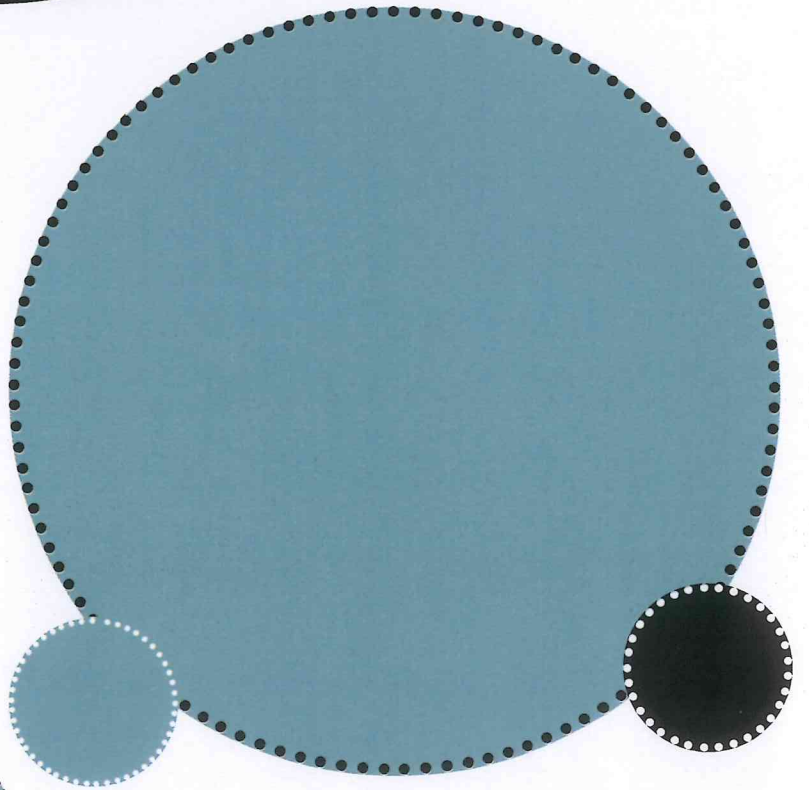
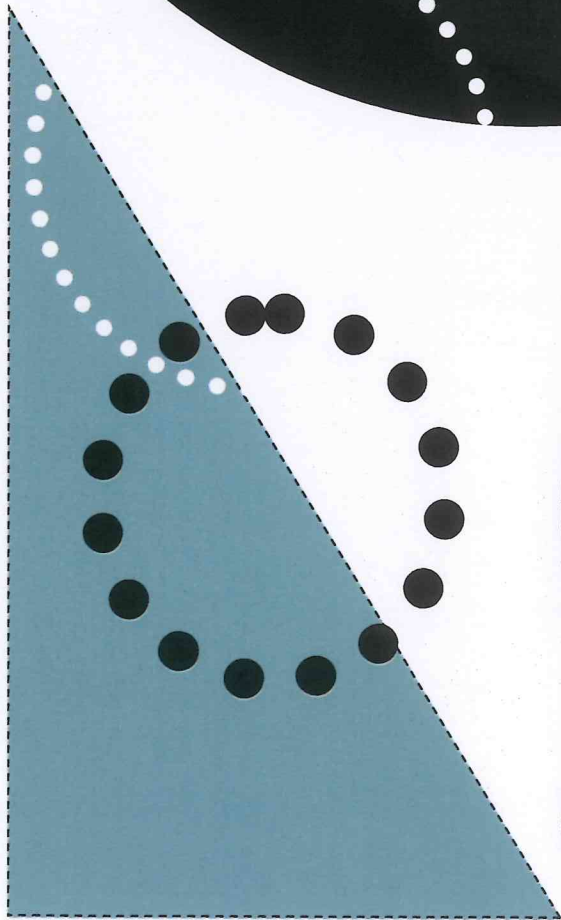
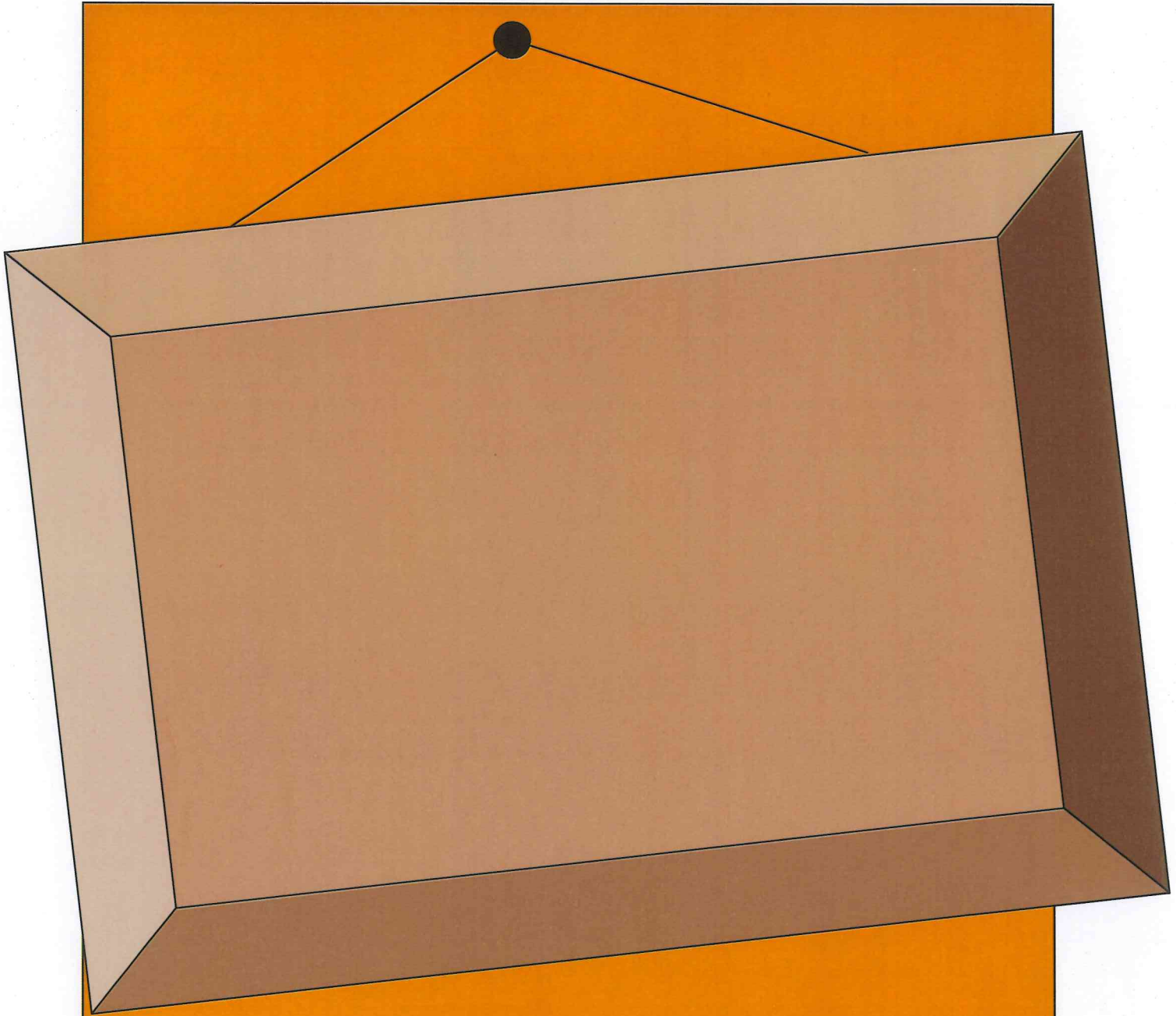


THIS IS ME!





