



International Adoption Clinic

747 52nd Street, Oakland, CA 94618 - 510-428-3010 - Fax: 510-450-5878

Parent Questionnaire

Child's name _____ Date of birth _____ Form filled out by _____

Home address: _____

Phone number: _____

Whom does your child live with at the present time (include everyone in household)?

Please list family members

Name	Age	Occupation

Date of adoption: _____ Age when adopted: _____ Country: _____

Who suggested this evaluation? _____

Please describe your child's transition and adaptation to being in your care:

Please describe your child's strengths:

Please describe your child's difficulties:

Main areas of concern in which you would like help with your child:

HISTORY:

Tell us what you know about your child's birth family:

Tell us what you know about child's living situation prior to the adoption:

What have you observed about your child's behavior since arriving in your care:

Are you concerned about your child's development?

Describe your child's language and communication skills:

Describe your child's motor skills:

Describe your child's play skills:

Describe how your child gets along with others:

Are you concerned about your child's feelings and emotions (is upset easily, seems sad, etc.)

Please describe what you hope to learn from this assessment

Other relevant information about your child

PLEASE MAIL/FAX THIS FORM BACK PRIOR TO FIRST APPOINTMENT.

Mail:

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International Adoption Clinic
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