



Naturalized, give place, date and certificate number: \_\_\_\_\_

Education: (Highest level of education achieved) \_\_\_\_\_ Date of Degree or Diploma: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Annual Income\*: \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_ Hobbies, Special Interests: \_\_\_\_\_

**II. SIGNIFICANT CHANGES SINCE YOUR HOME STUDY/UPDATE WAS COMPLETED?  
(PLEASE CIRCLE YOUR RESPONSES, IF YES, PLEASE ATTACH AN EXPLANATION)**

1. Have you moved to a new address?  YES  NO  
2. Have you had a change in employment and/or salary?  YES  NO

(If yes, please provide your original employer and annual salary as well as your new employer and annual salary and submit a letter from your new employer verifying your current salary.)

3. Have you had any changes to your household family composition or any other notable changes? (i.e. birth of a child or death of a household member, if so please include an explanation and a copy of the child's birth certificate)  YES  NO

**III. FAMILY** (List all other persons living in your home, include children, relatives, boarders, roommates and employees.)

Name	Birth Date	Relationship	School Grade or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IV. RESIDENTIAL: Have you moved since your home study was completed?**  YES  NO  
If not please go to the next section.

Do you own or rent your home? \_\_\_\_\_ No. Of Rooms: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Square footage of your home: \_\_\_\_\_ Mortgage or rental payment: \_\_\_\_\_

Current Market Value of the home: \_\_\_\_\_

**V. INFORMATION ABOUT YOUR ADOPTED CHILD:**

1. Present Name of Adopted child: \_\_\_\_\_  
2. Name on Birth Certificate: \_\_\_\_\_  
3. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_



## **ADOPTIVE PARENT POST PLACEMENT PARENT NARRATIVE**

For First post placement reports answer all questions below. For subsequent reports provide only new/updated information or you may submit a copy of your previous post-placement report with updated information. (This form is designed so that you can type your answers directly on the form.)

**A. ADOPTION HISTORY:** (Complete this section for the first post placement visit only) What were the circumstances surrounding your child's adoption, for example was he abandoned, was he placed in an orphanage or foster home? Describe your adoption experience. Did you travel to another state or country for your adoption and how long did you stay?

**B. HEALTH:** What was your child's health status at the time of adoption? (Healthy or Special Needs) Please describe any medical treatments and the outcome. How is your child's health at present? Have your pediatrician complete the pediatrician's report and attach any medical reports received from well care or sick doctor visits along with your child's immunization record.

**C. DEVELOPMENTAL MILESTONES:** How is your child developing? Is he able to walk, run, sit stand? How are his fine motor skills? Is he able to hold objects, such as a crayon, and pick up objects such as cheerios? What about his speech. Is he babbling or using words? How about cognitive and social development? Do you have any concerns about your child's development?

**D. TEMPERAMENT:** What is your child's temperament, mood, activity level, reaction to change, etc).

**E. DAILY ROUTINE/EATING, SLEEPING, AND AWAKE PATTERNS:** Please describe your child's daily routine, and activities. Is he in school, or in a preschool or day care program? Describe your child's waking and sleeping patterns. What time does he go to bed? Does he sleep through the night? What are his eating habits, favorite foods and activities?

**F. BONDING & ATTACHMENT:** How was your child's adjustment to the home and family? Were there any issues with bonding and attachment? How was your adjustment to this placement? Describe the integration of the child into your extended family.

**G. CHANGES TO THE HOME SINCE THE HOME STUDY WAS COMPLETED:** Have there been any major changes in the family structure or environment following the placement of the child in the home? (E.g. job change, move, change in employment status, change in marital status, etc.)

**H. NATURALIZATION & CITIZENSHIP STATUS:** (International Adoption Only) Please include copies of any naturalization documents you may have i.e. Social security card, permanent resident card, US Passport.

Do you plan to re-adopt in this country? YES NO

# PEDIATRICIAN'S POST- PLACEMENT MEDICAL REPORT

Please take this form to your pediatrician for completion

Child's Name: \_\_\_\_\_

Present Weight: \_\_\_\_\_ Present Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Birth Weight: (if known) \_\_\_\_\_ Birth Height:(if known) \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

.....  
(Please use a supplemental sheet when necessary)

1. List any diagnosed medical or mental condition, treatments and medications prescribed at this visit:
2. In your opinion, is this child on track developmentally and do you have any concerns for his/her continued development?
3. Is this child up to date with immunization? YES NO (If no, please explain)
4. Please list any immunizations given at this appointment and/or attach the immunization record.
5. Is this child free of communicable disease? YES NO (If not, please explain)
6. Do you have any concerns about this placement? YES NO (If yes, please explain)

Physician's Name \_\_\_\_\_ Date: \_\_\_\_\_

(Please print or Stamp)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_