

What Others Say...

(MARE photolisting form for Advocates, Therapists and Foster Parents)



Today's Date: _____
Child's Name: _____ Birthdate: ____/____/____
Gender: Male or Female Current grade: _____ Race/Ethnicity: _____
Agency: _____ Worker: _____
Your Name _____ Relationship to the child _____

How would you describe the child's personality?

What is the child's behavior like at home or school?

Provide a positive statement about the child.

What are the child's favorite activities/hobbies/etc.?

What skills and experience should the family adopting the child have?

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____