



Beth Powell's In-Family Services

Trauma-Informed Psychotherapy,
Licensed Clinical Social Work and Neuro-Behavioral Education

Child's Biography Form

(Please type information. Please be brief.)

1. Describe what you know about your child's birth family: age of parents, number of siblings, family dynamics, abuse and/or neglect, drug and alcohol abuse, crime, etc.

2. List the number of disruptions (moves away from a family) your child has experienced, reason for each, length of time and age in each placement, and what degree of abuse, neglect or nurturing she/he received in each placement.

3. Describe your child's first three years of life:

- a. Quality of prenatal care, birth and postnatal care (if known)

- b. Did mother suffer postpartum depression?

c. How did your child respond to holding, eye contact and nurturance?

d. What kind of emotional support was available for the birth mother during the child's early years?

4. Describe your child's positive attributes.

5. Describe previous therapy your child has had, duration and results.

6. Describe your child's typical behaviors and how you normally respond to them.

7. Describe the interaction between your child and siblings.

8. Describe the interaction between your child and peers.

9. Which of your child's behaviors bothers you the most?

10. Describe the community's (teachers, neighbors, friends, family) reactions to your child's behavior and to your parenting interventions.

11. Describe how your child relates to maternal and paternal authority figures.

12. Describe what impact this child has had on your marriage; on your family; on your lifestyle; on your personal well being.

13. Which of your parenting techniques seems to be the most effective? The most ineffective? What have you tried?

14. Does anyone in your family feel physically threatened?

15. What is your child afraid of?

16. What are your worst fears and greatest hopes?
