



435 Comprehensive Child Adoption Assessment



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CHAPTER 4, Adoption and Birth Parent Services

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435 Comprehensive Child Adoption Assessment

NOTE: SCDSS shall not consider the race, color or national origin (RCNO) of the child or prospective adoptive family in making adoptive placement decisions, unless there is an individualized assessment with a specific finding that it is in the particular child's best interests to be with a family of a certain RCNO. Culture shall not be used as a proxy for RCNO.

Child's Name: Case #:

Date of Birth:

I. Child's History

A. Date Entered Foster Care:

B. Reason Child Entered Foster Care:

C. Siblings in Placement: ___ Yes ___ No

Names and DOB:

D. Current Foster Care Placement Provider:

Type of Placement:

___ Therapeutic (Mentor, HSA, etc.) ___ ISCEDC ___ Regular Foster Home
 ___ Treatment Foster Care ___ Group Care ___ Hospitalization

Does this placement receive an accelerated board rate? ___ Yes ___ No

E. History of Placements

Name of Provider Type of Provider Date Placed Date Removed Reason

II. Describe the child's identifiable problems/needs and how long they have existed (Attach supporting documentation).

A. Medical

Diagnosis Yes/No Treatment/Medications Service Providers

Arthritis

Blindness

Cancer

Cerebral Palsy

Crippling Disorder

Cystic Fibrosis

Deafness

Down Syndrome

Fetal Alcohol Effect

Fetal Alcohol Syndrome

Heart Defects

Kidney Disease

Multiple Sclerosis

Muscular Dystrophy

Orthopedic Problems

Paralysis

Prenatal Substance Exposure

Sickle Cell Anemia

Other:

Other:

Other:

B. Educational

School Attending: Current Grade:

Contact Person:

Type of School Placement:

☐ Mainstream

☐ EMH

☐ EH

☐ LD

☐ Resource

☐ Othe

C. Emotional/Psychological

Diagnosis Yes/ No Treatment/Medications Service Providers

ADD

ADHD

Adjustment Disorders

Antisocial Personality

Autism

Bipolar

Conduct Disorder

Delusional

Depression

Eating Disorder

Gender Identity Disorder

Learning Disorder

Mental Retardation

Obsessive/Compulsive Disorder

Oppositional/Defiant Disorder

Post Traumatic Stress Disorder
Panic/Anxiety Disorder
Prenatal Substance Exposure
Cocaine
Alcohol
Marijuana
Other:
Reactive Attachment Disorder
Schizophrenia
Separation Anxiety Disorder
Sleep Disorder
Substance Abuse

Other Areas of Concern:

Has a psychological evaluation been completed on child? ____ Yes ____ No

If yes, list evaluator, date of evaluation, and attach a copy:

D. Social/Behavioral

Diagnosis Yes/ No Treatment/Medications Service Providers

Accident Prone
Cheating
Clings to Adults
Cruel to Animals
Deliberately Harms Self
Depression
Destructive to Property/Others
Enuresis
Encopresis
Fear of Animals or Places
Gets into Many Fights
Hoarding/Gorging Food
Hyperactive
Impulsive
Lying

Nightmares
Obscene Language
Runs Away
Sets Fires
Sexual Activity
Masturbation
Lewd Comments
Inappropriate Touching of Others
Abuses Other Children
Smoking
Speech/Problems
Stealing
Suicide Attempts
Suicidal Ideation
Temper Tantrums
Withdrawal
Other:
Other:

Has child had any criminal involvement? ____ Yes ____ No

If yes, list charges/convictions:

Probation/Parole Status:

Contact Person/Telephone Number:

E. Developmental

Diagnosis Yes/ No Treatment/Medications Service Providers

Speech/Language Delay
Gross Motor Delay
Fine Motor Delay
Social Delay
Sensory Integration Disorder
Other:

III. Attachment Issues/Significant Relationships

A. Is child currently visiting with birth family? ____ Yes ____ No

If yes, specify person and relationship:

Frequency of visits:

Child's attitude toward birth parents:

Child's attitude toward siblings:

B. Attachment to Current Foster Care Provider

Is this a potential adoptive resource? ____ Yes ____ No ____ Unknown

C. Relative Placement

Was placement with any relative assessed? ____ Yes ____ No

If yes, list the name of the relative and the relationship to the child:

Were any home studies completed for relatives? ____ Yes ____ No

If yes, list the relative and the result of the home study:

D. Child's Attitude About Adoption

VI. Other Involved Parties/Agencies/Professionals

Name Agency Date of Contact Phone Number

VII. Dates of Contacts with Child

A. Face to Face:

B. Other:

VIII. Recommendation

Caseworker's Signature Date

Supervisor's Signature Date

Administrator's Signature Date

Referenced Documents

Revision Comments

NOTE added to clarify that race, color or national origin shall not be used in the selection or adoptive placement processes, and that culture shall not be used as a proxy for race, color or national origin.