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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).

List all current health concerns: _____

List all current health treatments: _____

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

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

Briefly describe key features of medical history: _____

Education, work and volunteering

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

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

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

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

What did they like about it? What didn't they like about it? _____

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

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? _____

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: _____

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

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? _____

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

What brings comfort and peace to your family member? _____

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

Who are the most significant people in their life? _____

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