

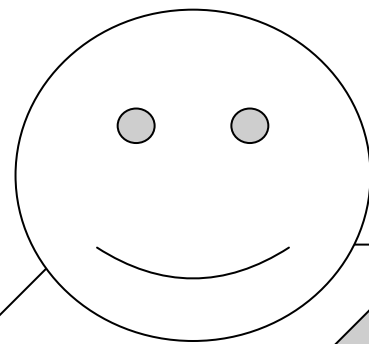
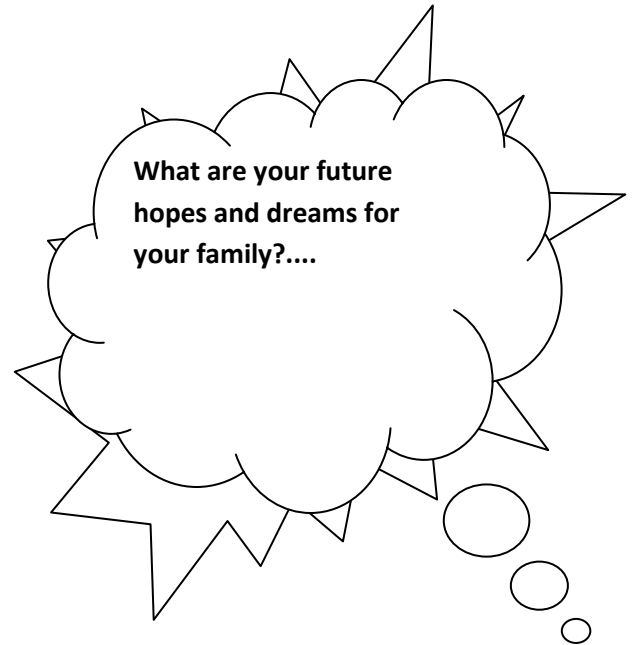
This is my Family!

| | |
|------------------------|------------------|
| Name: | Birthday: |
| Family Members: | |

Activities my family enjoys:

How does your child handle new situations?

What do we need to know to help your child adjust?



My family's gifts and strengths are:

My child needs help to develop these skills:
