

# TYPE OF CHILD CHECKLIST

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

In order that we may better determine the feasibility of matching your family with a child, please complete the following information regarding the type of child or children that you would consider. A full exploration of your thoughts and feelings regarding potential child matching will be made during the adoptive home study. Married applicants should fill this out together.

This information will be used as a guideline only and does not necessarily mean that we will have a child that fits any of the following descriptions.

**1. GENDER: Indicate your preference regarding the child's gender.**

- Male
- Female
- Either

**2. NUMBER OF CHILDREN: Indicate the number of children you would consider for adoption.**

- One
- Siblings
- Maximum number

**3. AGE RANGE: List the age range of child(ren) you might consider.**

- Youngest
- Oldest

**4. RACE and ETHNICITY: Indicate which of the following racial and ethnic groups you would consider in a child.**

- Any
- African-American/Black
- Asian
- Caucasian
- Hispanic
- Middle Eastern
- Native American/Alaskan Native
- Pacific Islander/Hawaiian Native
- Biracial/Multi-racial

**5. SPECIAL NEEDS – LEARNING**

- Learning disabilities
- Child with developmental delays
- Mildly retarded child
- Moderately retarded child
- Severely retarded child

**YES      NO      WILL DISCUSS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. SPECIAL NEEDS – EMOTIONAL****YES NO WILL DISCUSS**

Child in need of continuing psychotherapy	_____	_____	_____
Child with sensory integration issues	_____	_____	_____
Child with potential attachment issues	_____	_____	_____
Child with family history of mental illness	_____	_____	_____

**7. SPECIAL NEEDS – MEDICAL**

Normal healthy child with no hereditary illness in background	_____	_____	_____
Child with allergies	_____	_____	_____
Child with common hereditary illness in background, as long as child is currently healthy	_____	_____	_____
Child with hereditary illness in background where there is a better-than-average chance that child, though presently healthy, will some day be affected with illness	_____	_____	_____
Child with mild correctable birth defect or handicap	_____	_____	_____
Child with family history of drug or alcohol abuse	_____	_____	_____
Child with history of drug/alcohol where child was affected at birth	_____	_____	_____
Child with correctable problems which may require major or multiple surgeries	_____	_____	_____
Child with non-correctable problem which do not limit child's activity (e.g. partial hearing or sight loss)	_____	_____	_____
Child with serious illnesses or handicaps(e.g. cerebral palsy, blindness, deafness, paralysis, missing limbs, spina bifida)	_____	_____	_____
Child who has risk of being terminally ill, but prognosis is uncertain (e.g. leukemia in remission)	_____	_____	_____
Child whose life expectancy is known to be limited	_____	_____	_____
Child who has exposure to Acquired Immune Deficiency Syndrome (AIDS)	_____	_____	_____

**8. RELATIONAL FACTORS:**

Child with siblings in other adoptive homes where contact is desired	_____	_____	_____
Child requiring continued contact with a biological relative	_____	_____	_____
Child requiring continued contact with other significant relationships, such as foster parents, friends, etc.	_____	_____	_____

## 9. SPECIAL NEEDS – BEHAVIORS (Indicate those you *would* consider.)

Some of these behaviors may fall within the range of normal child behaviors.

- |   |   |
|---|---|
| <input type="checkbox"/> tantrums                                 | <input type="checkbox"/> cruelty to animals           |
| <input type="checkbox"/> fighting at home                         | <input type="checkbox"/> self-mutilation              |
| <input type="checkbox"/> biting                                   | <input type="checkbox"/> general destructiveness      |
| <input type="checkbox"/> hitting                                  | <input type="checkbox"/> compulsive cleanliness       |
| <input type="checkbox"/> fighting in neighborhood                 | <input type="checkbox"/> poor personal hygiene        |
| <input type="checkbox"/> stealing at home                         | <input type="checkbox"/> alcohol abuse                |
| <input type="checkbox"/> stealing in the neighborhood             | <input type="checkbox"/> drug abuse                   |
| <input type="checkbox"/> bedwetting                               | <input type="checkbox"/> frequent crying              |
| <input type="checkbox"/> soiling beyond appropriate age           | <input type="checkbox"/> talking back                 |
| <input type="checkbox"/> wetting beyond appropriate age           | <input type="checkbox"/> profanity                    |
| <input type="checkbox"/> hyperactivity                            | <input type="checkbox"/> opinionated                  |
| <input type="checkbox"/> self-destructiveness                     | <input type="checkbox"/> stuttering                   |
| <input type="checkbox"/> thumbsucking beyond normal age           | <input type="checkbox"/> bossing                      |
| <input type="checkbox"/> excessive demands for attention          | <input type="checkbox"/> lying                        |
| <input type="checkbox"/> sleep walking                            | <input type="checkbox"/> whining                      |
| <input type="checkbox"/> stool smearing                           | <input type="checkbox"/> screaming                    |
| <input type="checkbox"/> child who smokes                         | <input type="checkbox"/> cannot sit still in class    |
| <input type="checkbox"/> under-achieving in school                | <input type="checkbox"/> not doing homework           |
| <input type="checkbox"/> disrespectful of teachers                | <input type="checkbox"/> short attention span         |
| <input type="checkbox"/> poor peer relations                      | <input type="checkbox"/> aggressiveness               |
| <input type="checkbox"/> aggressiveness in classroom              | <input type="checkbox"/> aggressiveness on playground |
| <input type="checkbox"/> fire setting                             | <input type="checkbox"/> excessive shyness            |
| <input type="checkbox"/> daydreaming                              | <input type="checkbox"/> slow learner                 |
| <input type="checkbox"/> moodiness                                | <input type="checkbox"/> gifted child                 |
| <input type="checkbox"/> pouting                                  | <input type="checkbox"/> superficially loveable       |
| <input type="checkbox"/> sulkiness                                | <input type="checkbox"/> cruel to others              |
| <input type="checkbox"/> bouts of rage                            | <input type="checkbox"/> manipulations to get own way |
| <input type="checkbox"/> lack of eye contact                      | <input type="checkbox"/> clinging                     |
| <input type="checkbox"/> self-parenting (e.g. won't ask for help) | <input type="checkbox"/> ungratefulness               |
| <input type="checkbox"/> rejects affection                        | <input type="checkbox"/> jealousy                     |
| <input type="checkbox"/> head banging                             | <input type="checkbox"/> nose picking                 |
| <input type="checkbox"/> nervous twitching                        | <input type="checkbox"/> forgetfulness                |
| <input type="checkbox"/> disobedience                             | <input type="checkbox"/> fearfulness                  |
| <input type="checkbox"/> stubbornness                             | <input type="checkbox"/> aloofness                    |
| <input type="checkbox"/> poor self-image                          | <input type="checkbox"/> not talking or replying      |
| <input type="checkbox"/> withdrawn                                | <input type="checkbox"/> passivity                    |
| <input type="checkbox"/> too eager to please                      | <input type="checkbox"/> nightmares                   |
| <input type="checkbox"/> masturbation                             | <input type="checkbox"/> exhibitionism                |
| <input type="checkbox"/> promiscuity                              | <input type="checkbox"/> seductiveness towards adults |
| <input type="checkbox"/> seductiveness toward children            | <input type="checkbox"/> picky eater                  |
| <input type="checkbox"/> poor eater/not eating at all             | <input type="checkbox"/> gluttony                     |
| <input type="checkbox"/> eating to a point of gagging/vomiting    | <input type="checkbox"/> throwing/hoarding food       |