

*A Workbook  
for Parents  
Adopting Older  
Children*





Written and designed by Kelly E. Bennett, M.S.W.  
Adoption Specialist  
DePaul Family Services  
5650 Hollins Rd.  
Roanoke, Virginia 24019

*This booklet was prepared as a special project of the  
Quality Improvement Center on Adoption in 2005.  
The intent of the booklet is to support the permanent placement  
of older children into loving adoptive families.*



## You wish to add to your family through adoption and you're adopting an older child.

Whether your child is 3 or 15 years old, your child comes with his or her own life experiences that are different from yours. Often there have been many adults working to assure your child's safety and wellbeing. Unfortunately, despite social workers' best efforts, the details of a child's life can be lost as that child travels from his birth family into foster care and then into adoptive placement. It's important for adoptive parents to obtain as many details about their child's life as possible as they talk with social workers, visit with their child and prepare to sign legal documents.

Waiting years later to obtain those details can be difficult if not impossible. This workbook is written to guide adoptive parents in obtaining those elusive details that are often hidden in files and in people's memories. Sometimes we don't think they're important only to find out years later that the adoptee needs that information in order to resolve an issue. As you travel for a moment in your child's shoes, bring a good dose of humility, sensitivity, open-mindedness and empathy.



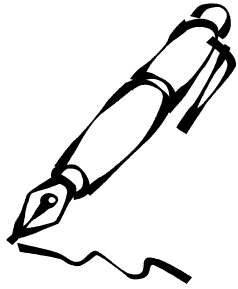
## How to Use This Information

The information that you are preparing to gather belongs to your child. However, it's important for you as new parents to realize that depending on your child's age and stage of development, it may not be appropriate for your child to have free access to all of the information in this booklet.

These details may not hold any emotional meaning for you. Yet, there may be trauma and pain attached to many pieces of this information.

This is not to say that you shouldn't talk to your child about their experiences and history. **Rather you will need to fine tune your listening skills in order to figure out what information your child needs at just the right moment.** A therapist can assist you with this task.

**TIP:** *Start with your child's social worker from the Department of Social Services to gather these details. Work your way around to other service providers, especially your child's foster parents in order to fill in the missing pieces.*



Let's start at  
the beginning

Child's Name:

---

Date of Birth:

---

City and State of Birth:

---

Where was your child born? A hospital or other place?

---

*BIRTHPARENTS' DESCRIPTIONS:*

Birthmother's age at child's birth: \_\_\_\_\_

Birthfather's age at child's birth:: \_\_\_\_\_

Birthmother's height: \_\_\_\_\_ weight: \_\_\_\_\_

Hair color: \_\_\_\_\_ eye color: \_\_\_\_\_

Birthfather's height: \_\_\_\_\_ weight: \_\_\_\_\_

Hair color: \_\_\_\_\_ eye color: \_\_\_\_\_

Other specifics about your child's birth (for example:  
birth weight, length, time of birth or other details):

---

---

---

---

Who did your child go home to live with? \_\_\_\_\_

---

*SIBLINGS:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Same birth father/mother as your child? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Same birth father/mother as your child? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

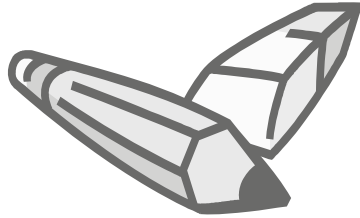
Same birth father/mother as your child? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Same birth father/mother as your child? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Same birth father/mother as your child? \_\_\_\_\_



## Foster Care

Which Department of Social Services (DSS) has custody of your child? \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

DSS Social Worker: \_\_\_\_\_

Phone number: \_\_\_\_\_

Are there other agencies involved with your child (for example those providing therapeutic foster care or adoption services for DSS)? \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Social Worker/Case Manager: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Social Worker/Case Manager: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Social Worker/Case Manager: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Social Worker/Case Manager: \_\_\_\_\_

Often children have many social workers, mentors or others who help stabilize them and give them what they need.



## Placements

What was the reason your child was first removed from his or her home (For example, physical neglect, physical abuse, sexual abuse)? \_\_\_\_\_

---

---

Can you get a copy of records related to your child's removal for your records? \_\_\_\_\_

Date of initial removal: \_\_\_\_\_

Age of your child at removal: \_\_\_\_\_

How many reunification attempts were made with your child's birth family? \_\_\_\_\_

Dates of subsequent removals: \_\_\_\_\_

---

---

Why did they fail? \_\_\_\_\_

---

---

It's important to know the age of your child and the reason he or she was moved from home to home because this often provides important clues about your child's development. Each move represents loss of familiar people and surroundings. These people and experiences make up the fabric of your child's life.

List your child's placements from birth to his or her current placement. Include times that your child returned home and then reentered foster care. Also include failed adoptive placements. Include the names of the foster/adoptive parents if you can get that information, as well as the dates of the placement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



## Education

List the schools your child has attended along with the city where the school is located: \_\_\_\_\_

---

---

---

---

---

How long has your child attended the school where he or she attends now? \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

---

---

Grade: \_\_\_\_\_

Teacher/Team name: \_\_\_\_\_

Does your child have an IEP (individual education plan) or a 504 plan? \_\_\_\_\_

If so, why? \_\_\_\_\_

---

---

List your child's educational strengths:

---

---

---

---

---

List your child's educational weaknesses:

---

---

---

---

---

What is your child's favorite subject? \_\_\_\_\_

---

---

What is your child's least favorite subject? \_\_\_\_\_



## Doctor's & Therapists

Date of your child's last physical exam: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Do you have a copy of your child's immunization record?

