

South Carolina Department of Social Services  
**CHILD FACTORS CHECKLIST FOR ADOPTION**

*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.*

**Instructions: Please print. Use the list below to let us know the type of child(ren) you would like to adopt. Please review "level of disability" guidelines on the following pages before completing the document. Place an "X" in the appropriate boxes; selecting if you "will accept" while also specifying "mild, moderate, or severe" (when applicable) or "current or past charges" (when referring to juvenile court involvement) or if you "will not accept" a factor of a child.**

Name of Applicant 1: \_\_\_\_\_ Applicant 1's phone: \_\_\_\_\_

Email Address of Applicant 1: \_\_\_\_\_

Name of Applicant 2: \_\_\_\_\_ Applicant 2's phone: \_\_\_\_\_

Email Address of Applicant 2: \_\_\_\_\_

Address of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_

Family Caseworker's name: \_\_\_\_\_ Family Caseworker's phone: \_\_\_\_\_

Family Caseworker's email address: \_\_\_\_\_

**Instructions: Type "X" in each box that applies**

	Will consider	Will not consider
<b>Gender/Sex of child</b>		
Female	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary/Transgender	<input type="checkbox"/>	<input type="checkbox"/>
<b>Orientation</b>		
Identifies as LGBTQ+	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age of child</b>		
Newborn/under 1	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>
Over age 17	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Number of Children/Siblings</b>		
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5 or more	<input type="checkbox"/>	<input type="checkbox"/>
Teen Parent with Child	<input type="checkbox"/>	<input type="checkbox"/>

	Will Consider	Will not consider
<b>Birth History</b>		
Low birth weight or premature	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Effects	<input type="checkbox"/>	<input type="checkbox"/>
Positive toxicology screen at birth (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Drug Exposure (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction at Birth (heroin, methadone, morphine, or other)	<input type="checkbox"/>	<input type="checkbox"/>
Shaken Baby Syndrome	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following guidelines for determining the **level of disability** you are open to accepting when filling out the following form.

**Developmental disability:**

**Mild**  
 Characteristics of individuals with mild developmental disability include, for example: has an IQ range of 50–75 will eventually be able to live independently, hold a job, and manage his or her life with some guidance.

**Moderate**  
 Characteristics of individuals with moderate developmental disability include, for example: has an IQ range of 25–50 who may achieve partial self-support in a sheltered work place but will always need supervision and to live in a group home or family setting.

**Severe**  
 Characteristics of individuals with severe developmental disability include, for example: has an IQ of less than 25 who may be able to partially contribute to self-care but will always need ongoing supervision and help with daily routines.

	Will consider	Mild	Moderate	Severe	Will not consider
<b>Developmental</b>					
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Thrive (organic or environmental)	<input type="checkbox"/>				<input type="checkbox"/>
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>				<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>				<input type="checkbox"/>
Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following guidelines for determining the **level of disability** you are open to accepting when filling out the following form.

**Physical disability:**

**Mild**  
 Characteristics of individuals with mild physical disability include, for example: requires no equipment for daily functioning; requires average or slightly above average medical care; can perform basic life-management functions appropriate for child's age and development; can use mainstream methods of transportation and communication; has a condition that is totally managed by medication; has a condition that is correctable or improves on its own with time; is delayed in physical development but has a prognosis of catching up.

**Moderate**  
 Characteristics of individuals with moderate physical disability include, for example: requires equipment but not life-support equipment, has a relatively stable condition (while not correctable, the condition is not progressive or degenerative, requires moderate home modifications; may require corrective surgery; requires up to weekly medical appointments; can perform basic life-management functions appropriate for child's age and development (feeding, dressing, toileting) with some assistance; may require some assistance with transportation and communication.

**Severe**  
 Characteristics of individuals with severe physical disability include, for example: requires life-support equipment; has a progressive, degenerative, or terminal illness; requires significant home modifications; requires repeated or frequent hospitalizations or surgeries; requires two or more medical appointments per week; requires a parent or aide to perform basic life-management functions (feeding, dressing, toileting, etc.); always requires special adaptations for transportation and/or communication.

