

# This is my story





# All about me

My birth name:

\_\_\_\_\_

I was born on \_\_\_\_\_

(Date of birth)

In \_\_\_\_\_

(Town, State and/or Hospital)

I weighed: \_\_\_\_\_ and was \_\_\_\_\_ long.

I was \_\_\_\_\_ years old when I first came into foster care.



## All About Me

I am (enter height) \_\_\_\_\_

I weigh \_\_\_\_\_

I have \_\_\_\_\_ eyes, and \_\_\_\_\_ hair.

My hair is \_\_\_\_\_ (long/short/shaved/curly/straight)

My favorite sport is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_

My favorite past-time: \_\_\_\_\_

My favorite book is: \_\_\_\_\_

My favorite toy is: \_\_\_\_\_

My favorite subject in school is: \_\_\_\_\_

One of the things that I am most proud of is: \_\_\_\_\_

My wish is: \_\_\_\_\_

What makes me sad is: \_\_\_\_\_

What makes me happy is: \_\_\_\_\_



## Childhood Illness

Illness	Date(s)	Age/other
Chicken Pox		
Ear Infection(s)		
Measles		
Tonsillitis		



## Immunization Record

VACCINE	RECOMMENDED AGE	DATE
<b>DPT</b> (Diphtheria, Pertussis, tetnus)	2 months	
	4 months	
	6 months	
	15-18 months	
	4-6 years	
<b>OPV</b> (Polio)	2 months	
	4 months	
	15-18 months	
	4-6 years	
<b>MMR</b> (Measles, Mumps, Rubella)	15 months	
	11-12 years	
<b>TB</b> (Skin test)	yearly	
<b>Tetnus Booster</b>	Every 4 6 years	
<b>Haemophilus Influenza</b>	2 months	
	4 months	
	6 months	
	12-15 months	



## My first home

I lived there with: \_\_\_\_\_

When I moved in: \_\_\_\_\_

The home was in: \_\_\_\_\_

Some of my favorite memories are: \_\_\_\_\_

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# Baby Firsts



(put in date and/ or age)

First smile: \_\_\_\_\_

First Rolled over: \_\_\_\_\_

Laughed: \_\_\_\_\_

First time I slept through the night: \_\_\_\_\_

First crawled: \_\_\_\_\_

First tooth: \_\_\_\_\_

First time I stood up: \_\_\_\_\_

My first step: \_\_\_\_\_

Walked with help: \_\_\_\_\_

Walked by myself: \_\_\_\_\_

My first word: \_\_\_\_\_

My first phrase: \_\_\_\_\_

First time I walked alone: \_\_\_\_\_

First time I used the potty: \_\_\_\_\_

# My Birth Family Tree

\_\_\_\_\_

paternal grandfather

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

maternal grandfather

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

paternal grandmother

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

maternal grandmother

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

birth father

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

birth mother

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

your name

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

My brothers and sisters are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# My Biological Brothers/Sisters

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where they live: \_\_\_\_\_

# Birth Mom Information

My birth mom was born \_\_\_\_\_ in \_\_\_\_\_  
(year)  
(City, State, Country) \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Her heritage: \_\_\_\_\_

She was raised \_\_\_\_\_  
\_\_\_\_\_

The highest grade completed: \_\_\_\_\_

Her favorite color: \_\_\_\_\_ Her favorite food: \_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

My happiest memory of her: \_\_\_\_\_  
\_\_\_\_\_

What I remember of my birth mom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

# Birth Dad Information

My birth dad was born \_\_\_\_\_ in \_\_\_\_\_  
(year)  
(City, State, Country) \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

His heritage: \_\_\_\_\_

He was raised \_\_\_\_\_  
\_\_\_\_\_

The highest grade completed: \_\_\_\_\_

His favorite color: \_\_\_\_\_ His favorite food: \_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

My happiest memory of him: \_\_\_\_\_  
\_\_\_\_\_

What I remember of my birth dad: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

# Birth Family Health Information

Condition/Illness	Who	Any information
Allergies		
Asthma		
Attention Deficit Issues		
Birth Defects		
Visual Problems		
Hearing Problems		
Heart Problems		
Skin problems		
High Blood Pressure		
Arthritis		
Learning Disability		
Diabetes		
Cancer		
Mental Health issues		
FAS/FAE		
Genetic Disorders		
Blood Disorders		
Weight problem		





# Religion

Churches attended: \_\_\_\_\_

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Important events: \_\_\_\_\_

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Godparents: \_\_\_\_\_

Church camps: \_\_\_\_\_

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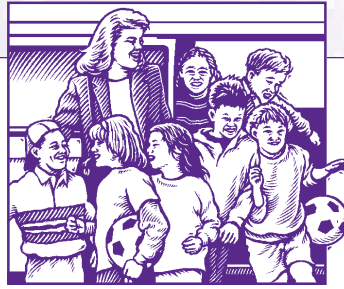
Baptism/Confirmation: \_\_\_\_\_

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Other: \_\_\_\_\_

# Other Activities



Sports: \_\_\_\_\_

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Music lessons: \_\_\_\_\_

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Other: \_\_\_\_\_

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# My Foster Family

I moved in on: \_\_\_\_\_

The home was located in: \_\_\_\_\_

I lived there with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Some of my favorite memories are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I moved from here on: \_\_\_\_\_



# The Day We Became a Family My Adoption

Date of finalization: \_\_\_\_\_

Place: \_\_\_\_\_

Name of judge: \_\_\_\_\_

Who attended my adoption finalization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What happened at the hearing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What did I do after the hearing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Gifts I received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was special about this day? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# My New Name and My Adoptive Family Tree

\_\_\_\_\_

parent's dad

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

parent's dad

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

parent's mom

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

parent's mom

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

parent

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

parent

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

\_\_\_\_\_

your name

\_\_\_\_\_

birthday

\_\_\_\_\_

place of birth

My brothers and sisters are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Firsts with My New Family

First time we spent the night together: \_\_\_\_\_

\_\_\_\_\_

The first meal we had together: \_\_\_\_\_

\_\_\_\_\_

The first movie we saw together: \_\_\_\_\_

\_\_\_\_\_

The first book read together: \_\_\_\_\_

\_\_\_\_\_

The first cry together: \_\_\_\_\_

\_\_\_\_\_

My first present: \_\_\_\_\_

\_\_\_\_\_

First time I called them mom & dad: \_\_\_\_\_

\_\_\_\_\_

Our first Christmas together: \_\_\_\_\_

\_\_\_\_\_

My first birthday together: \_\_\_\_\_

\_\_\_\_\_



## 1st Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_

## 2nd Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_



## 3rd Birthday

What I did on my birthday: \_\_\_\_\_

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Who was there? \_\_\_\_\_

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Gifts: \_\_\_\_\_

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## 4th Birthday

What I did on my birthday: \_\_\_\_\_

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Who was there? \_\_\_\_\_

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Gifts: \_\_\_\_\_

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## 5th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_

## 6th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_



## 7th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_

## 8th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_





## 9th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_

## 10th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_



## 11th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_

## 12th Birthday

What I did on my birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was there? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts: \_\_\_\_\_

\_\_\_\_\_



## School Information

### PRESCHOOL

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### KINDERGARTEN

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_



## School Information

### FIRST GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### SECOND GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_



## School Information

### THIRD GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### FOURTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_



## School Information

### FIFTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### SIXTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_



## School Information

### SEVENTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### EIGHTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_



## School Information

### NINTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### TENTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_





## School Information

### ELEVENTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

### TWELFTH GRADE

Teacher: \_\_\_\_\_

School Name & Location: \_\_\_\_\_

My Friends: \_\_\_\_\_

My Favorite Activity: \_\_\_\_\_

Other: \_\_\_\_\_

