

Paula Andree LISW-S

17 Blue Line Drive Athens Ohio 45701 614-530-8800

Date _____

Name of Child _____ Birthdate _____

School of Child _____ Grade _____

Special Education YES NO

Parent #1 _____ Birthdate _____

Parent #1 Employer _____

Parent #2 _____ Birthdate _____

Parent #2 Employer _____

Home Address _____

Home Phone _____

Parent #1 Cell _____

Parent #2 Cell _____

Parent #1 Email _____

Parent #2 Email _____

Level of Education Parent #1 _____

Level of Education Parent #2 _____

Others Living in Home

Name	DOB	School/Gra
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_____	_____	_____
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Please continue on back if there are others living in your home.

Pediatrician _____

Telephone # _____

Because families are complex, it is helpful for me to gather information before the assessment. Because most of the families I work with are adoptive, the questions are geared toward this type of family. If this doesn't describe your family, please talk with Paula about how to complete these questions.

Please describe your decision to adopt.

Describe the type of adoption and age of child at placement.

How was your child described to you prior to your first meeting?

What do you remember about your child from your first meeting?

Does your child have a history of experiencing abuse/neglect/abandonment? Please provide an overview.

What/when were your first concerns about your child?

Please provide a summary of your child's problems.

Have you tried other therapies/interventions? Where? When? What results did you observe?

Has your child had medical issues? Please include issues before and after adoption.

Please list medications your child currently takes. Who prescribes them?

Does your child have any ongoing contact with his/her birth family? If yes, please describe.

Do you feel like your family and friends understand the concerns you have about your child? Are they supportive?