogging, yoga, rock climbing...) <input type="checkbox"/>
Interests	<ul style="list-style-type: none"> <input type="checkbox"/> Wants to have friends <input type="checkbox"/> Wants relationships with caring adults <input type="checkbox"/> Wants to belong to peer groups, clubs <input type="checkbox"/> Likes to help others <input type="checkbox"/> Enjoys caring for animals <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Enjoys reading <input type="checkbox"/> Enjoys writing <input type="checkbox"/> Enjoys math or science <input type="checkbox"/> Enjoys computers <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Wants to play team sports <input type="checkbox"/> Wants to learn individual or non-competitive sports <input type="checkbox"/>
Resources	<ul style="list-style-type: none"> <input type="checkbox"/> Has close (pro-social) friend(s) <input type="checkbox"/> Has access to adult mentor <input type="checkbox"/> Has access to naturally occurring groups, clubs, volunteer work, opportunities etc. <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Has access to opportunities to display, share, or enhance academic abilities <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> School offers athletics programs <input type="checkbox"/> Neighborhood offers athletics programs <input type="checkbox"/>

	4) Artistic/Creative	5) Mechanical	6) Cultural/Spiritual
Capacities	<ul style="list-style-type: none"> <input type="checkbox"/> Talent in visual arts (drawing, painting, etc.) <input type="checkbox"/> Talent in performing arts (singing, dancing, drama, music, etc.) <input type="checkbox"/> Skills in domestic arts (cooking, sewing, etc.) <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Able to assemble & disassemble bikes, appliances, computers... <input type="checkbox"/> Skills in using tools for carpentry, woodworking... <input type="checkbox"/> Skills in car maintenance or repair <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Knowledge of own heritage <input type="checkbox"/> Knowledge of spiritual belief system <input type="checkbox"/> Practices cultural/spiritual customs/rituals <input type="checkbox"/>
Interests	<ul style="list-style-type: none"> <input type="checkbox"/> Desires to develop talent in visual arts <input type="checkbox"/> Desires to develop talent in performing arts <input type="checkbox"/> Desires to develop talent in domestic arts <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Enjoys fixing appliances, etc. <input type="checkbox"/> Enjoys building, wood-working <input type="checkbox"/> Enjoys working on cars or desires to learn mechanics <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Likes to attend church or other place of worship <input type="checkbox"/> Desires to learn about own heritage <input type="checkbox"/> Desires to participate in cultural or spiritually oriented activities <input type="checkbox"/>
Resources	<ul style="list-style-type: none"> <input type="checkbox"/> School offers programs in type of art preferred <input type="checkbox"/> Neighborhood offers programs in type of art preferred <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> School offers vocational program in mechanical area of interest/skill <input type="checkbox"/> Has opportunity to serve as apprentice in mechanical area of choice <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Connected to place of worship <input type="checkbox"/> Has access to opportunities to participate in culturally oriented activities <input type="checkbox"/>

Other Strengths: _____

Completed By: _____ Date: _____

* You may be able to find other lists of strengths online. These charts were adapted from: Cox, K. (2008). A roadmap for building on youths' strengths. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.