



# Life Story of

**Parents:** \_\_\_\_\_

**Birth Place:** \_\_\_\_\_ **Raised:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

# of Brother(s): \_\_\_\_\_ # of Sister(s): \_\_\_\_\_

**School(s) Attended:** \_\_\_\_\_ **Highest Grade Completed:** \_\_\_\_\_

**Marriage Date:** \_\_\_\_\_ **Spouse's Name:** \_\_\_\_\_

**Activities Enjoyed Together:** \_\_\_\_\_

**Children:** \_\_\_\_\_

# of Boys: \_\_\_\_\_ # of Girls: \_\_\_\_\_

**Religion:** \_\_\_\_\_ Is church/faith important to the participant? \_\_\_\_\_

Church: \_\_\_\_\_ Minister: \_\_\_\_\_

Spiritual Expressions: \_\_\_\_\_

**Former Occupation(s):** \_\_\_\_\_

**Community/Organizations/Volunteer Experiences:** \_\_\_\_\_

**Travel Experiences:** \_\_\_\_\_

**Armed Services:** \_\_\_\_\_

**Important Holidays/Traditions:** \_\_\_\_\_

**Significant Events/Dates:** \_\_\_\_\_

## Special Interests:

\_\_\_\_ Reading \_\_\_\_ Writing \_\_\_\_ Drawing \_\_\_\_ Word Searches \_\_\_\_ Discussion \_\_\_\_ Educational  
\_\_\_\_ Arts & Crafts \_\_\_\_ Bingo \_\_\_\_ Sports \_\_\_\_ Dominoes \_\_\_\_ Checkers \_\_\_\_ Cards \_\_\_\_ Puzzles  
\_\_\_\_ Trivia \_\_\_\_ Music \_\_\_\_ Singing \_\_\_\_ Dancing \_\_\_\_ Radio \_\_\_\_ Playing an Instrument \_\_\_\_ TV  
\_\_\_\_ Movies \_\_\_\_ Game Shows \_\_\_\_ Sports \_\_\_\_ Walking \_\_\_\_ Exercise \_\_\_\_ Animals \_\_\_\_ Children  
\_\_\_\_ Gardening \_\_\_\_ Cooking/Baking \_\_\_\_ Household Chores  
\_\_\_\_ Prefers to be Indoors \_\_\_\_ Prefers to be Outdoors

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## My Favorite:

Things To Talk About: \_\_\_\_\_

Family Story/Event: \_\_\_\_\_

Color: \_\_\_\_\_ Season: \_\_\_\_\_ Scent: \_\_\_\_\_

Movie: \_\_\_\_\_ Song: \_\_\_\_\_ Trip/Vacation: \_\_\_\_\_

Celebrity: \_\_\_\_\_ Physical Activity: \_\_\_\_\_ Book: \_\_\_\_\_

**Accomplishments/Awards:** \_\_\_\_\_

\_\_\_\_\_

**What is Your Life Pleasure?** (What is the “One” thing in Life that gives you pleasure everyday)( i.e. your morning coffee, your pet, getting home in the evening and slipping into your pajamas, etc.)

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**Values**

**It's Important For Me To:**

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|--|--|--|
| <input type="checkbox"/> Be physically active                  | <input type="checkbox"/> Do different things         | <input type="checkbox"/> Keep learning             |
| <input type="checkbox"/> Develop new skills                    | <input type="checkbox"/> Get approval from others    | <input type="checkbox"/> Be independent            |
| <input type="checkbox"/> Keep busy                             | <input type="checkbox"/> Share                       | <input type="checkbox"/> Develop friendships       |
| <input type="checkbox"/> Keep my mind active                   | <input type="checkbox"/> Have a routine              | <input type="checkbox"/> Be challenged             |
| <input type="checkbox"/> Be with people                        | <input type="checkbox"/> Be alone                    | <input type="checkbox"/> Help others               |
| <input type="checkbox"/> Learn about myself                    | <input type="checkbox"/> Be creative/self expressive | <input type="checkbox"/> Make something I can keep |
| <input type="checkbox"/> Feel like I've accomplished something |  |  |

What I'd like to get out of this program is:

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