

Post Adoption Report Agency: Below is a report template you can use to complete the report. Most countries do not have a required report format\*, so you may use your own agency template as long as the information below is included.

\*China and Colombia have required templates included in their country packets. Do not use this template for reports to those countries.

**\_\_\_\_\_ MONTH/YEAR POST ADOPTION REPORT**

**(Report #\_\_\_\_)**

**Date of Report**

|  |  |
| --- | --- |
| BIRTH NAME: |  |
| ADOPTIVE NAME: |  |
| DATE OF BIRTH: |  |
| COUNTRY: |  |
| ADOPTION FINALIZED DATE: |  |
| HEALTH STATUS AT THE TIME OF ADOPTION: |  |
| PARENTS’ NAMES: |  |
| PRIMARY PROVIDER: | Nightlight Christian Adoptions |
| POST ADOPTION WORKER COMPLETING THE REPORT: |  |
| DATE OF SUPERVISORY VISIT: |  |

1. CONTACTS:
2. CHILD:

Appearance, Personality and Character of Child: *Also include activities, hobbies, interests, favorite toys, etc.*

Health Status: *Include notes on health at time of adoption, current health and recent doctor’s visit, date for future doctor’s visits,*

Development: *Physical, cognitive, emotional, and social development*

Education: *Grade in school, performance, intellectual development, any educational special needs*

Daily Routine: *Include daily routine, eating, sleeping, and toileting habits*

1. FAMILY:

Progress of Adjustment and Attachment: *Describe the adjustment of the child to the family and home, adjustment of the parents/family to the child, assess and discuss attachment from parent to child and child to parent, include relationship dynamics between child/ren and other siblings*

Any Changes in the Family Situation: *May include addition of another child or member of household, moved houses, significant employment changes, etc.*

Community and Extended Family Interactions:

1. EVALUATION AND RECOMMENTATIONS:

*Provide summary of the placement, attachment relationships, developmental milestones for the child, any recommendations for the family, etc.*

Respectfullysubmitted,

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

Name

Title

Approved by:

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

Name Date

Title

*(Include notary ONLY if required in submission instructions above)*

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

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

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

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

Signature of Notary Public