

Family Genealogy Assessment Form B

Folder/ Binder Name: _____ Date: _____

A. Recurring Themes & Patterns: (Write down recurring names, dates, locations, or other key pieces of information observed in the materials.)

1. _____
2. _____
3. _____
4. _____
5. _____

B. Existing Organization: (Describe any existing organization or categorization observed in the folder/binder.)

1. _____
2. _____
3. _____
4. _____
5. _____

C. Preliminary Timeline/ Family Tree Notes: (Jot down significant dates, events, or relationships observed in the materials.)

1. _____
2. _____
3. _____
4. _____
5. _____



E. Areas of Interest or Concern: (Flag any items of interest, fragility, or in need of repair. Describe the item and the reason for flagging it.)

1.	
2.	
3.	
4.	
5.	

F. Additional Notes: (Use this section to record any other observations or findings not covered in the sections above.)

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

