



Family Name: _____

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FAMILY RELATIONSHIPS

CURRENT MARRIAGE

Date of Marriage: ____ / ____ / _____ Location of wedding: _____

What was the hardest experience you have had in your relationship (what strengths did you use get through it, what did you learn, and how has that changed your relationship):

What is the most positive thing about your relationship?

What areas would you like to improve in your relationship?

What do you enjoy doing as a couple?

How do you resolve conflict?

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What are your hopes and aspirations as a family? State both short term and long term:

CHILDREN

If no children, skip to the "First Time Parents" section on the next page.

Please list the name(s) of all children, whether biological, adopted, or step-children:

Are any of your children living in your home? Yes No

*If yes, please complete the "**Children in the Home**" form.*

Are any of your children over age 18? Yes No

*If yes, please complete the "**Children Over Age 18**" form.*

How do you encourage your children in their endeavors?

How do you guide your children to the correct behavioral choices?



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First Time Parents Only, complete this page

How do you view your role as a parent?

In what ways do you think being a parent will change your life?

What are your thoughts about child rearing and discipline?

What experience do you have with children?