Post Adoption Report Agency: Below is a report template you can use to complete the report for the country of **GEORGIA**.

Please i*nclude a scanned copy of any medical, therapist or psychological*

*reports if any occurred in this reporting period.*

(on your agency letterhead)

**Post Adoption/Placement Report Template**

|  |  |
| --- | --- |
| Full name of each spouse exactly as it appears on their passports |  |
| Mailing address |  |
| Email address of Primary Petitioner |  |
| Telephone number – note if home or mobile |  |
| Email address of Primary Petitioner |  |
| Social network account addresses, if applicable |  |

|  |  |
| --- | --- |
| Child’s original name prior to adoption |  |
| Child’s new legal name |  |
| Date of child’s adoption abroad if child entered the US with Full and Final Decree -**or-** |  |
| Date of child’s guardianship given abroad if child entered the US under a Guardianship |  |
| Date child entered the US |  |
| Date of child’s re-adoption or adoption, within your state of residence, if applicable |  |
| Date of birth for child and numerical age for child |  |
| City and Country of child’s birth |  |
| Date US Citizenship obtained for child, if yet applicable |  |
| Prospective Adoptive Parent(s) current marital status, if applicable |  |
| Other children or other household members presently in the home, if applicable |  |
| Children or others in the home provide date and place of birth, if applicable |  |

**Date of visit:**

**Ability to Meet the Child’s Basic Needs**

How the family is meeting the basic needs of the child, caring, supervision, purpose, happiness, food, housing, proper medical care, education and freedom to develop as their own person

**Physical Health**

Child’s Medical Information

Date of child’s last medical examination

Physician’s name

Current Height

Current Weight

Summary of recent well-visit with pediatrician

Child’s Original Diagnosis and Prognosis from referral records

Child’s Current Diagnosis and Prognosis from most recent examination (contrast)

Summary of any surgeries, out/in-patient care, therapies, treatments, medications etc.

Summary of child’s mental health

**Diet, Nutrition, and Sleeping Habits**

Diet, Eating Habits, Sleep, Napping Patterns

Likes and Dislikes

**Education**

Means of education (home, pre-k, through high school) and name of school or program

Activities which reinforce education and learning

Learning style, subjects like or disliked

Social interactions with peers

Family interactions to support education

**Language and Development**

Personality Development

New Accomplishments / Achievements

Challenges, specific areas to work on

Resources utilized to support development and language development

**Attachment and Social Relationships**

Interaction with Immediate Family

Acceptance by extended family

Acceptance by extended family

**Child’s Understanding of Adoption and Maintaining Child’s Culture and Heritage**

Country specific art, books, music, traditions, celebrations, social groups, or festivals, etc.

**Employment and Income**

Any changes to occupation, income, additional household members, time spent with family

**Living Accommodations and Local Resources**

Any modifications to the home, accommodations for the child needed in the home

Any specific local resources utilized, intend to be utilized, seeking out

**Conclusion**

Summary of family successes

A need or recommendation for specific additional resources, if applicable

Recommendation and approval to complete the adoption

**The \_\_\_\_\_\_ family has the appropriate social, financial, and emotional resources they need to be successful. The placement of \_\_\_\_\_ is deemed successful and they are recommended to complete the adoption.**

Respectfullysubmitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Title

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Title

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Notary Public