



FAMILY SELF ASSESSMENT

Please fill out as much information as possible. Leave blank any questions that do not apply, or you do not want to answer.

FAMILY INFORMATION

Adults

Name	Relationship (Mother, Father, Grandparent, etc.)	Gender

Children

Name	Age	Gender	Hopes/Worries? (Please list any particular hopes/worries related to this child that would be important for me to know?)

CONSULTATION FOCUS

Why did you reach out? What do you want to gain?

Goals: List 1-3 of your highest priorities in order of importance.

- 1) _____
- 2) _____
- 3) _____

FAMILY HISTORY

Please describe any family history/dynamics that would be important for me to know.

CULTURE

What is your family's ethnicity(ies)? _____

What is your family's religion(s)/spirituality(ies)? _____

Please describe any beliefs/customs that would be important for me to know before our initial interaction (Dress, touch, language, etc.)

SEXUALITY EDUCATION HISTORY

Did an adult(s) talk to you about sexuality when you were a young person?
Yes() No()

If yes, who & what did they talk to you about?_____

If yes, on a scale of 1-10 (10 being the *best* the interaction(s) could have gone), how well did the interaction(s) go? (Questions to consider: Did you feel comfortable to ask questions? Did you feel confident in the information you received? Would you want your child's experience to be similar to yours?)

1	2	3	4	5	6	7	8	9	10
----------	----------	----------	----------	----------	----------	----------	----------	----------	-----------

Have you talked to your child about sexuality?
Yes() No()

If yes, about what?_____

If yes, on a scale of 1-10 (10 being the best the interaction(s) could have gone), how well did the interaction(s) go? (Questions to consider: How did your child respond to the interaction? How engaged was your child during the interaction? How have you/your child followed-up since the interaction?)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

SELF ASSESSMENT

Answer the following questions by ranking yourself 1-5 (5 being the highest). You can answer using previous and/or imagined future experiences.

<u>Topics</u>	How confident are you approaching these topics in your own sexuality?	How comfortable are you while talking with your child about this topic?	How effective are you at talking with your child about this topic?
Sexuality in the media			
Gender/Sexual Identity			
Feelings			
Puberty			
Reproduction			
STI/Unplanned Pregnancy Prevention			
Consent			
Relationships			
Pleasure			

OTHER INFORMATION

Please feel free to include any other information that you think would be important for me to know.

CONTACT

Tara Abrol, LCSW
Founder, BIG Talks Workshops
(585) 653-8531
tara@bigtalksworkshops.com