This family photo and information booklet belongs to:

____________________________________
Dear ________________

Being away from each other while you are in foster care will not be easy for us. I’m putting some family photos in this booklet so we can stay “connected”. I am also including some important information that I think will help your foster family take good care of you.

Love, ____________________________

Date: ____________________________

Age/Place: ____________________________

Family photo
Family photo

Age/Place: ___________________________________________________________

Family photo

Age/Place: ___________________________________________________________
# Other Special People

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Child’s Birth & Medical History

You were born at:
Hospital: ____________________________________________  City/State: _______________________
Weight: _______ Pounds _______ Ounces          Length: _______Inches

Your development:
You crawled at age _____________________   You stood alone at age _____________________
Walked by yourself at age _________________   Said your first word at age _________________
Your first words were “__________________________________________________________________”

Childhood diseases that you’ve had:
Measles            Mumps            Chicken Pox            Other ________________________________
Allergies: __________________________________________________________________________

Medications
Medication: _________________________________________________________________________
Needed for: _________________________________________________________________________
Taken at: _______ (AM/PM)     _________ (AM/PM)     _________ (AM/PM)
Medication: _________________________________________________________________________
Needed for: _________________________________________________________________________
Taken at: _______ (AM/PM)     _________ (AM/PM)     _________ (AM/PM)
Medication: _________________________________________________________________________
Needed for: _________________________________________________________________________
Taken at: _______ (AM/PM)     _________ (AM/PM)     _________ (AM/PM)

Family Doctor: ______________________________________________________________________
Family Dentist: ______________________________________________________________________
Mother’s Health: _____________________________________________________________________
Father’s Health: _____________________________________________________________________
When you were born, I looked at you and thought ______________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

My special memory of you when you were little is ______________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

On your first birthday ___________________________________________________________________
_____________________________________________________________________________________

Our happiest time together was when __________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Our happiest time together was when __________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Here’s what I think is special about you__________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What I want you to know about your parents...
• Mom: ______________________________________________________________________________
• Dad: _______________________________________________________________________________

My child goes to church _____ Yes _____ No

Our religion is __________________________________________________

Our family’s ethnic background/nationality is ___________________________________________
Things I Want Your Foster Family to Know...

My child usually...
- goes to bed at _______ and gets up at _______.
- Sleeps with (blanket/bear etc) ___________________________
- Sleeps with underwear on _____ off _____
- Sleeps with the light on _____ off _____
- Wants the door open _____ closed _____
- Has bad dreams sometimes _____ often _____
- Is comforted by _______________________________________
- Prefers a shower _____ bath _____

My child can...
- Get dressed without help _____ Yes _____ No
- Feed him/herself _____ Yes _____ No
- Use toilet without help _____ Yes _____ No

My child is a good eater _____ picky eater ______.
Favorite foods are _______________________________________
Dislikes the following foods ___________________________________
The rule in my house about food or snack is ___________________________

My child likes... to be read to _____ to play games _____
- to be held _____ to be rocked _____

My child is afraid of _______________________________________
When he/she feels afraid I usually ___________________________
I’d like my child to have a chance to ___________________________
While he/she is with you, please ___________________________
Name of school ________________________________________________________________
Grade ___________________  Teacher ________________________________________________

Grades are usually...
Average ______  Above average ______  Below average ______
My child’s best subject is _______________________________________________________
He/she might need help with _____________________________________________________
Rides bus to school _____ Yes _____ No
A special friend in school is _______________________________________________________

I think my child...
______ Likes School  ______ Doesn’t like school

Gets along with peers _____ Yes _____ No
Gets bored _____ Yes _____ No
Gets distracted easily _____ Yes _____ No
Remembers assignments _____ Yes _____ No
Does homework willingly _____ Yes _____ No

Other comments ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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Early learning experiences:
______ Headstart  _____ Preschool  _____ Daycare