If your child needs follow-up medical care, do you have copies of all important medical records? \_\_\_\_\_

Medical diagnoses: \_\_\_\_\_

\_\_\_\_\_

Medication allergies: \_\_\_\_\_

Date of your child's last dental exam: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

If your child needs follow-up dental care, do you have copies of all important dental records? \_\_\_\_\_

Name of your child's psychiatrist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date last seen by the psychiatrist: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Medication, dosage and amount taken daily:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your child's therapist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your child receive occupational, speech or physical therapy? \_\_\_\_\_ If so, do you have copies of important records about those services? \_\_\_\_\_

*Do you have a clear understanding of why all of these services have been recommended?* \_\_\_\_\_



## My child likes & needs...

So, now you have some idea of the important people in your child's life, including those who have treated and helped him or her along the way. These final pages will help you gather details about your child's personality and will help you learn what it will take to parent your child.

### *SLEEP HABITS*

What time does your child usually awaken in the mornings on school days? \_\_\_\_\_

Weekends or holidays? \_\_\_\_\_

How does your child go to sleep at night (for example, is it easy or difficult)? List specific bedtime rituals: \_

\_\_\_\_\_

\_\_\_\_\_

How does your child sleep at night (is your child a light or deep sleeper)? \_\_\_\_\_

Are there specific things that your child's current caretaker does to help your child either go to sleep, stay asleep or awaken in the mornings? If so, list.

---

---

---

---

*EATING HABITS*

What are your child's favorite breakfast foods? \_\_

---

---

What are your child's favorite lunch foods? \_\_\_\_\_

---

---

What are your child's favorite dinner foods? \_\_\_\_\_

---

---

Comfort foods? \_\_\_\_\_

---

---

Other eating habits that are specific to your child/  
foods your child dislikes: \_\_\_\_\_

---

---

Food allergies: \_\_\_\_\_

---

---



*INTERESTS*

Does your child enjoy playing any sports? \_\_\_\_\_

---

---

What are your child's special interests? \_\_\_\_\_

---

---

---

---

---

---

How quickly does your child adapt to new people and experiences (add any suggestions from your child's current caretakers)? \_\_\_\_\_

---

---

---

---

*RELIGION*

Does your child attend church? \_\_\_\_\_

If so, which religious denomination and how frequently?

---

---

---

---







## QICA Pro- ject

The Quality Improvement on Adoption (QICA) was established in 2001 when United Methodist Family Services of Virginia (UMFS) was awarded a cooperative agreement by the federal Children's Bureau as part of a new approach to managing discretionary grant efforts. Objectives of the model at the federal level were to: (1) promote development of evidence-based knowledge about effective child welfare practices in the areas of child protective services and adoption, and (2) ensure dissemination of this information in a manner that informs and alters practice at the direct service level.

The "Success Model" of adoption was selected as the focus of study, and funding was awarded to three public-private collaborative partnerships for demonstration projects implementing the model in their geographic regions of Virginia. Components of the "Success Model" were 1) public/private partnerships, 2) adoption staff specialization, and 3) use of evidence-based practices. The three projects represent three models of how public and private agencies can best organize and allocate their resources to better address local needs, increase use of evidence-based practices, and achieve improved outcomes for foster children.

In the Charlottesville Adoption Knowledge and Evaluation (C.A.K.E.) project, Bethany Christian Services partnered with Tri-Area Foster Families, the Child-Parent Attachment Clinic, and three local departments of social services. In the Piedmont Adoption Coalition (P.A.C.) project, DePaul Family Services partnered with the Piedmont Regional Adoption Group (PRAG) that included seven local departments of social services. In P.E.A.C.E. (Partners for Enhanced Adoption Connections and Effectiveness), Virginia One Church, One Child partnered with Lutheran Family Services, Community Linkages, Inc. and four local departments of social services.

Project-specific and cross-site evaluations have shed light on the nature and operation of public-private collaborative partnerships and provided evidence that projects have enhanced the effectiveness of planning and service delivery, reduced inter-jurisdictional barriers to adoption, provided vehicles for valuable case consultation and planning and critical examination of adoption practices, and advanced the use of evidence-based adoption practices. Knowledge developed through these projects will be disseminated in a variety of ways including the Web-site BestAdoptVA.org, established by the QICA to make the best information on adoption practices readily available to adoption professionals in both public and private agencies and organizations in Virginia.



*For More Information*

Contact Janet Barr, L.C.S.W.  
Adoption Program Director  
DePaul Family Services  
80 College Street, Suite F  
Christiansburg, VA 24073  
540-381-1848

[www.depaulfamilyservices.org](http://www.depaulfamilyservices.org)

This booklet was made possible by grant #90-CO-0957 from the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services awarded to United Methodist Family Services of Virginia, Inc. The contents are solely the responsibility of the authors and do not represent the official views or policies of the funding agency. Publication does not in any way constitute an endorsement by the Department of Health and Human Services.