THIS IS ME!



This is Me!



This is me!

ALL ABOUT ME!

This book is all about me,
my life, thoughts and memories.

MY NAME

MY BIRTH DATE

MY LIFEBOOK WAS STARTED ON

ALL ABOUT ME!

This book is all about me,
my life, thoughts and memories.

MY NAME

MY BIRTH DATE

MY LIFEBOOK WAS STARTED ON



Copy of My Birth Certificate

I must have been a beautiful baby!

Baby photo

My full name:

My birth date & time:

Weight:

Length:



Childhood Milestones

My first word was

My first haircut

My first tooth:

My first time crawling:

My first steps:

My first toy:

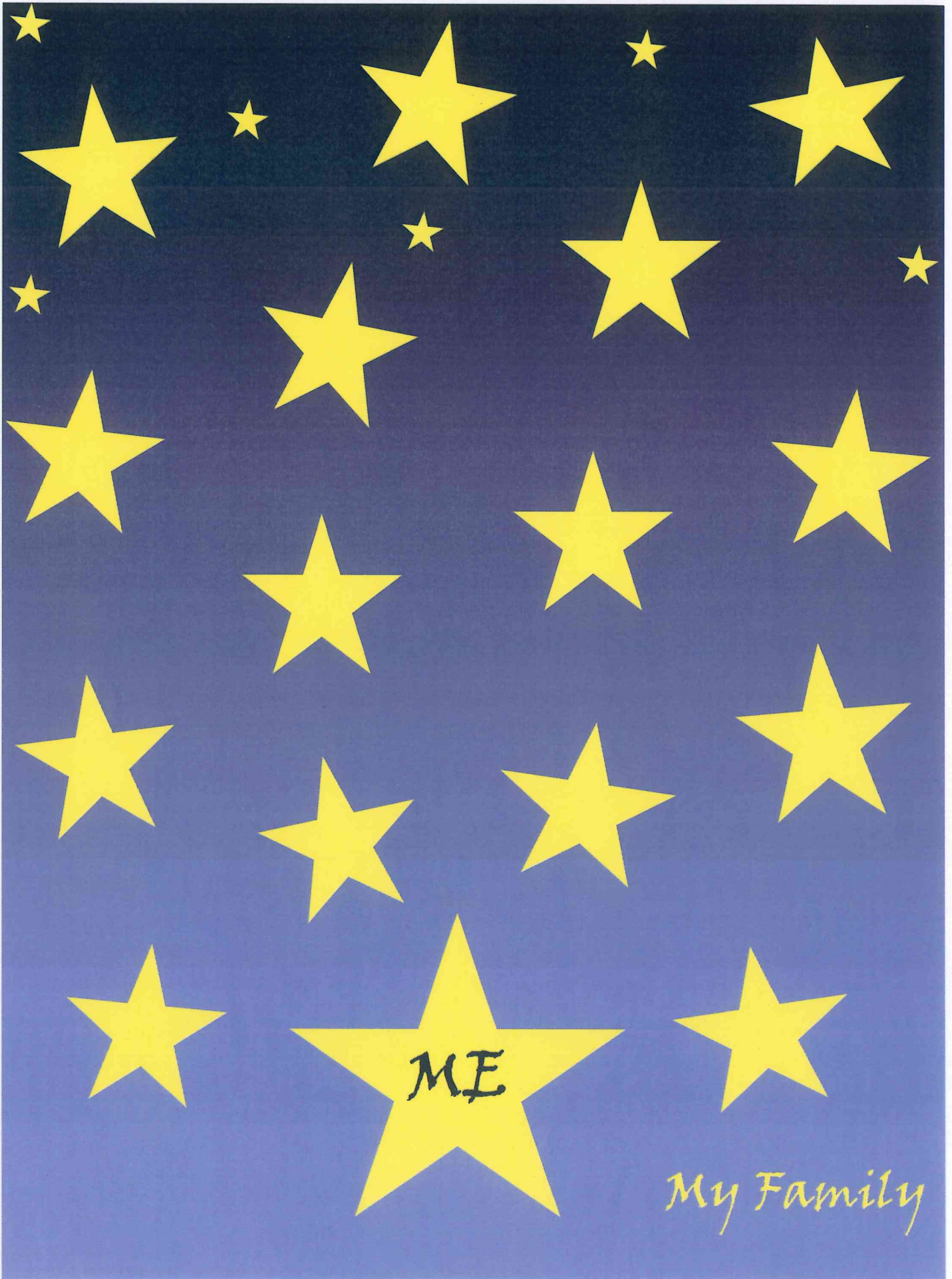


My first pet

My first friend

My Memories from →

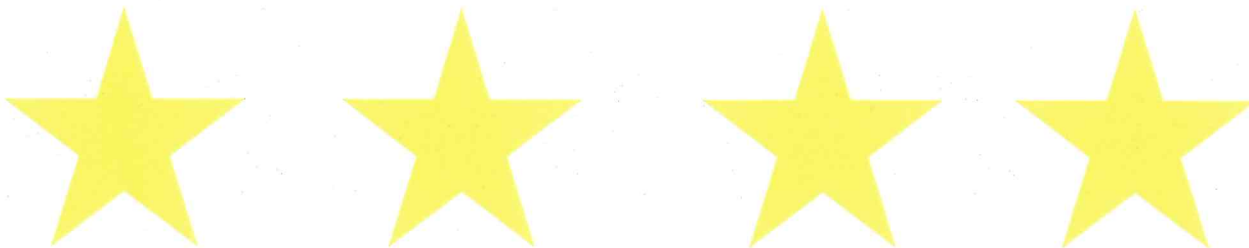
↓ age zero to three

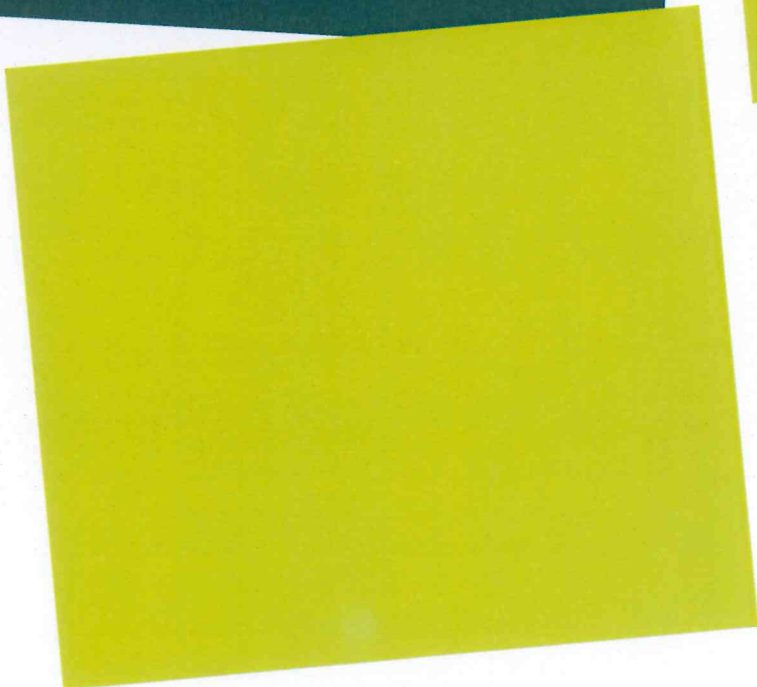
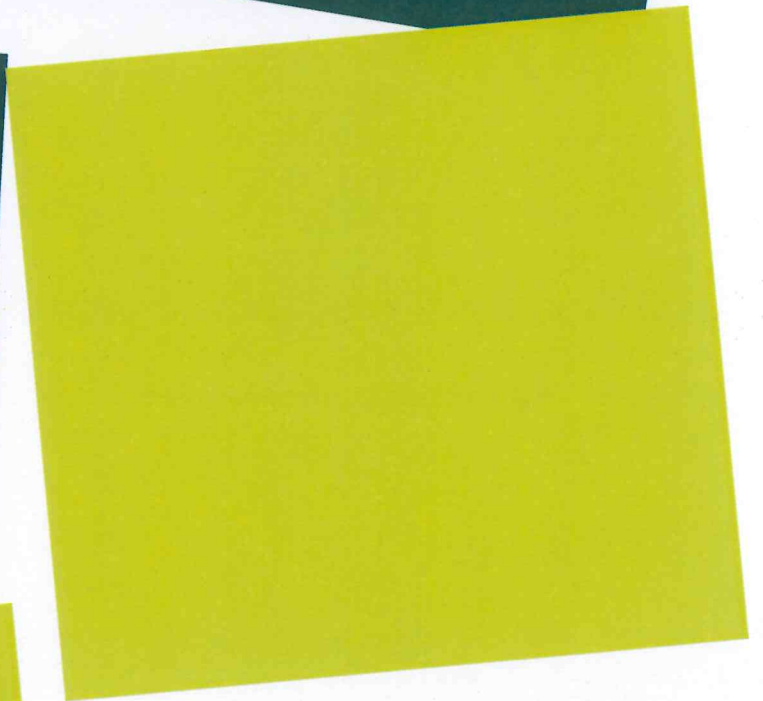
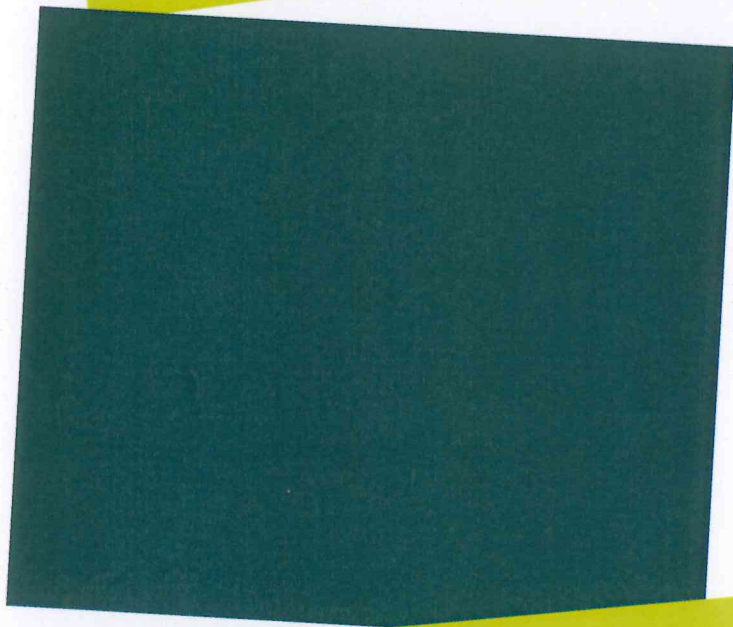
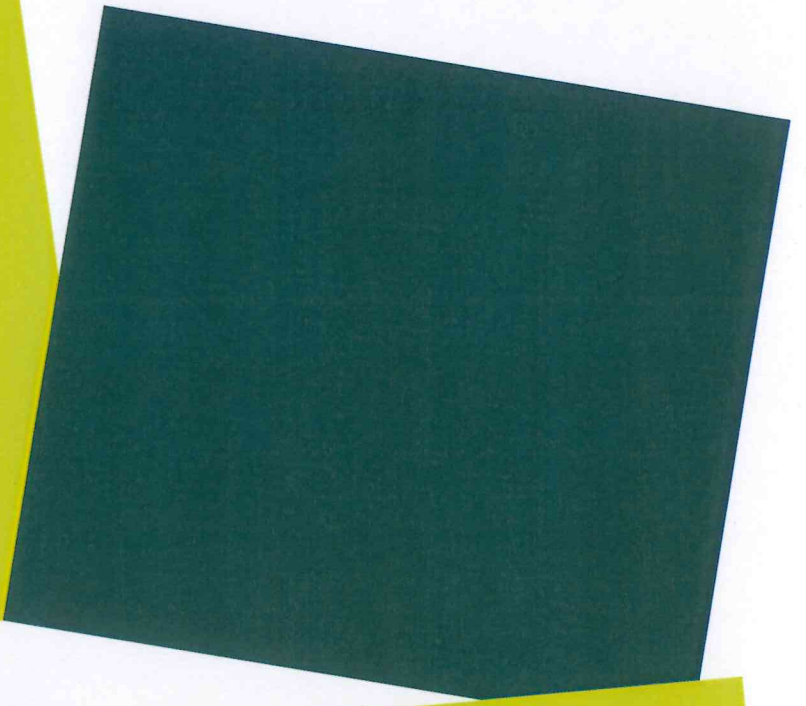
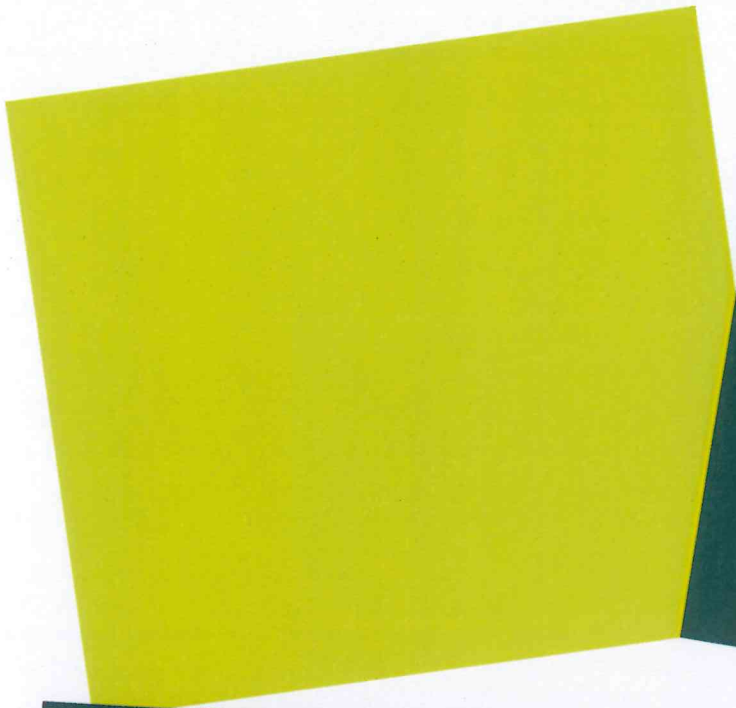


