

Name: _____

Date: _____

4. What are some of your favorite activities that you like doing just for fun?

5. What are the tasks or chores you are responsible for doing in your home? Do you usually do your chores on your own, or do you need to be reminded to get them done?

6. Describe some of the activities you like to do with parents.

7. In your family, who are the people that you tend to get along with the best?

8. In your family, who are the people that you tend to have the most arguments or confrontations with?

9. Please describe what you would like to change most about yourself and why. How would you accomplish these changes?

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10. Please describe any special activities that you are involved in.

11. Would you be willing to include an individual placed in your family home in any of these activities?

12. Describe the type of discipline used in your home. Please explain if it is effective.

13. What sort of things are you usually disciplined for and which person usually does the disciplining in your family?

14. What school do you attend? What grade are you in?

15. Please describe your plans after you finish school.

16. Describe how you are doing in school now, both academically and socially.

17. What do you like best and least about school?

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

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18. Are most of your friends your own age or are they younger or older than you are?

19. Describe what sort of things tend to upset you and what you do when you are upset.

20. Describe what part you have in making the decisions that affect your family.

21. How much time do you get your parents all to yourself? Do you have to share them a lot with the rest of your family or with their friends?

22. What are some of the other things that you have to share now?

23. What are some of the things that you will have to share with an individual who is placed in your family home for foster care?

24. How do you feel about having to share those things?

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25. What are the things that are special to you that you would not want to have to share with someone else?

26. How do you feel about having an adult with disabilities live in your home and participate in family activities?

27. What do you think will be the hardest part for you about having someone living in your home for foster care? What affect do you think it will have on you?

28. Please describe what you would say to a friend who says, "I never heard of foster care. What is it?"

29. Do you currently have a job? Yes No

If yes, please describe your job, and your work hours:

30. What are the rules in your family about staying out on weeknights or weekends?

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31. Do you use drugs or alcohol? Yes No

If yes, please describe the type of drugs or alcohol that you use; how often and where you use them:

32. Do you smoke? Yes No

If yes, please describe the number of cigarettes you smoke per day, how long you have been smoking and where do you usually smoke?

33. Are your parents aware of your drug, alcohol, or tobacco use? Yes No

If yes, please describe their opinion about it:

34. Please describe the biggest problem you have had to face so far in your life, and explain how you handled it:

35. Please describe what adjustments you think your family would have to make when an individual is placed in your home for foster care:

36. In your own words, please describe what you think is the purpose of foster care:

37. What questions do you have about foster care?

