

Ice Breaker

Date:

Case Name:

Child/ran:

*****Known Allergies:* ****

Participants:

Foster Parent Shares about their children.

Home: *Describe the home you live in with the children:*

Why are you fostering and how long have you been doing it:

What children are in your home now?

Will the children have their own room?

Rules in the home:

Activities that you do regularly with the children:

Other information that might be important:

Parent Shares about their children.

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Did the children have there own room:

Do the Children have siblings that are not placed with them?

- **Special Needs:**

- **Likes/dislikes**

Rules of the home:

- **School:** *Where did they attend? What grade? Special information pertaining to the children's school*

- **Other contacts to preserve connections (*friends, neighbors, extended family, coaches, teammates, pets, etc.*) home:**

- **Sleep Patterns:**

- **Medical issues:**

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- **Comfort Items:**

- **Activities that you did with the children:**

- **Clothing:**

- **Behavior problems:**

- **Nicknames:**

- **Food likes/dislikes:**

- **Religion:**

- **Hair cutting,**

- **Additional things:**

Facilitators Signature: _____ *Denise Martinez*

