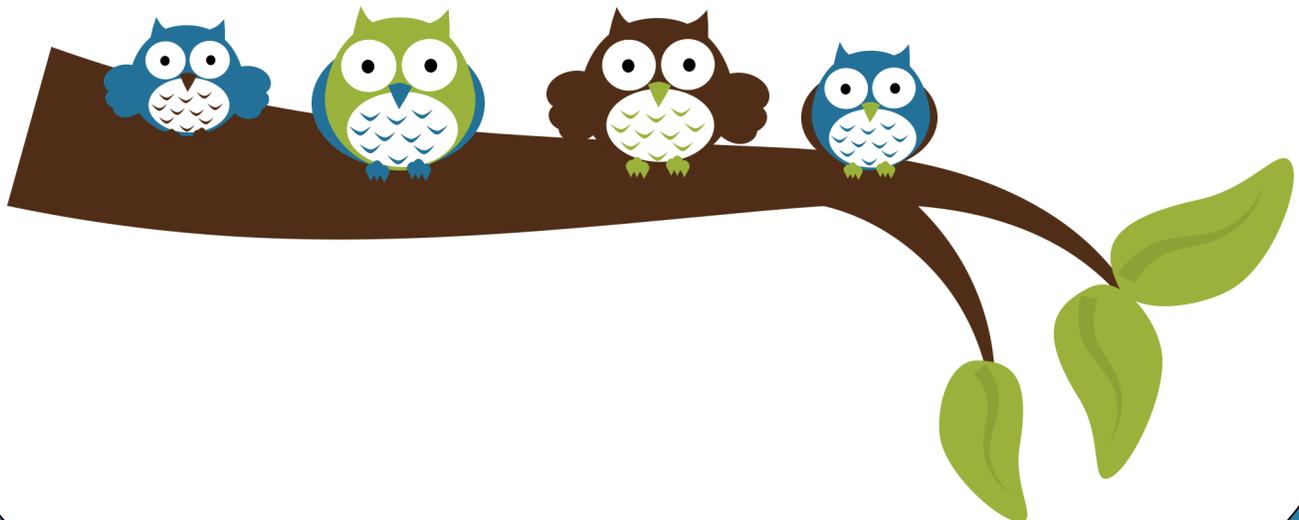


My
**FAMILY
CONNECTIONS**
Booklet

This family photo and information booklet belongs to:

