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

<table>
<thead>
<tr>
<th>Illness</th>
<th>Date(s)</th>
<th>Age/other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Infection(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonsilitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Immunization Record

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>RECOMMENDED AGE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DPT</strong> (Diptheria, Pertussis, tetanus)</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15-18 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4-6 years</td>
<td></td>
</tr>
<tr>
<td><strong>OPV</strong> (Polio)</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15-18 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4-6 years</td>
<td></td>
</tr>
<tr>
<td><strong>MMR</strong> (Measles, Mumps, Rubella)</td>
<td>15 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11-12 years</td>
<td></td>
</tr>
<tr>
<td><strong>TB</strong> (Skin test)</td>
<td>yearly</td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus Booster</strong></td>
<td>Every 4 6 years</td>
<td></td>
</tr>
<tr>
<td><strong>Haemophilus Influenza</strong></td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12-15 months</td>
<td></td>
</tr>
</tbody>
</table>
My first home

I lived there with: _______________________________________________________

When I moved in: _____________________________________________________

The home was in: _____________________________________________________

Some of my favorite memories are: ________________________________

________________________

________________________

________________________

________________________
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

- Your name
  - Birthday
  - Place of birth

- My brothers and sisters are:
  
- Birth father
  - Birthday
  - Place of birth

- Birth mother
  - Birthday
  - Place of birth

- Maternal grandmother
  - Birthday
  - Place of birth

- Paternal grandmother
  - Birthday
  - Place of birth

- Maternal grandfather
  - Birthday
  - Place of birth

- Paternal grandfather
  - Birthday
  - Place of birth
| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |

| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |

| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |

| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |

| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |

| Name: ________________________ | Name: ________________________ |
| Age: _________________________ | Age: _________________________ |
| Date of birth: ____________________ | Date of birth: ____________________ |
| Where they live: __________________ | Where they live: __________________ |
Birth Mom Information

<table>
<thead>
<tr>
<th>My birth mom was born</th>
<th>in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(year)</td>
</tr>
<tr>
<td></td>
<td>(City, State, Country)</td>
</tr>
<tr>
<td>Eye Color:</td>
<td>Hair Color:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td>Weight:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Her heritage:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>She was raised</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>The highest grade completed:</td>
<td></td>
</tr>
<tr>
<td>Her favorite color:</td>
<td>Her favorite food:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobbies:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>My happiest memory of her:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What I remember of my birth mom:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
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: _________________________________________________________
<table>
<thead>
<tr>
<th>Condition/Illness</th>
<th>Who</th>
<th>Any information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Defects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAS/FAE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight problem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Religion

Churches attended:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Important events:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Godparents:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Church camps:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Baptism/Confirmation:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Other:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
Other Activities

Sports:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Music lessons:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Other:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Outings and Activities
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 mom
birthday
place of birth

parent
birthday
place of birth

parent's dad
birthday
place of birth

parent's mom
birthday
place of birth

parent
birthday
place of birth

your name
birthday
place of birth

My brothers and sisters are:
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________
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:


Who was there?


Gifts:


4th Birthday

What I did on my birthday:


Who was there?


Gifts:


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: ________________________________
<table>
<thead>
<tr>
<th>Grade</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIRD GRADE</td>
<td>Teacher: ____________________________</td>
</tr>
<tr>
<td></td>
<td>School Name &amp; Location: _________________________</td>
</tr>
<tr>
<td></td>
<td>My Friends: ________________________________</td>
</tr>
<tr>
<td></td>
<td>My Favorite Activity: __________________________</td>
</tr>
<tr>
<td></td>
<td>Other: ________________________________________</td>
</tr>
<tr>
<td>FOURTH GRADE</td>
<td>Teacher: ____________________________</td>
</tr>
<tr>
<td></td>
<td>School Name &amp; Location: _________________________</td>
</tr>
<tr>
<td></td>
<td>My Friends: ________________________________</td>
</tr>
<tr>
<td></td>
<td>My Favorite Activity: __________________________</td>
</tr>
<tr>
<td></td>
<td>Other: ________________________________________</td>
</tr>
</tbody>
</table>
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: ____________________________________________
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: ________________________________
Special People in My Life
(This can be anyone)