

South Carolina Department of Social Services

**CHILD FACTORS CHECKLIST**

**NOTE: SCDSS cannot and will not deny prospective foster/adoptive parents the opportunity to foster/adopt on the basis of race, color or national origin; nor delay or deny the placement of children on the basis of race, color or national origin.**

	Child		Family		Could Accept		
	Yes	No	Yes	No	Mild/ Treatable	Moderate/ Permanent	Severe/ Permanent
<b>Behaviors:</b>							
Abusive/Aggressive to Others							
Accident Prone							
Bed Wetting (Enuresis)							
Cheating							
Clings to Adults							
Cruel to Animals							
Destructive to Property							
Discipline Problems							
Fighting Frequently							
Fire Setting							
Harmful to Self							
Hyperactivity							
Impulsivity							
Lying							
Nightmares							
Obscene Language							
Phobias							
Running Away							
Sexual: Masturbation							
Sexual: Provocative with Adults							
Sexual: Aggr/Abusive with Child							
Sexual: Sexually Active							
Soiling: (Encopresis)							
Stealing							
Temper Tantrums							
Truancy							
Withdrawal							
<b>Emotional/Mental:</b>							
Adjustment Disorders							
Antisocial/Other Personality Disorder							
Attachment Disorders							
Autism							
Bipolar Disorder Manic Depression							
Conduct Disorder							
Delusions							
Depression							
Gender Identity Disorders							
Panic/Anxiety Disorder							
Post Traumatic Stress Disorder							

\* No Severity Range

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	Child		Family		Could Accept		
	Yes	No	Yes	No	Mild/ Treatable	Moderate/ Permanent	Severe/ Permanent
<b>Emotional/Mental Continued:</b>							
Schizophrenia							
Separation Anxiety Disorder							
Sleep Disorders							
Suicide Ideation Attempts							
<b>Neuro/Musculo Skeletal:</b>							
Alzheimer's Disease *							
Arthritis							
Cerebral Palsy							
Epilepsy/Seizures							
Multiple Sclerosis							
Muscular Dystrophy							
Orthopedic Problems							
Paralysis							
Physical Handicaps							
Parkinson's Disease *							
Spina Bifida							
<b>AIDS/HIV/STD'S:</b>							
Aids *							
HIV + *							
Venereal Diseases							
<b>Eating/Digestive Disorders:</b>							
Anorexia							
Bulimia							
Digestive Disorders							
Feeding Problems							
Hoards/Gorges Food							
<b>Respiratory Problems:</b>							
Allergies							
Asthma							
Bronchitis (Chronic)							
Cystic Fibrosis							
<b>Heart/Blood Problems:</b>							
Heart Defect							
Heart Disease							
Hemophilia							
High Blood Pressure							
Sickle Cell Trait *							
Sickle Cell Anemia							
<b>Other Physical Problems:</b>							
Birthmarks							
Cancer							
Cleft Lip							

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	Child		Family		Could Accept		
	Yes	No	Yes	No	Mild/ Treatable	Moderate/ Permanent	Severe/ Permanent
<b>Other Physical Problems Continued:</b>							
Diabetes							
Growth Disorders							
Hearing Problems							
Liver Problems							
Paralysis							
Prematurity							
Problems Requiring Surgery							
Vision Problems							
Blindness							
<b>Learning Problems:</b>							
Attention Deficit Disorder (ADD)							
Attention Deficit/Hyperactivity Disorder (ADHD)							
Down's Syndrome							
Learning Disabilities							
Mental Retardation							
Slow Learner							
<b>Substance Use/Abuse:</b>							
Alcoholism							
Drug Abuse (soft)							
Drug Abuse (hard)							
Fetal Alcohol Effect (FAE)							
Fetal Alcohol Syndrome (FAS)							
Prenatal Drug Exposure							
Tobacco Use *							
<b>Developmental Delays:</b>							
Fine Motor							
Gross Motor							
Social							
Speech/Language							
Sensory Integration Disorder							
<b>Abuse/Neglect:</b>							
Emotional Abuse							
Physical Abuse							
Sexual Abuse							
Medical Neglect							
Physical Neglect							
Shaken Baby Syndrome							

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Other Background:	Child		Family		Could Accept		
	Yes	No	Yes	No	Mild/ Treatable	Moderate/ Permanent	Severe/ Permanent
Incest							
Rape: Father Known *							
Rape: Father Unknown *							

\* No Severity Range

**Remarks:** (Explain the above topics, as needed. Be specific and key your remarks to the appropriate factor/condition involved. Specify and explain any other factor/conditions the family could accept in a child or the child's background).

**If accepting a child with any of the factors that we have agreed to, we realize that we may need to participate in therapy. Participation in therapy may require travel outside our community.**

\_\_\_\_\_ Date Completed                      \_\_\_\_\_ Signature of Adoptive Mother                      \_\_\_\_\_ Signature of Adoptive Father