



**PARENT'S POST ADOPTION QUESTIONNAIRE**

**FAMILY AND CHILD DATA**

Name of child after adoption: \_\_\_\_\_

Gender of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of adoption: \_\_\_\_\_

Name of child before adoption: \_\_\_\_\_

Names of adoptive parents and their ages: \_\_\_\_\_

Residence and phone number of child and adoptive parents: \_\_\_\_\_

Place of work of adoptive parents, address and phone #: \_\_\_\_\_

City & Country: \_\_\_\_\_

Orphanage: \_\_\_\_\_

**CHILD'S HEALTH AND DEVELOPMENT:**

Describe your child's appearance:

Hair color:

Eye color:

Height:

Weight:

Results of your most current physician's visit: (Please address any ongoing medical issues or treatment)

Immunizations current? Reimmunized? (Reactions/treatment for: TB, Hepatitis, Lead)

Have any medical or dental problems been identified? Has your child experienced any illnesses? What treatment has been recommended? How often do they see their physician and dentist?

Condition of Teeth:

Have you or your pediatrician recognized any developmental delays with your child?  
(Please describe)

Please describe any problems with food or eating?

What developmental milestones has your child reached since adoption or the last visit?

Is your child experiencing any difficulties with acquiring language skills? Is your child experiencing any problems with language? Does your child show any signs of difficulty understanding you?

If your child attends school/preschool, what grade are they in at school? What progress have they made since beginning or our last visit? Teacher's comments?

Have you sought additional evaluation or intervention programs? (Please explain) Do you need information about any services or referrals?

What are your child's favorite activities at present? Does your child participate on any sports teams or attend any extra curricular classes?

**CHILD'S ADJUSTMENT**

Describe your child's personality.

What are your child's strengths?

Describe any symptoms of grieving or loss that your child is experiencing. (Extended periods of crying; sleep disturbances; tantrums, clinging to parents)

What is difficult for your child (socially, developmentally, language, emotionally)?

How does your child show attachment to your family?

Does your child smile and have eye contact with parents, sibling, extended family or others?

How does your child get along with peers? Neighbors? Reaction to strangers?

Please discuss any contact with family or friends back in the child's home country. (Who, how, frequency?)

How does your family address cultural issues?

Describe any behavioral problems your child is experiencing.

**ENVIRONMENT AND SOCIAL ISSUES:**

Describe a typical day for your child.

Are you using a day care or child sitter? If so, how many hours per week and how has your child reacted?

Have there been any changes in your income since the completion of your home study or our most recent visit?

How is your child sleeping? What is your child's sleep pattern? Is your child able to sleep in his/her own room? Own bed?

Briefly describe your child's room (please include the square footage of your home).

How is your family coping / adjusting (Parent & sibling adjustment)?

Have you accessed any community resources to help you with your child? Would you like any referrals for community resources?

Do you have any issues or concerns that you would like to address during your visit with your social worker?

What surprises you the most about your child?

Additional comments?

This form has been completed by: \_\_\_\_\_ Date \_\_\_\_\_