Home Evaluation for the Placement of Children

Characteristics Checklist For Placement Matching					
Mark "X" for all that	t apply.	<u> </u>			
P= Preferred WC= Would Consider					
A= Acceptable U= Unacceptable	P	A	WC	U	
Gender/Sex of Child					
Male					
Female					
Race/Ethnicity/Culture of Child					
A child of the same racial/ethnic/cultural background as that of the family					
A child of a different racial/ethnic/cultural background as that of the family					
A child of any racial/ethnic/cultural background					
Number/Type of Children					
One Child					
Two Children					
Three Children					
Four or More Children					
Teen Parent with Child					
Age of Child					
0-2 Years of Age					
3-5 Years of Age					
6-8 Years of Age					
9-11 Years of Age					
12 or Older					
Health of Child					
No Significant Health Problems					
Allergies or Asthma (May Require Treatment)					
Hyperactivity (May Require Treatment)					
Speech Problems (May Require Treatment)					
Hearing Problems (May Require Treatment)					
Legally Deaf					
Vision Problems (May Require Treatment)					

Legally Blind			
P= Preferred W	VC= Would Consider		

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Health of Child (Continued)				
Dental Problems (May Require Treatment)				
Orthopedic Disorder (May Require Treatment)				
Seizure Disorder (May Require Treatment)				
Traumatic Brain Injury				
Autism Spectrum Disorder				
Fetal Alcohol Spectrum Disorder (FASD)				
Other Medical Conditions Which May Require Lifelong Treatment:				
Education of Child				
High Achiever				
Achieving At Grade Level				
Achieving Below Grade Level				
Needs Special Education (Learning Disability)				
Needs Specialized Education Class Setting				
Has a School Behavior Plan				
Has an Individualized Education Plan (IEP)				
Needs Tutoring In One or More Subjects				
Has Extensive Behavioral Problems At School (Multiple Disciplinary Referrals				
and/or receive multiple phone calls from school)				
Characteristics And Behavior of Child			T	T
Generally Quiet and Shy				
Generally Outgoing And Noisy				
Has Tendency To Reject Father Figures				
Has Tendency To Reject Mother Figures				
Tends to Form Mostly Superficial Relationships				
Has Difficulty Making Friends And Relating with Other Children				
Frequently Wets Bed				
Frequently Wets During The Day				

Frequently Soils Him/Herself		
Has Difficulty Maintaining Personal Hygiene		
Masturbates Frequently and/or Openly		
Has Poor Social Skills		
Has A Problem With Lying		
Has A Problem With Stealing		
Frequent Physical Altercations With Other Children		

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Characteristics And Behavior of Child (Continued)				
Tends To Abuse Animals				
Has Previously Abused Animals				
Frequently Destroys Personal Property				
Frequently Uses Explicit Language				
Has Frequent Temper Tantrums				
Has A History of Running Away				
Has a History of Setting Fires				
Has Difficulty Accepting And Obeying Rules				
Has A History of Inappropriate Sexual Behavior				
Child Identifies as LGBQI+				
Child is Questioning their Sexual Orientation				
Child is Transgender or Transitioning				
Sexually Active Teen				
Has Been Sexually Abused				
Has Been Physically Abused				
Has Been Verbally Abused				
Has Been Exposed to Promiscuous Behavior				
Exposed to Drugs and/or Alcohol in Utero				
Substance Misuse History				
Current Substance Misuse				
History of Juvenile Delinquency Involvement				

Current Juvenile Delinquency Involvement		
Child Mental Health		
Has a Mental Health Diagnosis		
Prescribed Psychotropic Medication		
Has Emotional Issues Requiring Therapy at Present		
Has Emotional Issues Requiring Long Term Therapy		
Has a History of Short Term Psychiatric Hospitalization(s)		
Has a History of Residential Therapeutic Treatment		
Family History		
Has Strong Ties To Birth Family		
Has Strong Ties To Foster Family		
Will Need Continued Contact With Siblings In Adoptive Placement		
Has Had a Previous Adoption Disruption		
Was Conceived As A Result of Rape		
Was Conceived As A Result of Incest		
Was Conceived As A Result of Prostitution		
One or Both Biological Parents Has Alcohol Addiction		
One of Both Biological Parents Has Drug Dependency		
One or Both Biological Parents Has A Criminal Record		
One or Both Biological Parents Is/Are Mentally Handicapped		
One or Both Biological Parents Has A Mental Illness		
Agency Has No Information On One or Both Biological Parents		
Adoptive Family's Feelings Toward Openness		_
Is Willing To Meet Birth Parents		
Is Willing To Have Contact With Birth Parents Through Intermediary		
Is Willing To Send Correspondence To Birth Parents		

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Adoptive Family's Feelings Toward Openness (Continued)				
Is Willing To Receive Correspondence From Birth Parents				
Is Willing To Have Child Continue Visitation With Siblings				

Is Willing To Have Child Continue Visitation With Extended Relatives		
Is Willing To Have Child Continue Visitation With Birth Parents		
Is Willing To Receive Demographic Information About Birth Parents		
Is Willing To Distribute Demographic Information To Birth Parents		