International Adoption Clinic747 52nd Street, Oakland, CA 94618 - 510-428-3010 - Fax: 510-450-5878

CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND Parent Questionnaire

Child's name	_ Date of birth	_ Form filled out by
Home address:		
Phone number:		
Whom does your child live with at		
Please list family members Name	Age	Occupation
Date of adoption:	Age when adopted:	Country:
Who suggested this evaluation? _		
Please describe your child's transition and adaptation to being in your care:		
Please describe your child's strengths:		

Please describe your child's difficulties:

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

HISTORY:

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

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

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

Are you concerned about your child's development?

Describe your child's language and communication skills:

Describe your child's motor skills:

Describe your child's play skills:

Describe how your child gets along with others:

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

Please describe what you hope to learn from this assessment

Other relevant information about your child

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

Mail:

Children's Hospital & Research Center Oakland International Adoption Clinic 747 52nd Street, Oakland, CA 94609 Phone: 510-428-3010

Fax: 510-450-5878