	Will consider	Mild	Moderate	Severe	Will not consider
<b>Physical Conditions</b>					
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies: Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies: Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies: Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: No treatment required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: Treatment required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: In Remission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Requires treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate (may require surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate (already corrected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental problems (may include tooth decay, missing teeth, crowded or misaligned teeth, overbite, under bite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: Insulin-dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: Non—Insulin Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down’s Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Defect/Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Mild	Moderate	Severe	Will not consider
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of Huntington's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocephaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney issues/disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Poisoning (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited verbal	<input type="checkbox"/>				<input type="checkbox"/>
Macrocephalic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microcephalic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically fragile	<input type="checkbox"/>				<input type="checkbox"/>
Missing limb(s) (may require prosthesis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurofibromatosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic work required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous pregnancy(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder (other than Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(History of sexually transmitted disease (syphilis, gonorrhea, herpes simplex II, chlamydia, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently has sexually transmitted disease (syphilis, gonorrhea, herpes simplex II, chlamydia, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Trait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spina Bifida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury (TBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Dependent	<input type="checkbox"/>				<input type="checkbox"/>

	Will consider	Will not consider
<b>Medication</b>		
Requires daily medication for one or more physical conditions	<input type="checkbox"/>	<input type="checkbox"/>
Requires daily medication for one or more mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Requires Specialized Care</b>		
Non-Ambulatory	<input type="checkbox"/>	<input type="checkbox"/>
Physically Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy: Short-term	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy: Long-term	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy: Short-term	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy: Long-term	<input type="checkbox"/>	<input type="checkbox"/>
Requires Intermittent Medical Treatment & Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Requires Specialized In-Home Care</b>		
Tracheotomy	<input type="checkbox"/>	<input type="checkbox"/>
Naso-gastric tube	<input type="checkbox"/>	<input type="checkbox"/>
Gastric tube	<input type="checkbox"/>	<input type="checkbox"/>
Apnea monitor	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>
Requires Lifelong Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Requires Lifelong Supervision/Care	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited Life Expectancy</b>		
Terminally Ill (life expectancy less than 1 year)	<input type="checkbox"/>	<input type="checkbox"/>
Limited life expectancy due to chronic illness or disabling condition	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Problems</b>		
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>
Afraid of the dark and/or sleeping in the dark	<input type="checkbox"/>	<input type="checkbox"/>
Sleep walking	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting (Enuresis – over 5 years of age, at night)	<input type="checkbox"/>	<input type="checkbox"/>
Soils bed at night (Encopresis)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dietary or Eating Problems</b>		
Requires special diet	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Pica	<input type="checkbox"/>	<input type="checkbox"/>
Hoarding food	<input type="checkbox"/>	<input type="checkbox"/>
Overeating	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following guidelines for determining the **level of disability** you are open to accepting when filling out the following form.

**Emotional disability:**

**Mild**  
 Characteristics of individuals with mild emotional disability include, for example: functioning well in school, at home, and with peers. If symptoms are present, they are transient and may be a result of developmental stage or expected reaction to external stressors (such as anxiety, sadness, or behavioral difficulty related to introduction to new situations, losses, or changes in the child's environment); able to communicate needs and understand rules as well as consequences of behavior (depends on developmental stage); may use substances; does not require medication or therapeutic mediation at this time but may benefit from counseling in dealing with emotions and behaviors that may be causing difficulty.

**Moderate**  
 Characteristics of individuals with moderate emotional disability include, for example: symptoms are present but child is able to function with some assistance in school, at home, and with peers; displays anxiety, depression, behavioral problems that can be mediated by medication, behavior therapy, or counseling as needed (these behavioral problems can include: occasional panic attacks or severe anxiety that is not precipitated by external stressors; sexually inappropriate behavior but not sexual abuse of others; episodic use of substances; some conflicts with teachers, peers, or others in authority; fighting; occasional theft or lying; depressed mood without suicidal ideation; encopresis or enuresis; poor judgement or impulse control; hard-to-manage behaviors that are not destructive or violent; isolating behavior; difficulty maintaining friendships; difficulty in communicating needs in an appropriate fashion, sometimes losing sight of consequences of behavior (depends on developmental stage).

**Severe**  
 Characteristics of individuals with severe emotional disability include, for example: serious impairment in social and academic functioning; occasional to persistent danger of severely hurting self or others; recurrent violence that appears un-precipitated; a pattern of cruelty to animals; fire-setting behaviors; inability to maintain personal hygiene; sexual abuse of others; gross impairment in ability to communicate (largely incoherent); inability to see consequences of actions or show empathy for others; significant destruction of property; gross impairment in reality testing, judgement, and thinking; persistent use of substances; self-mutilating behavior; presence of hallucinations or delusions (that are not related to substance abuse or organic difficulty); may require repeated psychiatric hospitalizations or 24-hour monitoring; requires medication and consistent psychiatric assistance; may have poor prognosis for adult level of functioning.

