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# Worksheet 2

## A family portrait

Use this worksheet to develop a portrait of your family member with a disability as it will be an important record to pass to your remaining family members. It may be helpful to date this worksheet so you can re-visit and update on an annual basis or after any big life changes that impact your family member.

## Health

List names and contact details of current doctors, specialists, and all health practitioners involved in the care of your family member with a disability (ie. dental, orthotics, physio, occupational, ABA therapy, vision/hearing related, massage, feeding tube, ostomy care, etc).

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List all current health concerns: \_\_\_\_\_

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List all current health treatments: \_\_\_\_\_

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List all other health related concerns / treatments / annual checkups or appointments: \_\_\_\_\_

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List all current medication(s) and prescribing doctor(s) contact information: \_\_\_\_\_

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Briefly describe key features of medical history: \_\_\_\_\_

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## Education, work and volunteering

List current educational and/or work and/or volunteer activity and details, and who else is involved:

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What are your family member's future dreams in this area? \_\_\_\_\_

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Are there other possibilities in this area they would like to explore? \_\_\_\_\_

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What are some highlights from your family member's school experience?

What did they like about it? What didn't they like about it? \_\_\_\_\_

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Who are the people from the past that your family member had or still has a close connection with?

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What are some highlights of your family member's work or volunteer experience?

What did they like about it? What didn't they like about it? \_\_\_\_\_

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## Housing

Describe your family members' current living arrangements: \_\_\_\_\_

What are some future housing options/possibilities for your family member? \_\_\_\_\_

Are there currently plans in place for future housing options, and if so, who is involved and aware of these plans? \_\_\_\_\_

Summarize any previous living arrangements, if they existed: \_\_\_\_\_

What did your family member like about their previous experience or dislike? \_\_\_\_\_

Who are the people who had a significant relationship with your family member in these previous living arrangements and could they be helpful with future planning? \_\_\_\_\_

## Leisure and recreation

List current social, recreational, cultural, artistic, and athletic activities: \_\_\_\_\_

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What are your family member's interests and preferred activities in these areas? \_\_\_\_\_

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What are some future possibilities in the area of leisure and recreation? \_\_\_\_\_

\_\_\_\_\_

List important people who are involved with your family member at any activities you have listed:

\_\_\_\_\_

## Personal

Describe the day-to-day life of your family member with a disability. What does their week look like?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your family member's beliefs and values? \_\_\_\_\_

\_\_\_\_\_

What cultural customs and traditions are important in your family? \_\_\_\_\_

\_\_\_\_\_

How does your family member with a disability participate in these? \_\_\_\_\_

\_\_\_\_\_

Is spiritual and religious worship important for your family member? Is this an area that could be explored? \_\_\_\_\_

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What are the significant events, markers or milestones in your family member's life? \_\_\_\_\_

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What brings comfort and peace to your family member? \_\_\_\_\_

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Who has been your family member's greatest source of emotional support? \_\_\_\_\_

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Who are the most significant people in their life? \_\_\_\_\_

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Who do they see on a regular and on-going basis? \_\_\_\_\_

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