ME

My Family

My Family (extra stars to cut out)





**My
Family
Photos**

MY EXTENDED FAMILY MEMBERS

Name: _____

Address: _____

Phone: _____

How we are related: _____

Celebrating
the people
in my life

A time we spent
together:

Memories:

My Extended Family

(Extended family photo)



My

How I went into foster care:

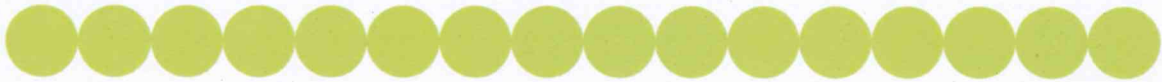
Seven horizontal blue lines for writing.



Story

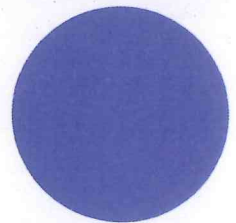
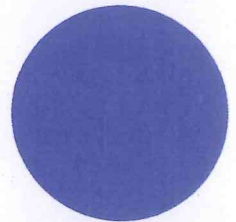
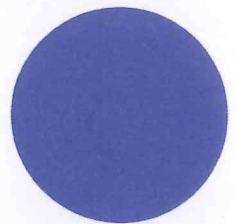
When I went into foster care:

A single horizontal green line for writing.



Why I went into foster care:

Twelve horizontal blue lines for writing.



(photo of your family)



**Names of
family members:**

Address/Phone:

My Foster Family

**What I like about
living here:**

(Photo of your house)

Date:

My Memories from 

 age four to six 



Things that make me
FEEL



HAPPY

SAD

EXCITED

LOVED

PROUD

SAFE

ANGRY

BRAVE

GREAT

Special days and celebrations

Photo here

What: _____

When: _____

Where: _____

Photo here

What: _____

When: _____

Where: _____

My Memories from



age seven to nine





School Days

Schools I attended

My Teachers

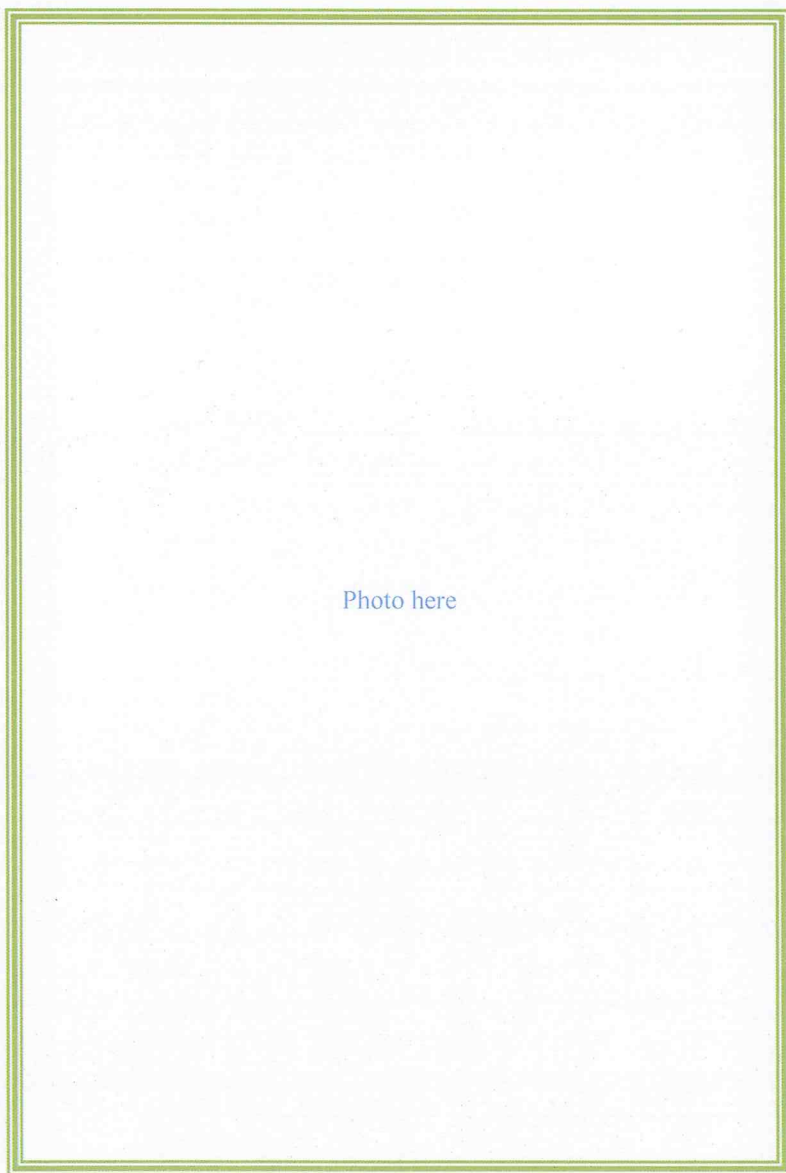
Favorite Subjects

What my teachers say about me...



Friendship

My best friend is: _____



Memories:

Best Buds!

