

CHILD SUBJECT OF ADOPTION HISTORY :

List each child who is a subject of this adoption case: (Make copies of this page if more than one child)

Full name _____

Date of Birth _____

BIRTH INFORMATION

Place of Birth

Hospital or location of birth

Doctor or person presiding at birth

Prenatal care yes ___ no ___

Normal Pregnancy? y ___ n ___

Complications? y ___ n ___

If yes, please explain

Spontaneous vaginal delivery yes ___ no ___

Caesarian yes ___ no ___

If C section, why

IMMUNIZATION HISTORY

Are all of the child's immunizations current? y _____ n _____

If not, please explain

MEDICAL/DENTAL/VISION HISTORY

Has the child subject of this adoption had all necessary medical, dental and vision checkups

necessary? _____

Is your child on any medications? Yes ___ No ___ If yes, please list the medications and what they are being taken for:

Name of Med	Dosage	Frequency	Reason for taking

DEVELOPMENTAL GROWTH

Has the child ever been diagnosed with developmental delays? y ___ n ___
If yes, has the child ever received treatment for those delays? y ___ n ___

If yes, please list the name of the service provider(s) and phone number(s)

Did the child walk at a normal age? y ___ n ___
If no, please explain

Did the child talk at a normal age? y ___ n ___
If no, please explain

EMOTIONAL/SOCIAL DEVELOPMENT

How would you describe the child's emotional development/current emotional state?

How would you describe the child's social development and how they interact with others?

Has the child ever received mental health counseling/therapy? y _____
n _____

If yes, please provide the name and phone number of the
counselor(s)/therapist(s)

EDUCATIONAL INFORMATION

Is the child old enough to attend school? y _____ n _____
If no, what are your plans for education once the child reaches school age?

If no, who cares for your child when you are not caring for them?

If yes,

Name of School _____

Current grade level _____

Primary teacher's name _____

Phone no. _____

Has the child ever failed a grade level or been held back? y _____ n _____

If yes, explain

What are the child's average grades?

Describe any problems that the child is having at school currently or the previous
year:

DAILY SCHEDULE

What does a typical day in the child's life look like? Include items such as wake
time, breakfast time, who cares for the child during the day (if not of school age),

If something unfortunate were to happen to both of you as parents, what plans have you made as to who will care for the child? (see attached guardian information form to be completed)

Will the child have medical insurance coverage? y _____ n _____
If yes, through what insurance company?

Will the child have dental insurance coverage? y _____ n _____
If yes, through what insurance company?

Will the child have vision insurance coverage? y _____ n _____
If yes, through what insurance company?
