



SELF REPORT BY PARENTS

Post-Adoption Report \_\_\_\_\_ Year

Child's Birth Name:

Child's Date of Birth:

Adoption Placement Date:

Child's New Name:

Adoptive Parents:

Date of Report:

Please submit all the information to:

Elizabeth Westermann, LMSW  
New Beginnings Family and Children's Services, Inc.  
87 Mineola Blvd.  
Mineola, NY 11501  
(516)-747-2204

Photos: Must include eight (8) photos reflecting your child's life since the last post adoption report. They can include other family members, friends, etc. Photos should be pasted to letter-sized paper – two photos per page. Include captions describing the photo and the people in it.

1. Attachment & Bonding

Please describe your child's integration with his/her parents, siblings, and family. Please provide details. Who is your child closest with? Is there a member of the family your child has not bonded with? Are there any concerns about attachment or bonding?

2. Health and Physical Development

Date of most recent medical appointment and purpose of visit:

Adoptee's height:

Adoptee's weight:

Adoptee's head circumference:

Has your child received any vaccinations since the last post adoption supervision report? Yes No  
If yes, please list the vaccinations and dates they were received.

Has your child had any illnesses since the last post adoption supervision report?  
If yes, please list the illnesses, dates of illness and treatment received.

If you adopted a special needs child, please discuss any medical treatment and/or therapies for the special need since the last post adoption supervision report.

Motor skills: Please describe your child's gross (walking, running, jumping, climbing, etc.) and fine motor skills (writing, stacking, picking up small objects, cutting using scissors, etc.) and state your opinion on whether there are any delays. If the child was formally evaluated, please attach a copy of the evaluation. If there are delays, is your child receiving physical or occupational therapy for these delays?

Cognitive Development: Do you feel your child is appropriate in his/her intellectual development for his/her age?

Language Development: Is your child's language ability appropriate for his/her age? If not, has the child been formally evaluated? Is he/she receiving speech therapy?

3. Please describe your child's:

Diet:

Sleeping schedule:

4. Personality and Behavior:

Please describe your child's personality. Are there any behavioral issues at home or in school?

5. Education:

Is your child attending school? Which grade? How is your child doing academically and socially at school?

6. Family's impression:

Please give the view toward the adoption by the adoptive parents, other adults in the home, and other relatives.

Community: Has your child integrated well into your neighborhood and community?

7. Major changes in the adoptive family:

Are there major changes in the adoptive family in marital status, children in the home, economic status, residence environment, or serious health problems?

Anything else: Please use this space to tell us about anything else you feel is important regarding your child.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(DATE)

# 安置后报告首页

## PAGE ONE FORM OF THE POST PLACEMENT REPORT FORM MUST BE TYPED IN CAPITAL ENGLISH LETTERS

序号 No.	信息分类 INFORMATION CATEGORY	信息详情 INFORMATION DETAILS
1	递交申请的收养组织名称 <b>Agency that Facilitated the Adoption</b>	<b>New Beginnings Family and Children's Services, Inc.</b>
2	《来华收养通知书》编号 <b>Number of the Notice of Coming to China for Adoption</b>	
3	《来华收养通知书》签发日期 <b>The issue date of the Notice of Coming to China for Adoption</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
4	安置后报告次数 <b>Report Sequence</b>	<input type="checkbox"/> 6个月 <input type="checkbox"/> 12个月 <input type="checkbox"/> 第2年 <b>6 Months      12 Months      Second Year</b> <input type="checkbox"/> 第3年 <input type="checkbox"/> 第4年 <input type="checkbox"/> 第5年 <b>Third Year      Forth Year      Fifth Year</b>
5	被收养人原姓名 <b>Adoptee's Chinese Name</b>	
6	被收养人新姓名 <b>Adoptee's New Name</b>	
7	出生日期 <b>Date of Birth</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
8	收养时健康状况 <b>Health Status at Adoption</b>	<input type="checkbox"/> 正常Normal <input type="checkbox"/> 特需Special Need
9	收养登记日期 <b>Date of Adoption Registration</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
10	入籍日期 <b>Date of Naturalization</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
11	养父姓名 <b>Father's Name</b>	
12	养母姓名 <b>Mother's Name</b>	
13	社工家访日期 <b>Date of Home Visit by Social Worker</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
14	完成报告日期 <b>Date of Finishing the Report</b>	年:            月:            日: <b>Year:            Month:            Date:</b>
15	制作报告的收养组织名称 <b>Agency that Finished the Report</b>	
16	<input type="checkbox"/> 收养人同意中国儿童福利和收养中心使用本报告及照片用于宣传。 <b>The adopters agree that this report and photos attached be used for publicity by CCCWA.</b> <input type="checkbox"/> 收养人不同意中国儿童福利和收养中心使用本报告及照片用于宣传。 <b>The adopters do not agree that this report and photos attached be used for publicity by CCCWA.</b>	