

Large Family Assessment Questions for Prospective Adoptive Parents

[Type text]

This form must be used if your approval could result in 5 or more children residing in your home after the adoption.

SECTION II: FAMILY DATA

Name of Adoptive Parent #1 (*first and last*)

Name of Adoptive Parent #2 (*first and last*)

Address City State Zip

List the name, gender, age and status (i.e. adopted, biological, foster, kinship) of all children residing in the home:

Name (<i>first and last</i>)	Gender	Date of Birth	Status
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship

List the name, gender and age of any child not residing in the home. Indicate the child's relationship (i.e. adopted, biological, foster, kinship) and the reason the child is not residing in the home:

Name (<i>first and last</i>)	Gender	Date of Birth	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship

[Type text]

Describe how you will meet the special needs of each child residing in the home.

[Type text]

Describe your family's training and/or experience parenting children with special needs similar to the prospective adoptive child/ren

[Type text]

ASSESSMENT: Resources and Supports

Summarize the community resources available to you and the resources currently utilized by your family. Identify how you plan to utilize these resources to parent the prospective adoptive child(ren). Be sure to talk with current service providers to obtain an assessment of participation and compliance with any treatment or medical protocols.

[Type text]

Summarize your family's support system and give examples of how our family utilizes its support system. Be sure to assess where you go for concrete support (money, transportation, child care, respite), emotional support (when you are stressed, sad, angry or happy), and information/advice (about parenting or taking care of a child with special needs). Identify where the support comes from (e.g., extended family, friends, neighbors, organizations and professionals) and whether the support system is mostly formal, informal or a combination. List any support groups that they belong to and how often you participate. Identify support groups in the community that might be helpful to you as a prospective adoptive family.

[Type text]

What is the impact on your financial stability, now and in the future, of adding the prospective adoptive child(ren)?
What resources do you need in order to include the new child(ren) in the family?

[Type text]

Discuss your family's willingness to participate in additional training and services to address the available child's special needs. Do the services that you need exist in your community or will they have to go elsewhere to get the child's service needs met? What are the barriers to accessing services and how will the barriers impact your family?

[Type text]

ASSESSMENT: Parent's Perspective on Opinions of Children and other Adults currently residing In your home

From a parent's perspective how do you feel EACH child in your home will or has adjusted to the additional of additional sibling(s) in the home". Please provide a detailed response regarding EACH child in the home.

What are the positive things or strengths of this family that makes them a good choice for adopting another child/other children?

What concerns do you have about providing for the needs of this large family?

[Type text]

As a parent how would this adoption affect your life? And the lives of children already in the home?

[Type text]

ASSESSMENT: Family System

Describe your family's capacities as it pertains to the organization of the family system, including time management, keeping appointments, who is available to the children during the day, transportation and supervision.

How will the adoptive child impact your family's capacities as it pertains to the organization of the family system, including time management, keeping appointments, who is available to the children during the day, transportation and supervision?

[Type text]

Describe your family's plan in the case of death, illness or other crisis leading to the inability to care for the child(ren), including information regarding the prospective adoptive family's will and who would be the designated guardian if the prospective adoptive family became unable to provide care?

[Type text]

Discuss your adoption plan with each of the children currently residing in your home age 4 years and older....and record each child's answers to the following questions:

- 1-What has been the best experience about being in this family?
- 2-What has been the worst experience about being in this family?
- 3-What are the positive things about this family that makes it a good match to adopt a child?
- 4-What concerns do you have about your family adopting a child?
- 5-How will this adoption affect your life?

Please make sure that you discuss the questions with each child currently in your home age 4 years and older and record each child's answers to the questions.