

Child's Last Name:	Child's First Name:	LINK #:	Person ID #:
Child's DOB:	Child's Race (as noted in LINK):	Child's Ethnicity (as noted in LINK):	
DCF Social Worker:	DCF Office:		
Date of Present Placement:	Is child aware that adoption is the plan?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. If, "Yes" what does s/he think about it? (Please explain answer):			
2. Has the child been prepared for the move? (i.e., life book, dealing with issues of separation and loss, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you think/feel this child is ready to move? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain answer):			
4. Have you considered a relative for guardianship or adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain answer):			
5. Have you considered foster parent as an adoptive resource? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain answer):			
6. Is foster parent in agreement with or resistant to the adoption plan? <input type="checkbox"/> Agrees <input type="checkbox"/> Does Not Agree (Please explain answer):			