



ADOPTIVE FAMILY ASSESSMENT

INSTRUCTIONS

In order for me to assess you as potential adoptive parents, you are being asked to complete this family assessment. Please answer each question in as much detail as you can. Feel free to use backside or another sheet for more space.

The first pages are to be filled out by the couple together.

The last pages when the numbering goes back to #1. are to be completed by each applicant.

Again, in order for your home study to be as complete as possible, I ask that you be as thorough as you can in answering the questions. Thank you.

If this is a step-parent adoption, I still need the other parent to fill out the personal background section on the last pages.

1. What gave you the idea to pursue adoption at this time?

2. Do you know which agency/attorney you will be using? If yes, I need names and contact information.

3. If you already have the child in the home, please explain the circumstances of the placement. Use another sheet of paper if needed.

4. Are you physically able to become pregnant? If yes, are you planning to have any birth children?

5. If no, please explain why you cannot become pregnant.

6. When did you first consider adoption as an option?

7. For the adoption: (**If the child is already in your home, please give the full name, birthdate, sex, race and any handicaps**).

a. What are your preferences as to sex, age, race, and number of children?

b. What physical and/or mental handicaps are you willing to accept?

c. Any other limitations?

8. When and how would you tell the child that he/she is adopted?

9. What are your feelings toward the birth parents?

10. How do your families feel about your adopting a child?

11. What can an adopted child expect from being in your family?

12. What are your educational and spiritual goals for an adopted child?

13. What forms of discipline do you believe to be most effective?

14. How do you feel about corporal punishment?

15. Who will provide the primary daytime childcare for your child?

16. What childcare experience have you had, if any?

17. If both of you should die, who will care for the child? Please give names, ages, relationship, employment, childcare experience, and why you think this person/persons will be the best guardians for the child.

18. How did you meet each other?

19. How long did you know each other/date before marriage?

20. When and where were you married?

21. What are the strengths in your marriage?

22. What are the weaknesses in your marriage?

23. How are decisions made in your home?

24. Have either of you ever been married or divorced before? If yes, please describe the circumstances. I need **DATES** and why the divorce happened.

25. Do you belong to a place of worship, which one, and would it be important to you that a child placed with you share the same religious feeling and background?

26. Describe any pets that you have. Please give the type of pet; name, and how long has the pet been in the family.

27. If a child placed with you was afraid of the pet, or became allergic to the pet, what would you do?

28. Are there any children or other adults currently living in your home?

If yes, please give **name, age, sex, physical description, and relationship**. How has this person (people) reacted to a prospective adoption? How will you make an adoption smooth for them?

Please answer this on separate sheets for each child/adult. I also need to know what the child enjoys doing, and information that will help me describe the child.

29. Please describe your home in detail.

Style of home - _____

Square feet - _____

List the rooms, including number of bedrooms/bathrooms –

Amount of land home is on - _____

I need a description of the adopted child's bedroom – dimensions, does it have a closet? A window? Plans for the bed?

30. How long have you lived here? _____

31. Where are smoke alarms located? Is there a fire extinguisher?

32. Weapons, including firearms, air rifles, and bows and hunting slingshots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children? Yes___ No___ N/A___

Ammunition is stored separately & locked? Yes___ No___ N/A___

I need specific information on where the guns and ammo are stored.

33. Swimming pools are secured with a locked gate? Yes___ No___ N/A___

34. Please list the **addresses** (including state and county) and **dates** for each residence that you have lived in in the **past 5 years**. Use another sheet of paper if needed.

Name: _____

1. Your date and place of birth.

2. Your height, weight, hair color and eye color.

3. Tell me who all of the people are that were in your house when you were growing up. **Names, ages, relationship, where are they now, what kind of work do they do, marital status, children, etc.**

3a. What was it like growing up in your home?

4. What is your current relationship with your family members?

5. How were you disciplined as a child? How do you feel about the discipline?

6. Where did you go to high school? When did you graduate? College/technical/certifications/training? Names and years

6a. Favorite subject in school? Least favorite subject in school? Why?

6b. Were you involved in sports or clubs in high school?

7. Have you been in the Armed Forces? If yes, give details.

8. What religion were you raised in, if any? How active?

9. What are your personal strengths?

10. What are your personal weaknesses?

11. What are your goals in life?

12. Do you have any hobbies?

13. Have you ever been arrested or convicted of any crimes? If yes, please explain. If you have EVER been arrested, I need a complete statement of what happened and what the outcome was. You may have to get documentation from the county(ies) involved in the incident disclosed. (Use a separate sheet, if needed.)

14. Do you drink alcoholic beverages? _____

15. Have you ever considered or been treated for substance abuse?

16. Do you have a history of child or sexual abuse or domestic violence, even if it did not result in an arrest or conviction? _____

17. Have you ever been the subject of an unfavorable home study?

18. Have you ever been named or deemed incapable by any court, had your parental rights terminated by any court, or ever been removed from the responsibilities as a guardian by any court? If yes, please explain.

19. Have you ever had an adoption terminated or cancelled through your fault or if you have adopted before? If yes, please explain

20. Is there anything else about yourself that you would like to tell me?

I swear that all the answers given are true and accurate to the best of my knowledge.

Signed _____ Date _____

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Signed _____ Date _____