

INFORMATION ON CHILD LIVING AT HOME

FULL NAME: _____

DATE OF BIRTH: _____ PLACEMENT DATE, IF APPLICABLE: _____

Physical description & ethnic/racial background:

Personality:

What do they like to play with?

Name & grade of school attended:

How does this child do in school?

How do they get along with other children?

What kinds of problems do they have with other children, including siblings?

Please describe any health challenges, either physical or emotional:

How does this child express anger? Sadness? Happiness?

Any special problems, or other information, about this child?

How would you describe the “strengths” of your relationship with this child? The “problem areas?”

Please describe their current understanding of the case and any potential adoption: