



Home Study/Post Adoption Report Agency,

Thank you for completing the post adoption report requirements for this family. Your timely submission of all required reports is appreciated and benefits this family and future adoptions from their child's country of origin.

Nightlight requires a 1-Month Contact Form be completed for all Nightlight adoptive families. This is not a typical, full post adoption report. Instead, it is a time for you to check-in with the family to assess their initial adjustment with the child and provide initial resources and referrals to support the family in parenting their child's unique needs.

****If completing reports for Hong Kong or Nigeria, the 1-month contact is a full post adoption report and these instructions are not applicable. Please see the country program packet on our post reporting website for instructions.**

Referral Review: You should have received the family's Referral Review Grid from their Nightlight program coordinator when the family received their referral. This was completed by the family when they received their referral, identifying the needs of the child when they come into their home and steps to take. Can you please discuss any action steps the family highlighted on their grid and provide any needed resources during your visit? If you do not have this grid, please email Heather Sloan at heather@nightlight.org to request that it is sent to you.

Cost of the 1-Month Contact Visit and Form: We ask that you do not charge the family a full post adoption report fee because it is a modified visit and short form for you to complete and email to our agency. At Nightlight, we charge the family half of a typical post adoption report fee to cover the time of the post adoption report provider in the home or we do not charge at all for a family that travels to a Nightlight office for the visit. If you would require a full post adoption report fee, we understand, but please notify the family to contact their Post Adoption Report Coordinator and we will schedule their visit with one of our staff instead.

Submission of the form: You may utilize the visit interview questions in this packet to assist in your visit with the family and completion of the form. Once the form is complete, please email it to the family's Post Adoption Report Coordinator. If you do not know who the family's coordinator is, please see Nightlight's Post Adoption Reporting webpage at www.nightlight.org/postreporting and their contact information will be in the country instruction packet.

Please contact us with any questions,

Heather Sloan, LBSW

Director, Post Adoption Connection Center

heather@nightlight.org

(254) 741-1633

Questions for 1-month Contact Visit

Name of child **before** Adoption: _____

Name of child **after** Adoption: _____

Date of birth: _____ Child Arrived Home Date: _____

****Remember to review the family's Referral Review grid to prepare and reference during the visit. Details under #9 below.**

1. **How was your time abroad? What were your impressions of the culture, your accommodation, interactions with officials & lawyers, waiting periods, and the Court process?**

2. **How is your child adjusting to home life and American culture?**

3. **Please describe your child's personality and interests.**

4. **ATTACHMENT & BONDING**
 - a) **How is attachment going? You to the child and them to you?**

 - b) **Any behaviors of grief and loss your child has displayed (i.e. being overly clingy, extreme tantrums, being emotionally reserved, prolonged tearfulness, anger, frequently reminiscing, or constantly looking at pictures of previous country/home)?**

 - c) **Has your child presented with any of the following behaviors: flashbacks, nightmares, sexualized behavior, being very jumpy or easily startled, refusing to let you out of their sight, being unusually independent, or appearing 'flat'? Please describe, if applicable.**

d) Discipline? How does your child respond to boundaries and being told “No!”? How does your child express his/her feelings?

5. How does your child relate to any siblings in the family?

6. SLEEPING/EATING

a) Please describe your child’s relationship with food.

b) How is your child’s sleep pattern?

7. HEALTH

a) Does your child have any special needs or medical conditions? Any medications?

b) Has your child been seen by a pediatrician or International Adoption Medical Specialist? When, how is their health, any medical follow-ups scheduled?

8. DEVELOPMENT & LEARNING

a) Physical:

b) Speech language:

c) School/Intellectual:

d) **Social:**

9. REFERRAL REVIEW

a) **Review and discuss the action steps from the family's referral review.**

i. **Nightlight staff** – Accessed in family's program case in SAM, in Child Specific Education checklist. Document is called "Child Specific Education Compliance Grid Entered Date".

ii. **Other agency staff** – You were emailed this completed form when the family accepted their referral. If you do not have this document, contact Director of PACC, Heather Sloan, at heather@nightlight.org to request it for the family.

b) **What have they set up/accomplished and what is remaining to be done?**

c) **What is their plan to complete any remaining action steps?**

10. PARENT SELF-CARE

a) **What do you find exhausting or difficult in parenting your child?**

b) **How does your support network (friends, family, coworkers, etc) assist you and your spouse in parenting your child?**

c) **How do you prioritize your marriage and connection with each other?**

d) **How do you manage your stress individually?**

e) **What additional support does your family need at this time?**