

Child Profile Form

Name	Date of Birth
Maternal Clan:	Paternal Clan:
Date of Custody:	Current Placement:
Relatives Ruled Out?	TPR Date:

1. List any special needs, i.e., vision, hearing, speech impairment, mental/emotional/behavioral problems, etc.

2. List services rendered to the child for question #1. (i.e., special education, early intervention services, therapy, etc.)

3. What type of home do you think would be most appropriate? Would placement in a Blended family or Single Parent Family be appropriate? Should there be a "stay-at-home" mom or parent in the household? Tell us why or why not?

4. Tell us something positive about this child. Example: He/She likes to smile, is a happy child, this child does very well with peers, enjoys social interaction, enjoys trying different activities, food, etc.

5. Will child maintain contact with birth family or relatives? If yes, specify frequency and type of contact.

Social Worker

Date