My Memories from



age ten to twelve



MESSAGES

FROM IMPORTANT PEOPLE IN MY LIFE

{

FROM _____

}

{

FROM _____

}

{

FROM _____

}


(Photo)

The occasion:


Date:

Place:

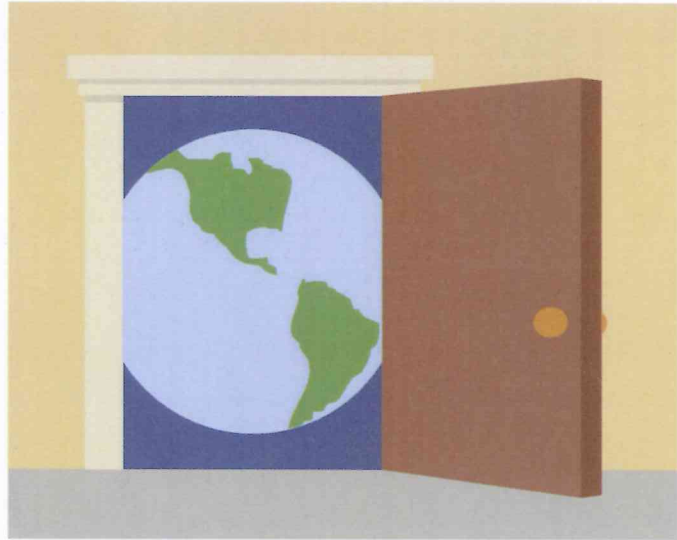
Who was there:



**A
Special
Day
for
Me!**



Other
Places
Where
I've
Lived



Where I lived:

People I knew:

Fun things I did:

Friends I made:

School I attended:

Sports I Play

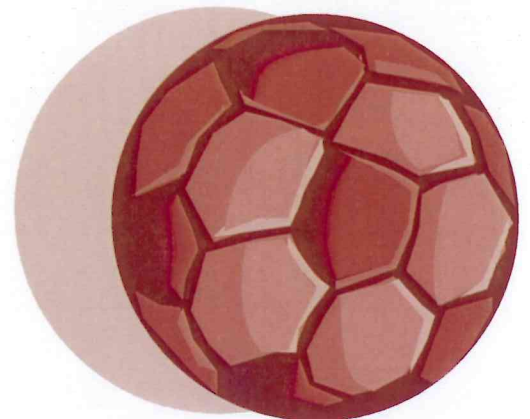
(photo)

My sport is:

My coach is:

I started playing when I was:

I like this sport because:





Vacation Times

Where we went:

When we went:

Who went:

What I want to remember:

Memories



My Memories from



my teen years



Words That Describe ME!

fun

athletic

quiet

LOUD

sad

musical

SMART

short

happy

proud

TALL

silly

RESPONSIBLE

friendly

artistic

confused

daydreamer

upbeat

bossy

creative

WILD

NERVOUS

SCARED

generous

adventurous

careful

ENERGETIC

LOVING

MAD

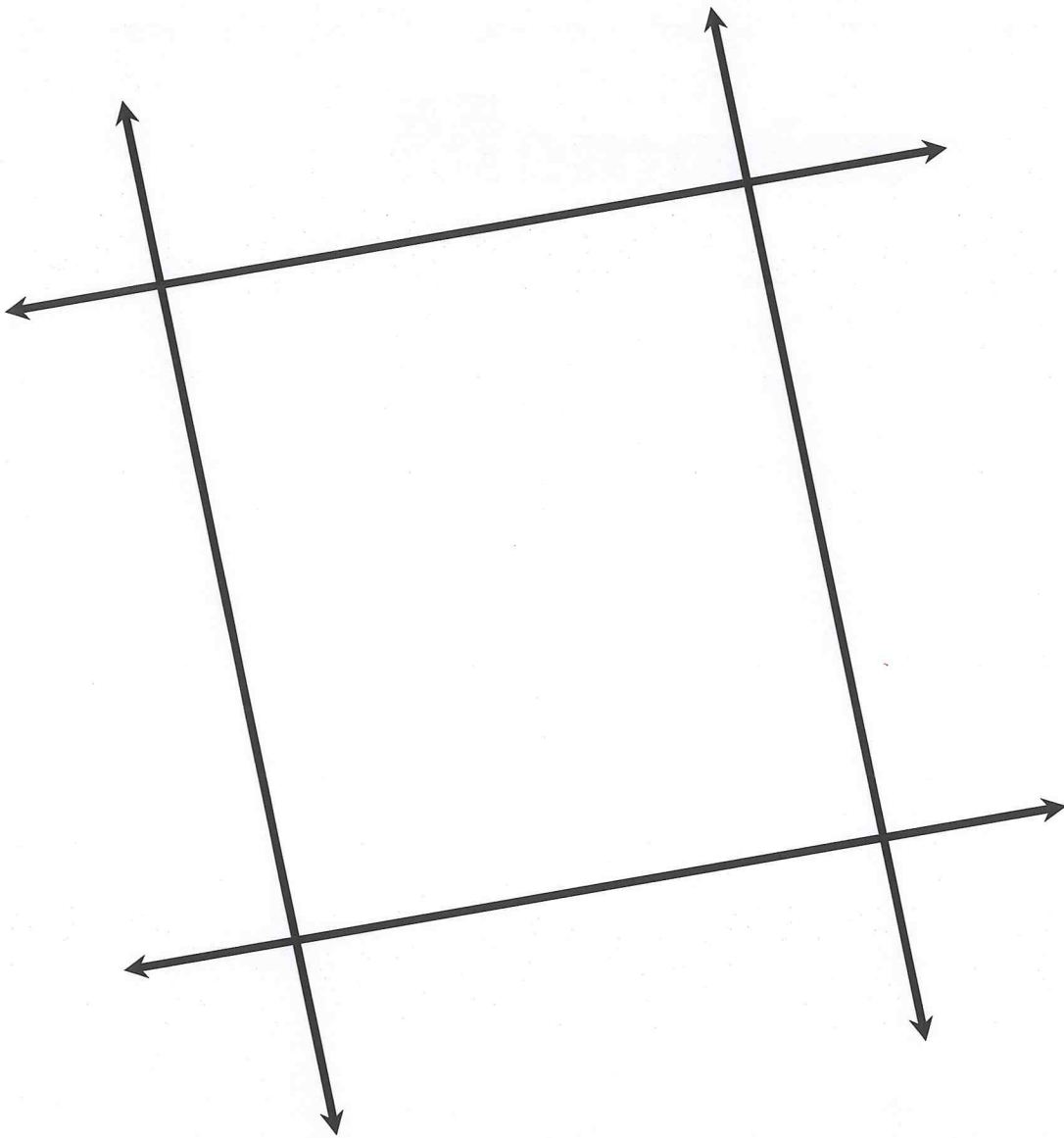
Beautiful

serious

tired

KIND

A BIG DAY FOR ME!



Date:

Place:

My thoughts about the day... _____

If I could change one thing, I would...

