

Child Inquiry Checklist



Child's name: _____	Adoption worker _____
Case / ID# _____ State _____	Contact info: _____
Date of birth _____ Age _____	_____
Status <input type="checkbox"/> Free <input type="checkbox"/> Legal Risk	Date of initial contact _____

Placement History Original removal date _____ Age _____
Cause of removal _____
Termination of parental rights Pending Granted Date granted _____
Reunification attempts? Yes No Number _____ Date of last _____
Number of placements since original removal _____ Disrupted adoption? Yes No
Current placement Foster family Group home Residential treatment Other
Time in current placement _____

Psychosocial and Medical History
Abuse exposure Abandonment/Neglect Physical Sexual Mental/Emotional
Diagnoses ADHD RAD ODD OCD Bi-Polar FAE FAS PTSS
Diagnoses not listed above _____
Medications prescribed for the child _____

Immunization record available? Yes No Requested
Is there reason to suspect any conditions exist that have not been diagnosed? Yes No
Has the child been tested for hereditary or communicable diseases? Yes No
Are there genetic issues that might affect the child later? Yes No
Current or past behaviors attributed to the child:
 Excessive anger Sexual aggression Excessive masturbation Poor self-esteem
 Persistent psychosomatic complaints Substance abuse Frequent depression
 Hyperalertness Insomnia Night terrors Enuresis Encopresis Overeating
 Undereating Self-mutilation Suicidal feelings Suicide attempt Withdrawal
 Starting fires or fascination with fire Destroying property Hurting or mutilating animals
 Frequent fights with family members Poor relations with peers Running away
 Promiscuity Involvement with prostitution Violent fantasies Fear of future abuse
Birth mother Living Deceased* Unknown Incarcerated Age at child's birth _____
Alcohol during pregnancy Yes No ~ Smoking during pregnancy Yes No
Drug addiction Yes No ~ Alcohol addiction Yes No ~ Prenatal care Yes No
Birth father Living Deceased* Unknown Incarcerated Age at child's birth _____
Drug addiction Yes No ~ Alcohol addiction Yes No ~ Tobacco use Yes No
* Certified copy of death certificate available? Yes No Requested

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Educational History

Current grade level _____ Has the child repeated any grades? Yes No _____

Does the child like school? Yes No IEP? Yes No Expires _____

Favorite subjects _____

Disliked subjects _____

Social History

Are there brothers or sisters? Yes No How many? _____ How old? _____

Where are they? Remain in parental care Foster care Kinship placement

Why aren't they being placed together? _____

Contact advised / required? Yes No _____

Birth relatives, foster parents, others with a significant impact on the child's life willing to remain in contact with the child after placement? Yes No _____

How do the child's current caretakers discipline? Effective? Yes No _____

What does the child like to do? _____

Hobbies? Yes No _____

Sports? Yes No _____ Scouting? Yes No

Does the child attend religious services? Yes No _____

Favorite foods _____

Disliked foods _____

Favorite toys _____ Favorite television shows _____

Treasured possessions to bring? Yes No _____

Pet to bring? Yes No _____

Life book / photos of birth and foster homes available for child to bring? Yes No

What can we do to ease this child's adjustment into our home? _____

Revised 6/12/2007