	Will consider	Mild	Moderate	Severe	Will not consider
<b>Emotional/Mental Health</b>					
Adjustment disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorder—Generalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism or Asperger’s Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires or is currently in counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses counseling/therapy or medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive Mood Dysregulation Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent Explosive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive Compulsive Disorder(OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Defiant Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reactive Attachment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia or other psychotic disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following guidelines for determining the **level of disability** you are open to accepting when filling out the following form.

**Learning disability:**

**Mild**  
 Characteristics of individuals with mild learning disability, for example: functioning well in school and at home, can be mainstreamed with help from a resource room or tutoring.

**Moderate**  
 Characteristics of individuals with moderate learning disability, for example: consistent difficulty in functioning in school and possibly at home, may need long-term special education.

**Severe**  
 Characteristics of individuals with severe learning disability, for example: significant and pervasive difficulty in functioning in school and at home, may have learning disabilities that cause permanent difficulty in academics, social and emotional functioning, or occupational functioning.

	Will consider	Will not consider
<b>Education/Preschool Child</b>		
Requires early intervention services for developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
Attends Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Attends Therapeutic Head Start	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education/School Age Child</b>		
Achieves below grade level in regular classes	<input type="checkbox"/>	<input type="checkbox"/>
Child struggles with school	<input type="checkbox"/>	<input type="checkbox"/>
Child has repeated grade	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Functioning: Below Average	<input type="checkbox"/>	<input type="checkbox"/>
Has behavior problems in school: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Has behavior problems in school: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Academic Problems: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Academic Problems: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Needs tutoring in one or more subjects	<input type="checkbox"/>	<input type="checkbox"/>
Child may require educational testing	<input type="checkbox"/>	<input type="checkbox"/>
Truancy	<input type="checkbox"/>	<input type="checkbox"/>
Suspension(s)	<input type="checkbox"/>	<input type="checkbox"/>
Expulsion(s)	<input type="checkbox"/>	<input type="checkbox"/>
Academically behind due to poor attendance	<input type="checkbox"/>	<input type="checkbox"/>
Child is involved in after school activities (sports, dance, clubs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Child is in alternative school for emotional, developmental, psychological, or behavior problems	<input type="checkbox"/>	<input type="checkbox"/>
Has IEP (Individualized Education Plan)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Learning Disabilities</b>		
Central Auditory Processing Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Articulation Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Learning Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Motor Skills Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Non-Specific Learning Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language Disability	<input type="checkbox"/>	<input type="checkbox"/>

**Behavioral issues:**

**Mild**

Characteristics of individuals with mild behavioral disability include, for example: re-directable; behavior will likely change with therapy; amount of adult attention is age appropriate; can be left unsupervised (at age-appropriate level).

**Moderate**

Characteristics of individuals with moderate behavioral disability include, for example: displays acting-out behaviors, but not destructive or hurtful; has risky behaviors without the understanding of consequences; will benefit from therapy but likely will not show immediate progress.

**Severe**

Characteristics of individuals with severe behavioral disability include, for example: needs line-of-sight supervision; likely has one-on-one support or alternative school setting; has been physically and verbally aggressive toward adults and peers; has tendency to be a danger to self or others; would benefit from therapy, but it may not change behaviors; may be in detention or have juvenile justice involvement.

	Will consider	Mild	Moderate	Severe	Will not consider
<b>Behaviors and Characteristics</b>					
Head banging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendency to reject father figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendency to reject mother figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to form superficial relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in attaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making friends and relating with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wets during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soils him/herself during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child can be disruptive in social settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty accepting and obeying rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently starts physical fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically aggressive toward other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically aggressive toward adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang involvement (past)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang involvement (present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-abusive thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harming behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Occasional Use	Frequent Use	Will not consider
<b>Substance Use and Abuse</b>				
Smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chews tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires or has completed treatment program for substance abuse	<input type="checkbox"/>			<input type="checkbox"/>

	Will consider	Will not consider
<b>Other Behaviors</b>		
Runaway: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Runaway: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Runaway: Past	<input type="checkbox"/>	<input type="checkbox"/>
Breaks curfew	<input type="checkbox"/>	<input type="checkbox"/>
Abusive to animals: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Abusive to animals: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Abusive to animals: Past	<input type="checkbox"/>	<input type="checkbox"/>



