

# HOME STUDY ASSESSMENT

Personal History for: \_\_\_\_\_

## PERSONAL BACKGROUND

1. List your parent's name, ages, marital status, where they live now, and their past and current occupations. (If deceased include date and cause of death.)

2. List the following about your siblings (include half and step siblings):

<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>Occupation</u>	<u>Where they live</u>	<u># of kids</u>
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3. Where were you born and what is your date of birth?
4. Please list the cities where you have lived throughout your life, the years you resided in each city and the reason for the move.
5. Describe some of your early childhood memories (such as family outings, vacations, rituals, traditions, celebrations, church, relatives, friends, neighbors, community events, etc.)
6. What was some of your happiest and saddest time growing up? What did you learn from these events?

7. Describe your parents (Include step parents, partners or guardians):

FATHER:

MOTHER:

OTHER:

OTHER:

8. How would you describe your parent's parenting style in general?

9. What methods of discipline did your parents use?

10. Did you feel these methods of discipline was effective and why?

11. What methods of nurturing did your parents use?

12. How did your parents:

Encourage you:

Reward you:

Show their love for you:

Show their affection to you:

Show support for you:

13. What, if anything, would you do differently than your parents?

14. What important lessons or values did you learn from your parents?

15. What responsibilities did you have growing up?

16. List schools attended (Elementary to High School, College, and Technical). List date attended, years attended, graduated, and area of study.

<u>School</u>	<u>Date Attended</u>	<u># Years</u>	<u>Graduated</u>	<u>Area of Study</u>
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17. Describe your educational experiences (example: Likes/Dislikes, activities you participated in, challenges and successes).

18. Describe your transitions (what events significantly affected your life?)

From Childhood to Early Adolescence:

From Adolescence to Adulthood:

19. Describe your drug and/or alcohol usage and experimentation in the past and present. (Be specific as to what you have used, how long, how much, and how often.)

20. Have you ever been diagnosed as chemically dependent? YES or NO

21. Have you or anyone in your immediate or extended family had problems with drinking or drug usage?  
YES or NO?  
WHO?
22. Have you or anyone in your immediate or extended family been in treatment for chemical dependency?  
YES or NO?  
WHO?
23. Have you or anyone in your immediate or extended family been involved with law enforcement due to alcohol or drugs?  
YES or NO?  
WHO?
24. If you answered "YES" to any of the questions #20 - #23, discuss how it was resolved and how this has affected you personally.
25. Have you or anyone in your immediate or extended family been neglected?  
YES or NO?  
WHO?
26. Have you or anyone in your immediate or extended family been emotionally, physically, or sexually abused?  
YES or NO?  
WHO?
27. If you answered "YES" to any of the questions #25 - #26, include any contacts with Child Protective Services, Law Enforcement, Court, and Mental Health Agencies. Discuss how it was resolved and how it has affected you personally.
28. Have you or anyone in your immediate or extended family ever been reported, accused of or investigated for abuse or neglect of an adult or child? YES or NO

If yes, please describe what happened:

29. Have you or anyone in your immediate or extended family ever had parental rights terminated, voluntarily or involuntarily? YES or NO

If yes, please describe what happened:

30. Please describe your life's experience related to the following:

FERTILITY:

GRIEF & LOSS:

FAMILY DISCORD:

31. List your previous and current names of employers, occupations, and dates of employment (in chronological order):

Employer

Occupation

Dates of employment

32. What do you like the most and like the least about your current job?

33. Describe any health and mental difficulties and list all current medications you are taking.

34. How would you describe your overall physical, mental, and emotional health and well-being?
35. To date, what do you consider to be your greatest accomplishment(s)?
36. Describe your plans and goals for the future (educational, career, relationships, hobbies).
37. Describe your talents.
38. List any volunteer work, clubs, or organizations you have been involved with in the past or currently.
39. List Military service, if any (branch of service, years served, type and date of discharge).

## **RELATIONSHIPS**

1. Were you previously married, or in a significant relationship prior to your current marriage or relationship? Please describe.

Please describe the impact of any issues associated with that relationship(s) on yourself and on your current relationship.

2. Describe your current marriage/relationship.
  - When did you meet?
  
  - How did you meet?
  
  - What attracted you to each other?
  
  - How long did you date each other, date and place of marriage?
  
  - Characteristics of the relationship (Strengths and Weaknesses and Needs)?
  
3. Describe how you and your spouse/significant other have changed over time.
  
4. Have you ever considered divorce in your current marriage? YES or NO  
If "YES", please explain:
  
5. What kinds of things do you like to do together as a couple?
  
6. Describe the process you use to make decisions as a couple.
  
7. How are decisions arrived at when there are significant differences of opinion? How do you resolve conflict and disagreements?

8. Describe any chronic areas of conflict or disagreement in your current relationship and how they are handled (Example: in-laws, activities, financial, religion, child rearing, friends, etc.):
  
9. Describe your spouse/significant other's personality, strengths and weaknesses:
  
10. Describe how your spouse/significant other expresses their feelings and emotions:
  
11. How do you communicate about intimacy issues such as those related to sexual expression and relationship needs:
  
12. How will foster/adopt change your life/relationship?

## **PERSONAL CHARACTERISTICS & RESIIENCE**

1. Describe yourself (physical description, personality, temper, sense of humor, hobbies, interests, strengths, weaknesses).
  
2. How do you Express and Process:  
Happiness:  
  
Affection:

Anger:

Sadness:

Loneliness:

Frustration:

Conflict:

3. How would someone know how you are feeling?
4. What causes stress for you?
5. What outlets do you have to relieve stress (physical exercise, hobbies, support groups, therapist, use of chemicals, food, etc.)
6. Describe your ability to acknowledge and appreciate individual differences among people without being judgmental:
7. Describe your ability of your tolerance of others, willingness to help others, and ability to set aside your own needs?
8. Describe your flexibility, including an ability to adjust to the unexpected or unknown:
9. Describe your ability to make and keep commitments:

## **SUPPORT SYSTEMS**

1. Describe your willingness to accept help, suggestions, or counseling from other people (such as social workers, school personnel, therapists, doctors, etc.):
2. Describe your personal, family, and community support systems:
3. How does your support system feel about the foster/adoption plan?
4. Describe how you plan to prepare your extended family/friends/support networks to receive a foster/adoptive child:
5. What is your plan for providing child care while you are away from home or at work?