

Handout #12 LET ME TELL YOU ABOUT MY CHILD SERIES

Youth 13 and Older

Recently, your teenager was placed in care, either with a foster caregiver or in a group home or residential facility. While you are working to bring your family together, help your caseworker and the foster caregiver or childcare professional know more about your teenager.

You and your teenager should review this form together when you meet with your caseworker. Share as much information as you know at the time of your meeting. You, your teenager and your caseworker can review this form later and add more details. Use extra sheets to add more comments about issues important to your teenager health and care.

My teen's name is _____ **My teen's nickname is** _____
Age _____ **Birthday** _____

Sleeping: My teen

- goes to bed at _____
- goes to bed easily
- stays up; reads, playing on computer; watches TV
- sleeps alone
- shares bed/room with another child
- shares a room with a family member
- sleeps through the night
- wakes up oftenduring the night
- has nightmares
- sometimes wets the bed
- sleeps in separate room likes a snack before bed
- other issues _____

Comments: _____

Morning Routine: My teen

- wakes up around _____
- wakes up easily
- has difficulty waking up
- gets up after prodding
- wakes up with an alarm clock
- has a difficult time getting going
- likes to eat breakfast
- skips breakfast

Comments: _____

Bathing, Grooming and Dressing: My teen

- washes and cleans thoroughly
- picks out clothes
- has special hair care needs
- knows how to take care of hair/skin
- is allergic to personal grooming products _____
- may ask for/need help for _____
- makes good choices
- is allergic to certain fabrics; sensitive to scratchy materials, tag
- has special skin care needs
- generally, takes care of personal needs without help or prodding
- takes care of teeth

Comments: _____

Eating: My teen

- is a good eater
- is a fussy eater
- eats balanced meals
- likes snack foods
- eats three meals a day
- skips meals/eats on the run
- prepares/cooks/eats alone
- assists/cooks/eats with family
- favorite food _____
- does not like _____
- has an allergy to _____
- needs a special diet _____

Comments: _____

Education: My teen

- School _____ Address _____ Grade _____
Teacher _____ Principal _____
- is at grade level for age
 - is in a regular grade/class
 - is in regular class/with help
 - is in special education class
 - likes going to school
 - gets good grades
 - does homework without assistance
 - needs reminding to complete
 - requires adult assistance
 - receives tutoring
 - refuses to do homework
 - refuses to attend, at times
 - is truant, at times
 - has behavioral problems in school
 - is worried, sad or scared about school
 - best subject _____
 - hardest subject _____
 - after school activities _____
 - favorite class/activity _____

Comments: _____

Handout #12 LET ME TELL YOU ABOUT MY CHILD SERIES

Youth 13 and Older

Responsibilities: My teen

- does household chores cleans bedroom knows how to/does laundry can shop for groceries
 does odd jobs saves money baby-sits for other children takes public transportation

Comments: _____

Free Time and Relaxation: My teen

- likes being active hangs with a group of friends gets along well with others
 generally, not active prefers to spend time alone has a special friend: name _____

Comments: _____

Special Interests: My teen

- reading play acting/school plays arts and crafts cooking/baking
 games/puzzles computers mechanics making videos playing video/internet games
 singing/choir listening to music dancing band musical instrument _____
 bike riding/skating plays team sports watches sports prefers individual sports
 Boys/Girls Clubs Boy/Girl Scouts church groups park programs community activities
 makeup/hair styling working at a job babysitting watching TV does not show interests or hobbies

Comments: _____

Culture and Religious Traditions: My family and my teen

- have special cultural traditions special practices require special diets _____
 are members of church/mosque/temple attend regularly participate in events celebrate holy days
 Name of Minister/Clergy _____ Address of church/mosque/temple _____

Comments: _____

Important People: My teen is close to

- brothers _____ sisters _____
 grandparents _____ relatives _____
 friends _____ neighbors _____
 teacher/coach _____ other _____

Comments: _____

Health: My teen is healthy

My teen has special medical needs and concerns

Medical Doctor: My teen's Doctors name is _____ Address and Telephone _____

- last appointment was _____ next appointment is _____ appointment needs to be scheduled
 medicines _____ illness _____ dosage _____ how often _____
 medicines _____ illness _____ dosage _____ how often _____
 has asthma or breathing problems needs to use an inhaler knows how to use knows when to use
 immunizations up to date (record will be needed later) has these allergies _____
 is sexually active received education for safe sex uses birth control/ precautions
 has experimented with alcohol/drugs actively uses _____ did use/ received treatment _____

Dentist: My teen's Dentist name is _____ Address and Telephone _____

- last appointment was _____ next appointment is _____ an appointment needs to be scheduled _____
 my teen has these problems _____

Vision: My teen was tested for vision health professional school name _____

- last tested: _____ no problems next appointment _____ needs to be scheduled
 never tested needs appointment has vision needs needs/wears glasses

for _____ **Hearing:** My teen was tested for hearing health professional school
name _____

- lasttest: _____ no problems next appointment _____ needs to be scheduled
 never tested needs appointment is deaf or hard of hearing needs/uses hearing device, sign language, reads lips

Comments: _____