	Will consider	Will not consider
Destructive of: Clothing, toys	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of: Household property	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of: School or other public property	<input type="checkbox"/>	<input type="checkbox"/>
Uses foul language	<input type="checkbox"/>	<input type="checkbox"/>
Child obsessed with guns, knives, explosives, or other destructive devices or themes	<input type="checkbox"/>	<input type="checkbox"/>
Currently plays with matches/lighters	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Sexual Behavior</b>		
Sexually active (past)	<input type="checkbox"/>	<input type="checkbox"/>
Sexually active (present)	<input type="checkbox"/>	<input type="checkbox"/>
History of inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>
Child involved in prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Known sexual perpetrator	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offender (juvenile adjudication)	<input type="checkbox"/>	<input type="checkbox"/>
Sexual perpetrator who has successfully completed treatment	<input type="checkbox"/>	<input type="checkbox"/>
Child at risk for offending sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Child has initiated sexual behavior toward other adults	<input type="checkbox"/>	<input type="checkbox"/>
Child has initiated sexual behavior toward other children	<input type="checkbox"/>	<input type="checkbox"/>
Sexually acting out behavior (may include public masturbation or exposing of genitals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Sexually provocative with peers	<input type="checkbox"/>	<input type="checkbox"/>
Sexually provocative with adults	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Current charges	Past conviction	Will not consider
<b>Juvenile Court Involvement</b>				
Previously incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered sex offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court order for restitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court order for child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is on probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is on parole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has participated in court diversion program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has had serious on-going involvement with Juvenile Court for delinquent or assaulting behaviors in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involuntary manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felonious assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross sexual imposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conspiracy to commit aggravated murder or murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use or possession of a firearm or body armor in an offense that would be considered a felony if committed by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Current charges	Past conviction	Will not consider
Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaking curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruelty to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime using a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other delinquency adjudication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Family History</b>		
Child has strong ties to birth family	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with parents	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with siblings	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with other relatives	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with foster family due to strong ties	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact to a non-related significant other due to strong ties	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abused: indirect	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abused: direct	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Psychologically or emotionally abused	<input type="checkbox"/>	<input type="checkbox"/>
Child victim of physical neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child victim of emotional neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child exposed to domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of rape	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of incest	<input type="checkbox"/>	<input type="checkbox"/>
Incest family history	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history	<input type="checkbox"/>	<input type="checkbox"/>
<b>History of one or both parents</b>		
Child exposed to mental illness by other than family member	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Family history of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Child exposed to domestic violence by other than family member	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have drug addiction	<input type="checkbox"/>	<input type="checkbox"/>
Mother used alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Mother used drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Agency has no information about the birth father	<input type="checkbox"/>	<input type="checkbox"/>
Agency has no information about either parent (i.e. 'safe haven' baby)	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have criminal record	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have diagnosed mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Borderline personality disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other personality disorder	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent explosive disorder	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Adoptive Parent Involvement with Birth Family</b>		
Meet birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Have contact with birth parents through agency or intermediary	<input type="checkbox"/>	<input type="checkbox"/>
Send letters to birth parent	<input type="checkbox"/>	<input type="checkbox"/>
Receive letters from birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Send videos to birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Receive videos from birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Have phone contact between adults	<input type="checkbox"/>	<input type="checkbox"/>
Have child continue visits with siblings	<input type="checkbox"/>	<input type="checkbox"/>
Have child continue visits with extended relatives in birth family	<input type="checkbox"/>	<input type="checkbox"/>
Receive birth parents' name, address, phone number, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Give birth parents the adoptive parent's first name	<input type="checkbox"/>	<input type="checkbox"/>
Give birth parents the adoptive parent's identifying information	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: (explain the above topics, as needed. Specify and explain any other factor/conditions you could accept in a child(ren)'s background).

**Adoptive Parent Statement of Understanding**

I/we understand that I/we will not be considered for matching with any child with a characteristic outside the criteria noted on this checklist. I/we understand that the agency will place children based on the characteristics known to the agency at the time of placement. I/we also understand that I/we may revise this checklist at any time by contacting my/our adoption worker.

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Adoptive Parent's Signature

Date

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Adoptive Parent's Signature

Date