**Family Story**

Help Me Help You! Please use this document to give me some of the important information I need to help you design your family’s action plan. Looking at your child’s whole picture is KEY to putting in place tools and techniques that work! The detail you will provide here will be the basis we use to get your family moving forward!

Please fill out a Your Child(ren) area for each of your children whether adopted, foster or bio. Some of the questions will not be applicable to your bio children please skip them.

This, of course, is private information and will not be used outside or our Closed Facebook Group.

Just Click and enter your answers. Then save the document under Family Story App \_\_\_\_\_\_\_\_\_(insert your last name in blank) and then go to our Intentional Parent Coaching Group’s Closed Page and click Files and then click +Upload File under the files and upload your response. If you would rather email it directly to me please save in the same way and then email to clientcare@tohavehope.com.

Your Family

Who is in your family?Click here to enter text.

Children’s names: Click here to enter text.

Other adult family members your child sees a minimum of 3 times a week? Click here to enter text.

Animals in your household?Click here to enter text.

Anything unique about your family?Click here to enter text.

Single or Married?Click here to enter text.

How long has this been your relationship status?Click here to enter text.

Do you and your partner/spouse see eye to eye on parenting your children?Click here to enter text.

Your Child(ren) Child #1

NameClick here to enter text.

Adopt/Bio or FosterClick here to enter text.

If adopt or foster how long have they been with you?Click here to enter text.

Chronological AgeClick here to enter text.

Emotional AgeClick here to enter text.

How Long Been With YouClick here to enter text.

How Many and What Kind of Previous PlacementsClick here to enter text.

State or Country of OriginClick here to enter text.

Cultural BackgroundClick here to enter text.

Remarkable Life events specific to this child: (ie. Illnesses, losses, death of parent, witness of specific events, tell me their story, etc.)Click here to enter text.

Home or public/private school?Click here to enter text.

Grade in school?Click here to enter text.

IEP or other adaptationsClick here to enter text.

Academic statusClick here to enter text.

Social status at schoolClick here to enter text.

Behavioral status at school Click here to enter text.

Struggles you and this child are experiencing right now Click here to enter text.

Your Child(ren) Child #2

NameClick here to enter text.

Adopt/Bio or FosterClick here to enter text.

If adopt or foster how long have they been with you?Click here to enter text.

Chronological AgeClick here to enter text.

Emotional AgeClick here to enter text.

How Long Been With YouClick here to enter text.

How Many and What Kind of Previous PlacementsClick here to enter text.

State or Country of OriginClick here to enter text.

Cultural BackgroundClick here to enter text.

Remarkable Life events specific to this child: (ie. Illnesses, losses, death of parent, witness of specific events, tell me their story, etc.)Click here to enter text.

 Home or public/private school?Click here to enter text.

Grade in school?Click here to enter text.

IEP or other adaptationsClick here to enter text.

Academic statusClick here to enter text.

Social statusClick here to enter text.

Behavioral status Click here to enter text.

Struggles you and this child are experiencing right now Click here to enter text.

Your Child(ren) Child #3

NameClick here to enter text.

Adopt/Bio or FosterClick here to enter text.

If adopt or foster how long have they been with you?Click here to enter text.

Chronological AgeClick here to enter text.

Emotional AgeClick here to enter text.

How Long Been With YouClick here to enter text.

How Many and What Kind of Previous PlacementsClick here to enter text.

State or Country of OriginClick here to enter text.

Cultural BackgroundClick here to enter text.

Remarkable Life events specific to this child: (ie. Illnesses, losses, death of parent, witness of specific events, tell me their story, etc.)Click here to enter text.

Home or public/private school?Click here to enter text.

Grade in school?Click here to enter text.

IEP or other adaptationsClick here to enter text.

Academic statusClick here to enter text.

Social status at schoolsClick here to enter text.

Behavioral status at school Click here to enter text.

Struggles you and this child are experiencing right now Click here to enter text.

Your Child(ren) Child #4

NameClick here to enter text.

Adopt/Bio or FosterClick here to enter text.

If adopt or foster how long have they been with you?Click here to enter text.

Chronological AgeClick here to enter text.

Emotional AgeClick here to enter text.

How Long Been With YouClick here to enter text.

How Many and What Kind of Previous PlacementsClick here to enter text.

State or Country of OriginClick here to enter text.

Cultural BackgroundClick here to enter text.

Remarkable Life events specific to this child: (ie. Illnesses, losses, death of parent, witness of specific events, tell me their story, etc.)Click here to enter text.

Home or public/private school?Click here to enter text.

Grade in school?Click here to enter text.

IEP or other adaptationsClick here to enter text.

Academic statusClick here to enter text.

Social statusClick here to enter text.

Behavioral status Click here to enter text.

Struggles you and this child are experiencing right now Click here to enter text.

Your Child(ren) Child #5

NameClick here to enter text.

Adopt/Bio or FosterClick here to enter text.

If adopt or foster how long have they been with you?Click here to enter text.

Chronological AgeClick here to enter text.

Emotional AgeClick here to enter text.

How Long Been With YouClick here to enter text.

How Many and What Kind of Previous PlacementsClick here to enter text.

State or Country of OriginClick here to enter text.

Cultural BackgroundClick here to enter text.

Remarkable Life events specific to this child: (ie. Illnesses, losses, death of parent, witness of specific events, tell me their story, etc.)Click here to enter text.

Home or public/private school?Click here to enter text.

Grade in school?Click here to enter text.

IEP or other adaptationsClick here to enter text.

Academic statusClick here to enter text.

Social status at school Click here to enter text.

Behavioral status at school Click here to enter text.

Struggles you and this child are experiencing right now Click here to enter text.