

Child's Name: _____ Date of Birth: _____ Date: _____

IDENTIFYING TYPICAL FAMILY ROUTINES AND ACTIVITIES

1. What activities do you and your family like to do together?

2. Where do you and your child spend time?

Where would you like to spend more time?

3. What routines or activities in your home or community would you like your child or family to participate in?

4. Who are important people in your family's life?

5. Other Information: