

Post Placement Questionnaire for International Adoption

Adoptive Parent(s): Please make several copies of this questionnaire to be used in the following manner:

Once you are home, your post placement agency will conduct at least three home visits within a specified time frame. Additional visits may be required if your agency deems them necessary or if your State or placing Country requires them. For each of these post placement visits, please complete this questionnaire and provide it directly to the Supervised Provider (the agency conducting your post placement visits.)

Once the Supervised Provider concludes the post placement supervision period, please continue to complete the Post Placement Questionnaire at one year of placement and every 6 months up until the 3rd anniversary of your child's adoption. Send these reports directly to your Primary Provider (the agency that placed the child.)

Section I: Demographic Information

Post Placement Report #: _____

Date _____

Agency Information (for agency post placement visits and reports)

Agency Name _____

Street Address _____

City _____ State _____ Zip _____

Contact person/family social worker _____

Telephone _____ email _____

Child and Family Information

Adoptive Parents' Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Child's present name _____

Child's original name _____

Child's place of birth _____

Child's date of birth _____

Child's date of arrival in US _____

Please attach to the first post-placement report only:

1. copy of the child's adoption decree issued by the sending country
2. copy of the IR-3 or IR-4 visa stamp in child's original (sending country) passport

Please include with every post-placement report:

3. 8-10 photographs of the child (and family)

Section II. – “Now That You’re Home”

This section is to be filled out by the adoptive family for the first Post-Placement Report ONLY. After the first post placement report, skip this section and proceed directly to the rest of the Questionnaire. Please use back side of the paper if needed.

- 1) Have you provided the bulletin, “Health Concerns for Internationally Adopted Children” to the medical professionals who will be seeing your child (preferably before your child meets them)?

- 2) List the date or dates that your child had his or her first medical checkup since arriving home:

What were the findings of the exam?

Will there be any follow-up, additional tests, etc?

When is your child’s next appointment?
- 3) Are your child’s immunizations up to date (If not, when are these scheduled)?
- 4) Has your child been evaluated by your state/county Early Intervention (EI) program or school system?
If so, what were the conclusions/concerns?

If not what are your plans regarding EI?
- 5) Describe your child’s appearance and behavior when you met in your child’s country? (height, weight, hair, skin, development levels as compared to peers at the orphanage and/or children the same age you know, etc.
- 6) What were your overall impressions of your child at that point?
- 7) What were your impressions of your child’s health and health care in country?
- 8) Describe your child’s health and appearance now. What is the same, what has changed?
- 9) Describe your child’s personality and behavior now. What is the same, what has changed?
- 10) What developmental milestones, achievements, or new experiences has your child had since arriving home?
- 11) List any adjustment issues experienced by you or your child? Which have been most problematic for you?

- 7) Describe your progress as a family:
- a. In what ways does your child show that he/she feels safer and more comfortable within your family?

 - b. What strengths have you seen within your family in dealing with the adjustments and challenges of the adoption process and coming home?

 - c. What have been your child's and your family's most important achievements or milestones?
- 8) What additional supports, skills or resources, do you think would be helpful? How do you plan on gaining this additional help?
- 9) Have you used a child sitter at home or in another's home?
If so, how often?
How did your child react to this?
- 10) Do you use a preschool or day care program or other out of home resources (dance, gym, language or other classes, sports or recreation, religious activities, etc.)?
If so, how often?
What have been your child's reactions, adjustments, gains?

Section IV: Health and Development

11) Medical Status

- a. What was the date of your child's last check-up?
- b. Was your child found to be within normal limits for height and weight?
- c. Are your child's immunizations up to date? (if not, when?)
- d. Are there any new or continuing health issues?
- e. Is there a need for additional services? Describe:
- f. Describe any illnesses or other medical needs your child has had since arrival or last report? Was your child treated by a physician?
- g. What is your assessment of your child's health?
- h. What are your goals for your child's health and how do you plan to realize those goals?

12) Diet and Nutrition

- a. Is your child eating a nutritionally balanced diet for their age group?
- b. What are your child's favorite foods?
- c. Least favorite or rejected foods?
- d. Has your child had any problems with eating, swallowing, food allergies or digestion?
If so, how have these been addressed?

13) Language Development:

- a. What is your primary means of communication with your child? (Rate 1, 2, 3, with 1 being the communication used most frequently.)
 - i. Language of child's home country _____
 - ii. English Language _____
 - iii. Non-verbal or Sign Language _____
- b. Receptive Language- How much English Language does your child understand? (circle one) **none a few words many words most words**
- c. Expressive Language- How much English Language can your child express? (circle one) **none few words many words most words**
- d. Was your child at roughly age appropriate levels in their native language in their home country? (This information can be very helpful in determining what types of services might be needed for your child.)
- e. Has your child been tested for or received services for language delays?
If yes, describe:
- f. What developmental milestones has your child reached since the last report?
- g. Do you or your physician feel that your child has developmental delays?
If yes, has your child been enrolled in an Early Intervention Program?
If not enrolled in EI, what is your plan to find services to address these delays?
- h. Any other comments, concerns or suggestions:

Section IV: Behaviors, Attachments and Adjustments

- 14) What positive behaviors or personality traits does your child exhibit?
- 15) What behavior or personality traits are less than positive, difficult or problematic?
- 16) What are currently **your** biggest adjustments and challenges? Describe.
 - a. Social behaviors:
 - b. Language barriers:

- c. Difficulties with behavior and temperament:
- d. Finances:
- e. Scheduling/time management:
- f. Sleep disruption/lack of sleep:
- g. Other - Specify:

17) What are currently your child's biggest adjustments and challenges? Describe.

- a. Social behaviors:
- b. Language barriers:
- c. Difficulties with behavior and temperament:
- d. Sleep disruption/lack of sleep:
- e. Other – Specify:

18) Have you seen any of these signs of grieving or loss from your child?

- a. Extended periods of crying:
Helped by:
- b. Very limited crying, even when upset/hurt:
Helped by:
- c. Trouble getting to sleep or staying asleep
Helped by:
- d. Sleeping very long periods or often:
Helped by:
- e. Tantrums and angry behavior:
Helped by:
- f. Deliberate negative behavior:
Helped by:
- g. Rejecting parents or clinging to parents:
Helped by:
- h. Anything else? Please describe:
Helped by:

19) Does your child accept affection, touch, and physical closeness from you?

20) Does your child prefer you and family members over those outside the family and strangers?

- 21) Discuss the attachments between the members of your family post adoption:
- a. In what ways have they have grown?
 - b. How has your child shown growing attachments to his/her family over time?
 - c. Are there any barriers to attachments?
 - d. If so, how will they be addressed?
- 22) Does your child smile and accept eye to eye contact with you?
With others?
- 23) How is your child comforted?
- 24) With what do you think you and your child may need some additional help?
- 25) Any other comments, concerns, suggestions:

(If you have adopted a child older than two years old please proceed to the next section)

Section V: For preschoolers and school-age children

- 26) Was your child aware of their adoption at the time of placement?
- 27) What was their level of understanding and acceptance of the adoption?
- 28) How did they react to your in country visit and their arrival home?
- 29) Based on communication with your child either directly or through a translator, what were your child's fears, concerns, and expectations regarding their adoption when they were in their home country? How were these addressed? How are they being addressed now?
- 30) Is your child aware of their adoption now?
- 31) How is adoption and your adoption trip mentioned or discussed in your family?
- 32) At the present time does your child react positively to discussion of their adoption?
- 33) How does your child react to reminders of people and events from in his/her country of origin?

- 34) What do you think about your child's reactions?
- 35) Are you and/or your child still in contact with the orphanage, children at the orphanage, or children your child knew then who are now adopted?
- 36) If so, describe these contacts and your feeling about them.
- 37) How has your child and your family been exposed to and involved in your child's birth culture, heritage, faith, and customs?
- 38) How have you integrated your child's past and heritage into your family's identity?

For school aged children only:

- 39) Have you had difficulties determining what services or programs your child might need or how to get free, appropriate testing for a child three or older from your school district?
- 40) Does your child get additional help in learning English and other academic skills or have an "English as a Second Language" (ESL) classroom?
- 41) How is your child adjusting, emotionally, socially, and academically, to this setting? How would you wish to change or improve these services for your child?
- 42) Does your child have an Individual Educational Plan (IEP) agreed on by you and your school district and implemented in the classroom for your child?
- 43) Describe any milestones, achievements, struggles, and challenges related to school.
- 44) How does your child get along with peers? How does your child seem to you socially, emotionally, and developmentally compared to other US children your child's age?

45) Any other concerns, questions, or suggestions:

Adoptive Parent

Date

Adoptive Parent

Date