

Child Study

Legal Availability

Date of TPR Order

Appeal Status

Complete the following in a narrative discussion. Be specific and give examples. The purpose of the *Child Study* is to provide a potential adoptive family with a vivid understanding of a child. Areas listed below are minimal standards to address in narrative under each area. Some children may provide unique challenges requiring more information.

Description of Child

Name

STRENGTHS

CHILD'S INTERESTS: What activities or pastimes does the child enjoy?

RELATIONSHIP SKILLS: Describe the child's relationships with other children, parental figures, and other adults. Summarize the child's relationship skills.

ABILITIES: Intellect, academic functioning, school, athletics, etc.

NEEDS

Problem behaviors and impact on need for structure and parental intervention. Include any particular issues regarding:

- ◆ The safety of this child or the impact of this child on other children's safety.
- ◆ Aggression to other persons or property.

Fears or night terrors.

Educational status (special education) and special school needs.

Developmental delays and potential for overcoming.

MEDICAL: Diagnoses, medications, and special health care needed.

SERVICES: Therapy, medical, or other services needed.

Placement Needs

LOCATION PREFERENCE

GEOGRAPHIC PREFERENCE: Rural or urban, proximity of services to meet any medical, school, psychological service needs of child.

Need to maintain sibling contact.

Distance from biological family.

Family Structure

Single or 2-parent family.

CHILDREN IN THE HOME: Number, age range, and sex.

Traits of parents including discipline techniques.

Religion

Child's preference or church attended.

Cultural Background

Child's birth culture and exposure to other cultures.

PLACEMENT HISTORY

Reasons for removal from parental home.

Services offered to prevent placement and to prevent termination of parental rights.

Family dynamics and functioning, including generational abuse or neglect and parent's drug abuse.

PLACEMENTS

CURRENT CASE PLAN: Attach a current case plan which includes names and addresses of all placements.

CHANGES IN PLACEMENT: Discuss reasons for changes (need for higher level of care, perpetration on other children, etc.).

Type and family composition of current placement:

- ◆ Initial adjustment to this placement including how child handles moves and behaviors that can be expected.
- ◆ Daily routine in this home.
- ◆ Pets.
- ◆ Need for continued contact with this placement.

Preparation for Adoption

ATTACHMENT ASSESSMENT

Diagnosis and treatment.

Relationships to birth parents and foster parents as indicator of ability to attach.

Ability to accept affection.

Ability to share and identify feelings.

Ability to accept consequences of actions and personal responsibility for behavior.

Ability to see cause and effect, empathy with others, expressions of remorse or guilt, competition for attention.

PREPARATION

Explanation given to child for TPR and adoption. Child's understanding of TPR and current feelings for biological parents and other significant relatives.

GOOD-BYE VISIT WITH PARENTS: Did a visit occur? If so, describe the visit. If not, explain.

LIFE BOOK WORK: The child's life book should be brought up to date.

Child's preferences or wishes for a family.

Biological Family Health History

Check (x) applicable areas and indicate the relationship of the person with the problem to the child (father, mother, maternal grandmother, paternal uncle, etc.).

Illness	Relationship	Illness	Relationship
Tuberculosis	<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Kidney	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Huntington's Chorea	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>
Birth Defect	<input type="checkbox"/>	Pregnancy/Delivery	<input type="checkbox"/>
Other:			

Parents' Drug History	Relationship	Parents' Drug History	Relationship
Alcohol	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	Heroin	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Tobacco	<input type="checkbox"/>

Parents' Mental Health History	Relationship	Parents' Mental Health History	Relationship
Depression	<input type="checkbox"/>	Personality Disorder	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	Bipolar	<input type="checkbox"/>
Attention Deficit Disorder	<input type="checkbox"/>	Drug Addiction	<input type="checkbox"/>

Attachments

- A photo of child
- A current case plan displaying names and addresses of current and previous placements
- Psychological reports
- Immunization record
- Current physical examination
- School reports as applicable, such as an IEP, last grade report card
- Reports from foster parents or other providers