My Thoughts

My Beliefs

My religion teaches me

My cultural traditions

My religious milestones

CHURCH ACTIVITIES

(photo)

GROUPS I ATTEND

STUFF WE DO

**Someone I look
up to is...**

(photo)

_____ **means so much to me because**

MY FAVORITE THINGS

Movies

Songs

Hobbies

Books

Colors

TV Shows

Sports

Actors

Foods

Animals

Musicians

Subjects

Board Games

Holidays

Websites

Restaurants

Things I Do

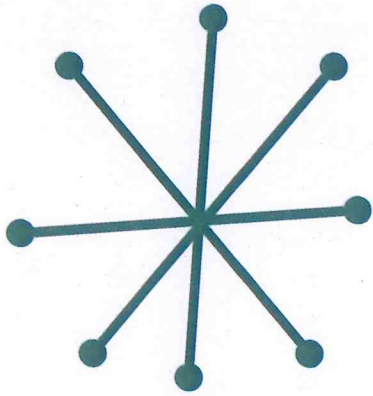
(photo)

good times

Club I Belong To

What We Do

Things I Have Learned



My predictions
for the FUTURE...



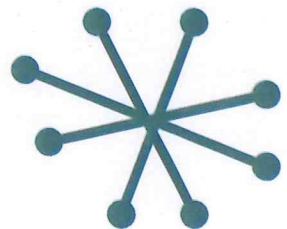
NEW INVENTIONS

NEW WAYS TO TRAVEL

NEW DISCOVERIES

MY FUTURE CAR

A DAY IN MY LIFE IN 2050



My future plans

My goals

How to reach my goals

Choice of profession

My next step

Determined

-

Dreams

-

Achieve

Reach

-

Strive





Important People

(Contact Information)

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email



Important People

(Contact Information)

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

Name

Address

Phone

Email

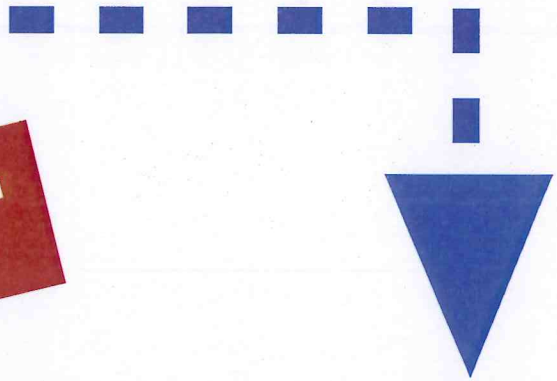
Name

Address

Phone

Email

TEEN STUFF



Places/People where I can
get information:

Important Websites:

Place/Name _____

www. _____

Number _____

www. _____

Place/Name _____

www. _____

Number _____

www. _____

Place/Name _____

www. _____

Number _____

www. _____

Place/Name _____

www. _____

Number _____

www. _____

Place/Name _____

www. _____


Number _____

www. _____

www. _____



Copy of Court Records



Holiday Memories



Holiday Memories

WINTER

What I like about winter:



A large rectangular area outlined with a blue dotted line, intended for drawing or additional writing.

SPRING



What I like about spring:

A large rectangular area outlined with a dotted pink border, intended for drawing or writing.

SUMMER



What I like about summer:

A large empty rectangular box with a yellow dotted border, intended for drawing or additional writing.

AUTUMN

What I like about autumn:

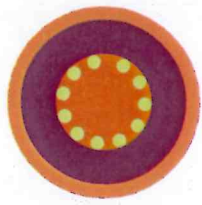
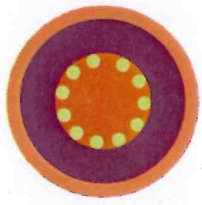
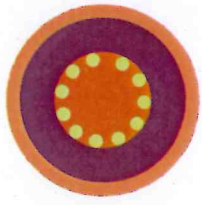


A large rectangular area defined by a dotted orange border, intended for drawing or additional writing.

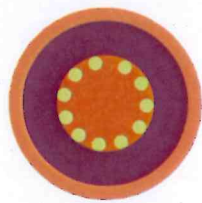
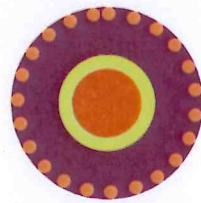
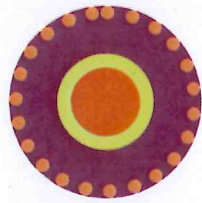
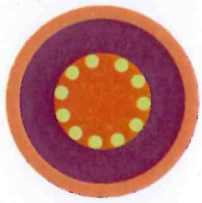
I Grew Up With

Where We Lived

A Special Memory



I Wonder About...



My Brother

My brother is important to me because _____

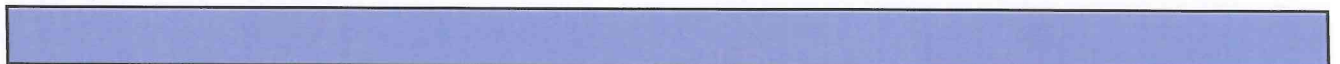
I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Brother

My brother is important to me because _____

I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Brother

My brother is important to me because _____

I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Brother

My brother is important to me because _____

I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Brother

My brother is important to me because _____

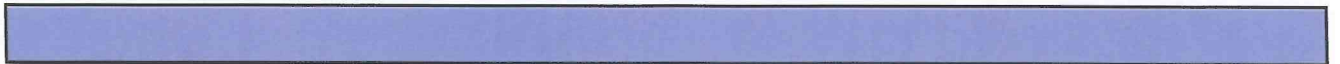
I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Brother

My brother is important to me because _____

I like to _____

_____ with my brother.

Words that describe my brother:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



My Sister

My sister is important to me because _____

I like to _____

_____ with my sister.

Words that describe my sister:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A special memory _____



_____ is special to me because _____

We lived together when: _____

A happy memory: _____

_____ is special to me because _____

We lived together when: _____

A happy memory: _____

Other People I Lived With In My Birth Family

_____ is special to me because _____

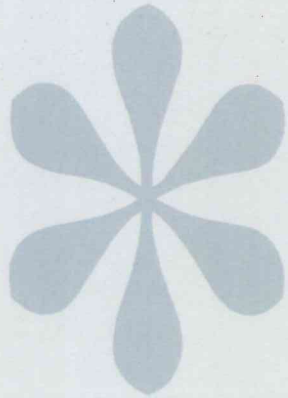
We lived together when: _____

A happy memory: _____

_____ is special to me because _____

We lived together when: _____

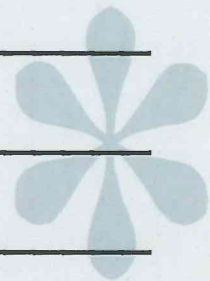
A happy memory: _____

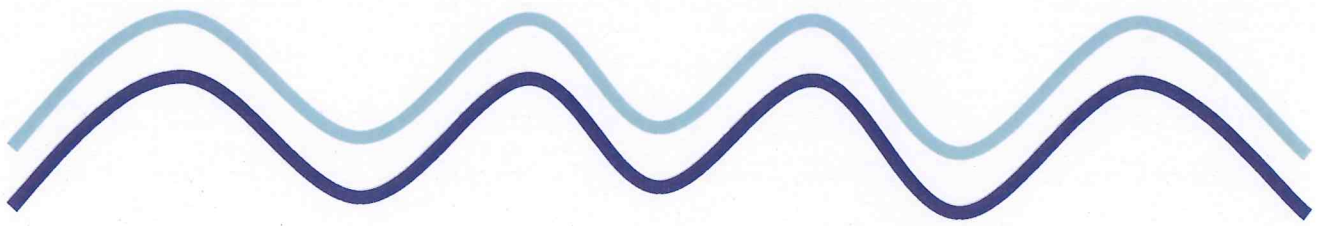


Someone I Care About

is special to me because

A happy memory:





