

About Me

What people involved with my foster care plan should know.

My name is _____ and here is some information about me that might be helpful to my new foster parents.

My birthdate is _____ which means I'm _____ years old.

I have _____ brothers and sisters. Their names are: _____

The school I currently attend is _____ and I am in the _____ grade. I have attended about _____ schools in my life.

Describing myself:

The color of my eyes are: _____ Color of my hair: _____

I would describe myself as:

- | | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> quiet | <input type="checkbox"/> artistic | <input type="checkbox"/> talented |
| <input type="checkbox"/> funny | <input type="checkbox"/> loud | <input type="checkbox"/> musical | <input type="checkbox"/> _____ |
| <input type="checkbox"/> shy | <input type="checkbox"/> smart | <input type="checkbox"/> pretty/handsome | <input type="checkbox"/> _____ |
| <input type="checkbox"/> outgoing | <input type="checkbox"/> athletic | <input type="checkbox"/> stylish/trendy | <input type="checkbox"/> _____ |

When I have a problem, here is how I try to handle it:

- | | |
|---|--|
| <input type="checkbox"/> writing in a journal | <input type="checkbox"/> talking to friends |
| <input type="checkbox"/> thinking by myself | <input type="checkbox"/> talking to a caring adult |
| <input type="checkbox"/> getting angry and being mean | <input type="checkbox"/> talking to my counselor |
| <input type="checkbox"/> going on a run or exercising | <input type="checkbox"/> _____ |

Favorites:

My favorite foods are: _____

My least favorite foods are: _____

Favorite subject at school: _____

Least favorite subject: _____

Other favorites:

Color: _____ Game to play: _____

Kind of music: _____ Band: _____

Movie: _____ Book: _____

Things I like to do:

	Love to do	Like to do	Want to learn how
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have these hobbies: _____

- I need some help finding some hobbies

Stuff I like to do on the weekends and in my spare time: _____

Living with me:

If it were up to me, you would find my room:

- Messy Clean Somewhere in between

Chores and help around the house that I am pretty good at: _____

My sleeping habits:

- I usually stay up late and sleep in I get up early in the morning
 I have a hard time sleeping This helps me get to sleep

Other Information:

for your
information

Attention Adults:

A foster youth, whose life may be greatly impacted by your decisions, wishes his/her voice to be heard. By submitting opinions on this form, this youth has expressed a desire to be involved in his/her own foster care plan. Please give this input the time, attention and respect it deserves.

For more information about FY13 forms or to download additional forms, visit www.fyi3.com a non-profit website for foster youth who want to be informed, involved and independent.

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foster youth
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