



# 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)?

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Please list family members

Name	Age	Occupation
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_____		
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Date of adoption: \_\_\_\_\_ Age when adopted: \_\_\_\_\_ Country: \_\_\_\_\_

Who suggested this evaluation? \_\_\_\_\_

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

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Please describe your child's strengths:

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Please describe your child's difficulties:

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

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**HISTORY:**

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

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

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

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Are you concerned about your child's development?

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Describe your child's language and communication skills:

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Describe your child's motor skills:

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Describe your child's play skills:

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Describe how your child gets along with others:

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

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Please describe what you hope to learn from this assessment

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Other relevant information about your child

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

**Mail:**

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International Adoption Clinic  
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