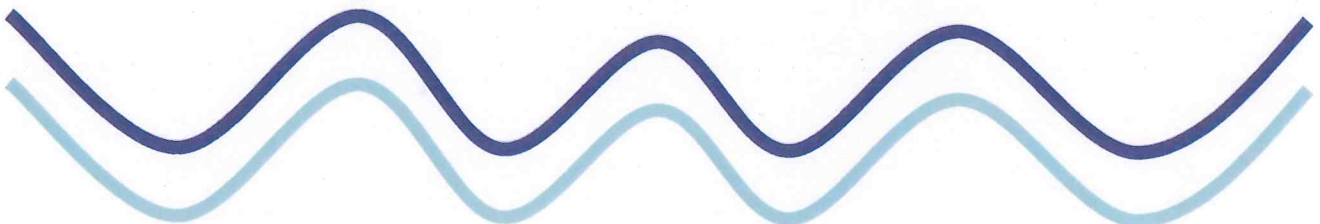
Someone I Lived With That Is Important To Me

Name

When We Lived Together

Where They Live Now

A Special memory



Things I like about him:

What makes him special:



A happy memory:



Things I like about her:

What makes her special:



A happy memory:



The Day You Came Home from the Hospital

The date:

Your age:



What you were wearing:

Who picked you up:

How we felt:

The Day You Came To Our Family

The date:

Your age:

Who brought you:

How we felt:



MY BIRTHDAY!!!

(Photo)

All about it:



I am ____ years old!

MY BIRTHDAY!!!

(Photo)

All about it:



I am _____ years old!

MY BIRTHDAY!!!

(Photo)

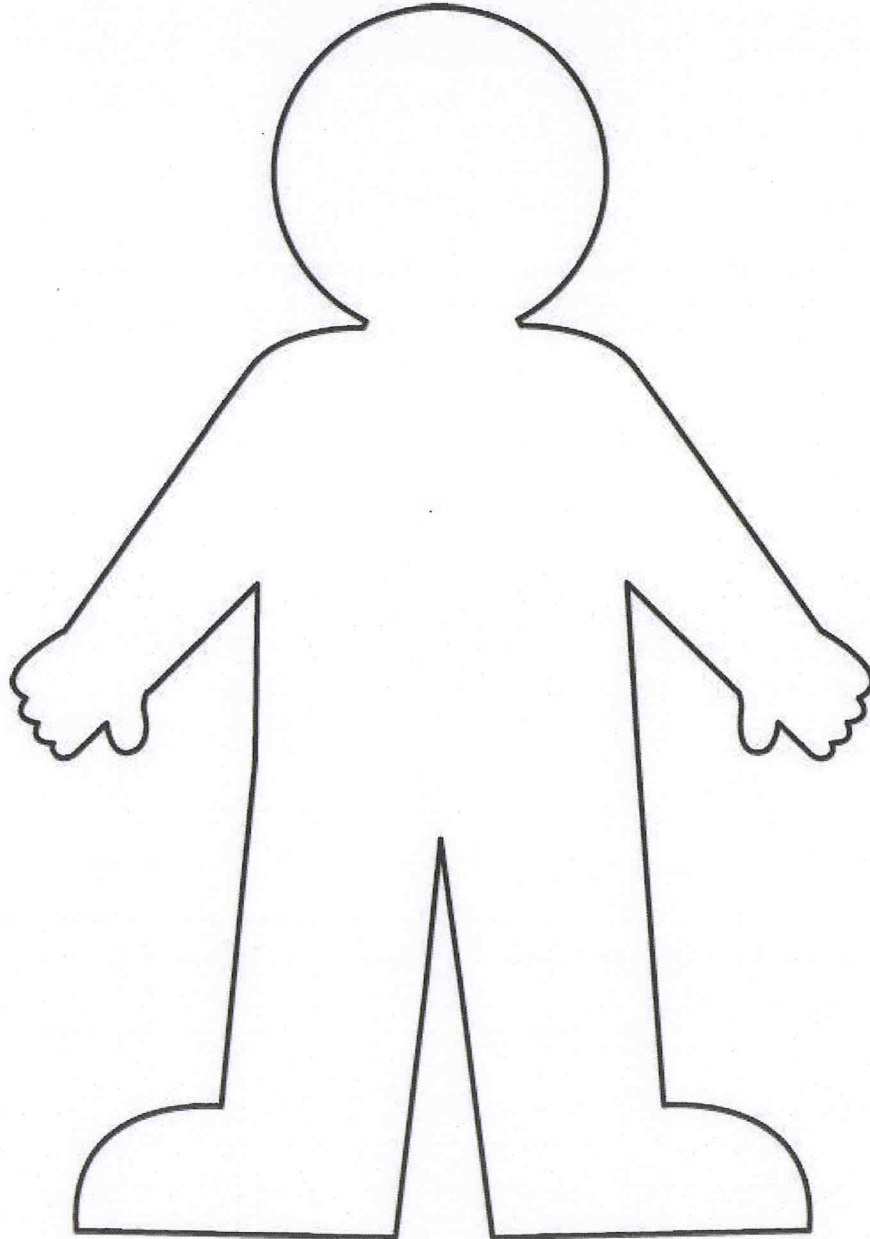
All about it:



I am ____ years old!

LOOK AT ME!

Kids - use your colors to make this figure look just like you.



My name is _____ . I am _____ years old.

I am _____ inches tall. I weigh _____ pounds.

I have _____ eyes. I have _____ hair.



It's My _____ Birthday!!

Photo here

How we celebrated: _____

Who attended: _____

Gifts received: _____

Look How I've Grown!



I lived with the _____ family
from _____ to _____.

When I came to live with the _____ family
on ___ / ___ / ___, I was _____ old, _____ inches tall,
and weighed _____ pounds. When it was time for me
to leave on ___ / ___ / ___, I was _____ old,
_____ inches tall, and weighed _____ pounds.

