CHILD DESIRED

Name: _____ Date: _____

1. Note any particular characteristics of a child that have special significance for the prospective adoptive parents and state reasons. (NOTE: Matching of physical characteristics is not a routine criteria in selecting adoptive parents for a particular child.)

_____

_____

_____

2. Age Range of Child Desired: _____

3. Sex of Child Desired: _____

4. Mixed Racial Heritage	Acceptable	Willing To Discuss	Not Acceptable
A. Black / White			
B. Asian / Black			
C. Asian / White			
D. Hispanic / Black			
E. Hispanic / White			
5. Number of Children			
A. One Child			
B. Sibling group of two			
C. Sibling group of three or more			
6. Age of Children in Sibling Group			
A. Pre-schoolers			
B. Pre-schooler (s) and infant(s)			
C. Pre-schooler (s) and school aged			
7. Birth Marks			
A. On the body			
B. Facial			
8. Medical and Physical Problems			
A. Has a slight limp			
B. Needs leg braces			
C. Cerebral Palsy			
D. Cystic Fibrosis			
E. Spina Bifida			
F. Hare Lip and / or Cleft Palate			
G. Has a missing limb			
H. Has Kidney problems which may require surgery or Dialysis			
I. HIV Positive (without AIDS Symptoms)			
J. AIDS or ARC (Aids Related Complex)			

	Acceptable	Willing To Discuss	Not Acceptable
9. Seizure Disorders			
A. Has a seizure disorder that is Controlled by medication			
B. Seizure disorder not controlled but child has seizures Infrequently			
10. Blood Disorders			
A. Has a blood disorder that requires frequent transfusions and hospitalization			
B. Blood disorder – life span is limited			
C. Sickle Cell Anemia			
D. Sickle Cell Trait			
11. Heart Conditions			
A. Has a heart murmur, activity not curtailed			
B. Heart Murmur, vigorous activity curtailed			
C. May require open heart surgery at a later date but at placement just has to be watched			
D. Definitely will require open heart surgery			
12. Visual Impairment			
A. Has sight in both eyes but vision is limited			
B. Has sight in only one eye			
C. Is blind but surgery may give partial sight			
13. Hearing Impairment			
A. Has hearing problem with only partial hearing and surgery may Help			
B. Has hearing problem with partial hearing but surgery will not help			
C. Has hearing in only one ear			
14. Speech Problems			
A. Has severe speech problem			
B. Speech therapy needed			
15. Diabetic Conditions			
A. Borderline diabetic, dietary control necessary			
B. Juvenile Diabetes, requiring daily injections			

	Acceptable	Willing To Discuss	Not Acceptable
16. Emotional Problems			
A. Enuresis (bedwetting)	_____	_____	_____
B. Encopresis (soiling)	_____	_____	_____
C. Sexual Acting Out	_____	_____	_____
D. Sexual Abuse History	_____	_____	_____
E. Child will need periodic therapy because of emotional problems	_____	_____	_____
F. Child will need continuous therapy because of emotional problems	_____	_____	_____
G. Post Traumatic Stress Disorder	_____	_____	_____
H. Oppositional Defiant Disorder	_____	_____	_____
I. Child has prescription psychotropic medication	_____	_____	_____
17. Learning Impairments			
A. Attention Deficit Disorder	_____	_____	_____
B. Attention Deficit Disorder with Hyperactivity	_____	_____	_____
C. Dyslexia	_____	_____	_____
D. Learning disabilities, child has difficulty in certain areas rather than with overall capabilities	_____	_____	_____
E. Slow learner; child's intellectual development is somewhat delayed; may need to repeat a grade	_____	_____	_____
F. Educable retarded, will require special classes in school, but will be able to work in competitive employment in the community	_____	_____	_____
G. Trainable retarded, will need special classes in school and will generally be able to work in sheltered employment	_____	_____	_____
H. Severely retarded, needs training for self help skills and will never be self sufficient as an adult	_____	_____	_____
I. Downs Syndrome	_____	_____	_____
J. Autism	_____	_____	_____
18. Availability of Background on Child			
A. No background on child available (Foundling)	_____	_____	_____
B. Background on one parent only	_____	_____	_____

HEALTH AND SOCIAL FACTORS IN BACKGROUND OF PARENTS OF CHILD

	Acceptable	Willing To Discuss	Not Acceptable
19. Social Factors of Parents of Child			
A. Alcoholism	_____	_____	_____
B. Prostitution	_____	_____	_____
C. Criminal Record	_____	_____	_____
D. Child born of incestuous relationship	_____	_____	_____
E. Child born of regular drug abuse	_____	_____	_____
F. Drug addiction	_____	_____	_____
G. Drug experimentation	_____	_____	_____
20. Mental History			
A. Mental illness in child's parent (s)	_____	_____	_____
B. Isolated case of mental illness in family	_____	_____	_____
C. Pattern of mental illness in family	_____	_____	_____
D. Mental retardation in child's parent(s)	_____	_____	_____
E. Isolated instance of mental retardation in family	_____	_____	_____
F. Pattern of retardation in family	_____	_____	_____
G. Isolated instance of slow learner	_____	_____	_____
21. Medical Background of Child's Family			
A. Venereal Disease	_____	_____	_____
B. Hemophilia	_____	_____	_____
C. Tuberculosis	_____	_____	_____
D. Diabetes	_____	_____	_____
E. Moderates allergies	_____	_____	_____
F. Epilepsy	_____	_____	_____
G. Hypertension	_____	_____	_____
H. Cancer	_____	_____	_____
I. Heart disease	_____	_____	_____
22. Ability to Accept Legal Risks			
A. Willingness to accept child where alleged father's rights not considered by court	_____	_____	_____
B. Willingness to accept child during appeal process	_____	_____	_____
Willingness to accept child on foster care basis pending court termination of parents' rights	_____	_____	_____