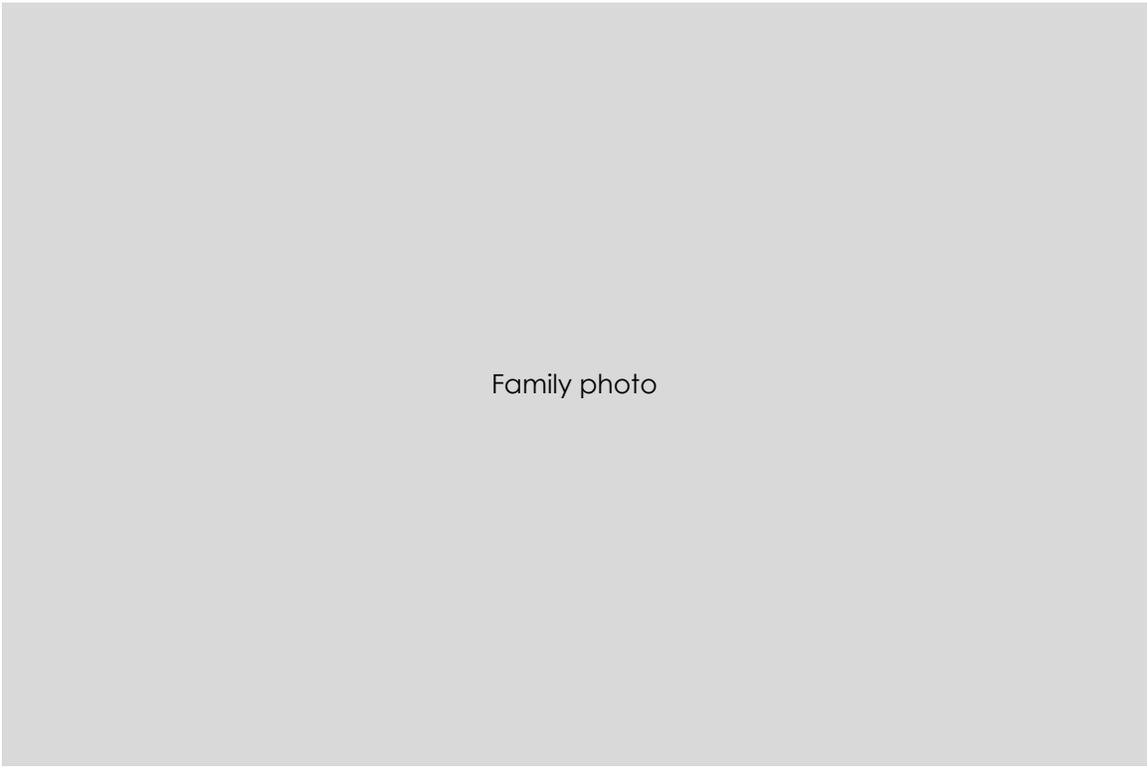


Dear _____

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.