The _____ family's contact information is:

Street Address: _____

City: _____ State: _____ Zip: _____

Their phone numbers: _____

Their e-mail addresses: _____

Names of people in their family: _____

My Adoption Day

Photo here

Date: _____

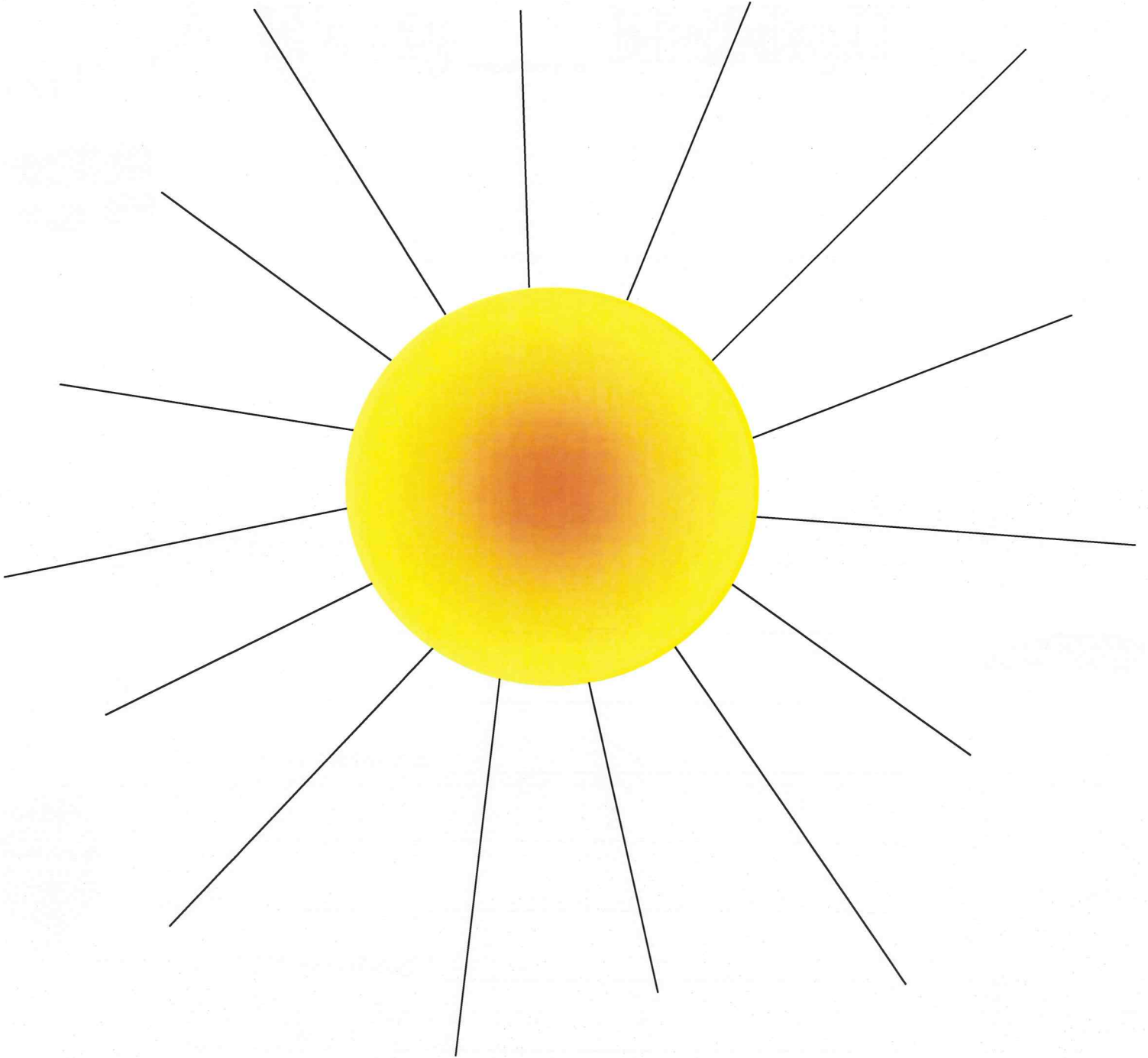
Place: _____

Judge that presided: _____

Important people that attended: _____

How I felt: _____

Full of Sunshine



Important People Who Make Me Shine

My Family Story

A large, brown-outlined house shape that serves as a writing template. The house has a triangular roof and a chimney on the right side. The interior of the house is filled with horizontal lines for writing. The lines are spaced evenly and extend across the width of the house's body.

**My Wishes for
Myself Right Now**

**My Wishes for
Myself in the Future**

**My Wishes
for the World**

**My Wishes for
my Family**



My Wishes

**THINGS I'M
INTERESTED IN**

**THINGS I
DO WELL**

MORE ABOUT ME

THINGS I ENJOY

**THINGS THAT
MAKE ME LAUGH**

SUGGESTED PRE-PLACEMENT AND TIME-OF-PLACEMENT QUESTIONS

Below is a list of questions to ask before agreeing to the placement of a child into your home. There will be times and circumstances when a worker has limited information about the child they need to place. When information is available, however, it will help you determine if the child will be a good fit for your family and your parenting abilities. This list can be a helpful resource for obtaining information. You might want to have a copy readily available to refer to when you get a call about a possible placement.

PRE-PLACEMENT QUESTIONS:

Child's Name: _____

Gender: _____ Age: _____ Ethnicity: _____

When would the child need to be placed in my home: _____

Reason for being placed in foster care: _____

Is this their first placement? Yes No

If moving from another foster home, what is the reason? _____

Where are the biological parents living? _____

What contact will be allowed with the parents? _____

Does the child have siblings? Yes No

Names of siblings:

Where they are living:

What is the visitation plan with siblings and parents? _____

What services are involved with this child and family? _____

What will be my role in these services? _____

Will I be expected to provide transportation? Yes No

If so, where to and how often? _____

What is the child's legal status? _____

Is this a concurrent placement (is our home being considered as a possible adoptive resource for this child)? Yes No

How long do you anticipate the child will be with us? _____

Does the child have any medical concerns? _____

Does the child have any allergies? _____

Is the child on medication? Yes No

If so, what medication and what was it prescribed for? _____

Does the child see a mental health professional? Yes No

If so, who and how often? _____

What are the child's strengths, interests and activities? _____

Does the child have behavioral issues or other special needs? _____

Does the child do any of the following?

swear	hit	bite	kick	run away
soil pants	wet bed	set fires	sexually act out	use drugs
destroy property	fight	behave suicidally	instigate trouble	steal

Is the child sexually active? Yes No Are they are on birth control? Yes No

Are they pregnant? Yes No

Has the child been sexually abused by a parent, caregiver or other person? Yes No



Hello!

My name is _____.

Here is a photo of me:

About Me: _____
