Families through **ADOPTION**

Creating a legacy of thriving families from the adoption plan to child's independence

CHILDREN IN THE HOME

Please fill out information for each child that is a part of your family, regardless of age and whether they reside in the home currently. Complete as many pages as needed for the children in your family.

Child's Full Name: _____ Date of Birth: _____ Age: _____

Location of Birth (city, state, country): _____ Grade in School: _____

Name of School Attending: _____

Favorite subject in school: _____

Extracurricular Activities: _____

Hobbies/Interests: _____

Parent's perception of strength of child: _____

Parent's perception of weakness of child: _____

Parent's goal for child: _____

Any diagnoses (medical or mental health): _____

How did the child join the family? □ Biological □ Adopted

    If adopted, from _____ (Country) in _____ (year)

Child's Full Name: _____ Date of Birth: _____ Age: _____

Location of Birth (city, state, country): _____ Grade in School: _____

Name of School Attending: _____

Favorite subject in school: _____

Extracurricular Activities: _____

Hobbies/Interests: _____

Parent's perception of strength of child: _____

Parent's perception of weakness of child: _____

Parent's goal for child: _____

Any diagnoses (medical or mental health): _____

How did the child join the family? □ Biological □ Adopted

    If adopted, from _____ (Country) in _____ (year)