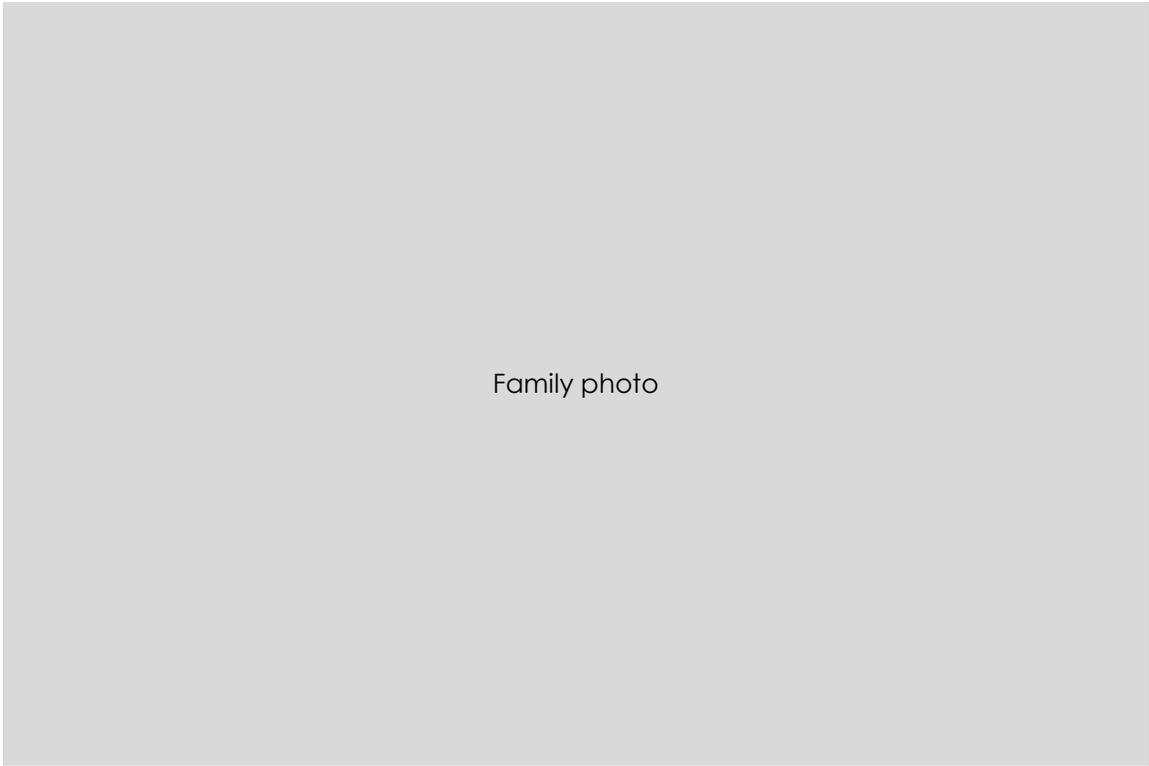
Love, _____

Date: _____



Family photo

Age/Place: _____



Family photo

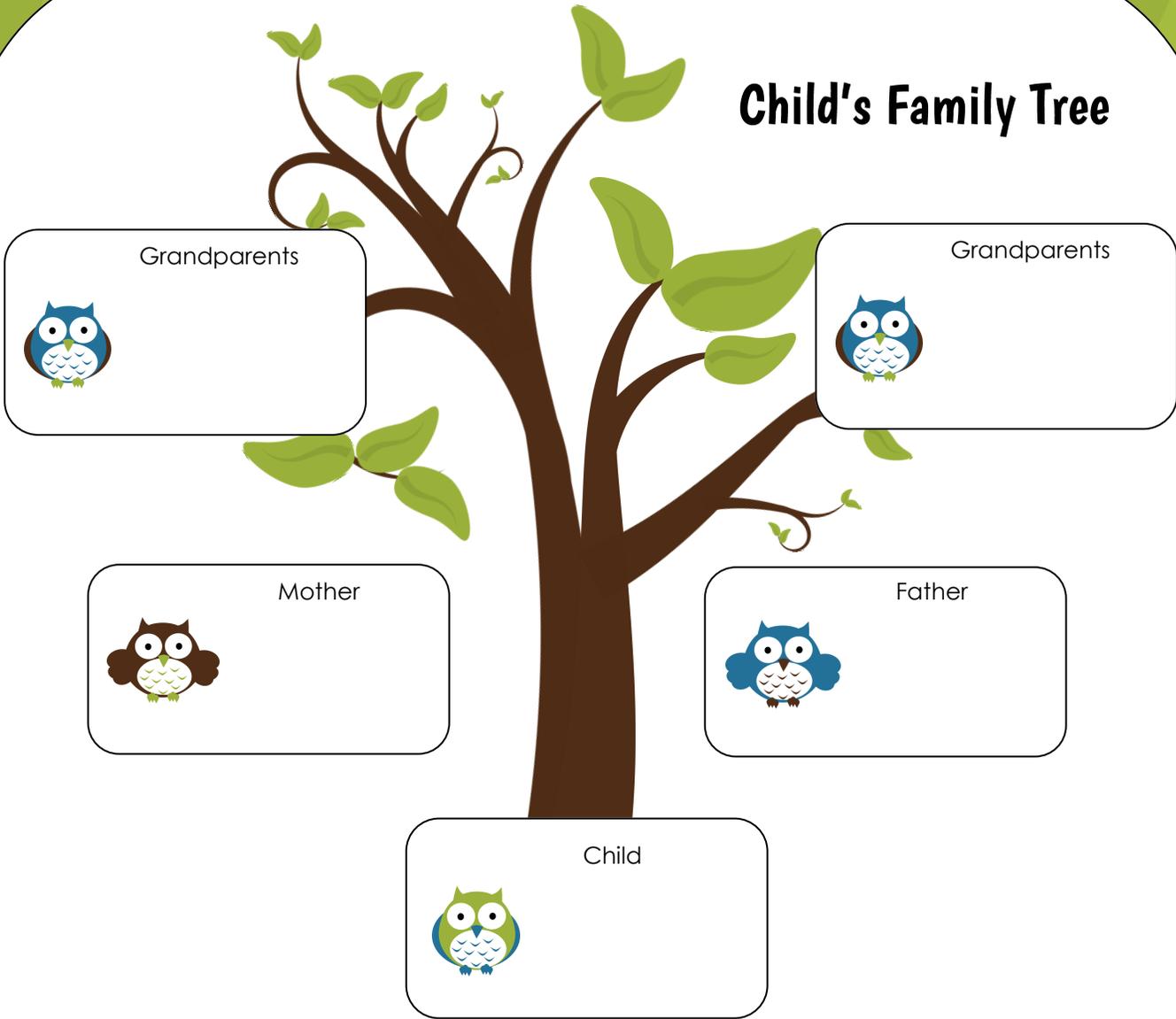
Age/Place: _____



Family photo

Age/Place: _____

Child's Family Tree



Contact Information

Mother _____

Father _____

Grandparent _____

Grandparent _____

Grandparent _____

Grandparent _____

Other Special People

Name _____

Relationship to child _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Name _____

Relationship to child _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Name _____

Relationship to child _____

Address _____

City _____ State ____ Zip _____

Phone _____

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Relationship to child _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Name _____

Relationship to child _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____





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: _____



Did I Ever Tell You...

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 _____

School Information for Your Foster Family...

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 _____

Early learning experiences:

_____ Headstart _____ Preschool _____ Daycare





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