

Family Information

Please complete this form within your comfort level. Any questions may be left blank if you do not wish to share the information.

Preferred Method of Contact:

Face to Face	Phone Call	Text	Email	Other
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Family household/background (I.e. who lives in your home, siblings, pets, where previously lived, other people frequently involved, etc.)	

Holiday, traditions and/or other customs your family observes and how? (activities, food you eat, artifacts you use to represent, etc.)

Occupations and professions represented in your family.

Family interactions. How do you spend your free time? (sports, tv, games, etc.)

Different cultures and families have differing beliefs or customs about things. (eye contact may mean a sign of respect to some people but to others it may be seen as disrespectful and challenging). Does your family have beliefs or customs which may have been misinterpreted? Please explain.

Family Values: Of the following, which qualities does your family view as important?

	Independence		Hard Work		Patience
	Honesty		Imagination/Creativity		Education
	Responsibility		Tolerance		Manners
	Respect		Determination		Obedience
	Religious Faith		Unselfishness		Self-Expression
Other:					