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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **ADOPTION STAFFING PROSPECTIVE ADOPTIVE FAMILY INTERVIEW QUESTIONNAIRE** | | | | |
| **CHILD(REN)’s NAME(S):** | |  | | **DATE:** |  |
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| **PROSPECTIVE ADOPTIVE PARENT(S):** | | |  | | |
| Instructions: Designate one person to provide the family with an overview of the child(ren) being considered. Ensure that the family has read the long profile prior to the adoption staffing. All original copies of the CD-134 will be collected from each member and maintained in the Child’s Recruitment Section of the Child’s file at the end of the staffing.  Please note that (N) designates questions to ask new potential families and (C) designates questions to ask current placement providers. Check the box () to correspond with the applicable question for each family's interview. | | | | | |
| 1. How and when did your family become aware of the child's need for a permanent placement? | | | | | |
| 1. Whom did you inform about your plan to adopt? How did they react? Are they aware of today's staffing? | | | | | |
| 1. What is it about this child that led your family to consider him/her as a potential member of your family? (i.e. qualities/characteristics) | | | | | |
| 1. Tell us about your family (i.e. family composition, extended family, daily routine, family activities, family interests, traditions-what are the things you want us to know about your family?) | | | | | |
| 1. What physical space will the child have in your home (i.e. will he/she share a bedroom?) Do you have a vehicle that accommodates the size of your family if you were to be chosen for this child? | | | | | |
| 1. Describe your current work schedule and your plan for childcare (ask about school age children that can't attend school due to illness, suspensions, inclement weather, etc.) | | | | | |
| 1. Describe your experience with your school district, if any. What special services are available for special needs children? | | | | | |
| 1. What community resources do you have available? Would you know how to access these services? How would you feel about accessing services? | | | | | |
| 1. Once the adoption has been finalized, how will you know if your family needs outside help? Who would you call? | | | | | |
| 1. (N) How do you see this child settling in and becoming a part of your family (i.e. changes in roles, routines, activities, amount of free time, etc?)   (C) What observations have you made to help you know that this child has become a part of your family? (i.e. child's interactions with other family members upon initial placement vs. current relationships, attachment, etc.). | | | | | |
| 1. Describe the interaction of your family with children? (i.e. what are family roles, who has what responsibilities?) | | | | | |
| 1. What are your family’s expectations of this child as well as goals for any child that lives in your home? | | | | | |
| 1. (N) What types of behaviors do you expect during the pre-placement visits and initial placement of this child into your home?   (C) Do you anticipate any changes in the child's behavior during the adoption process? | | | | | |
| 1. (N) Are there any behaviors that would be difficult to manage?   (C) Are there any behaviors that have been difficult to manage? If so, how have you dealt with those behaviors? | | | | | |
| 1. (N) Are there any behaviors that would require you to seek support?   (C) Can you imagine any future behaviors that will require you to seek support or that would be difficult for you to manage? | | | | | |
| 1. How did you make the decision to adopt? Do you plan to continue to foster and/or adopt? | | | | | |
| 1. How will you talk with this particular child about adoption and his/her past? | | | | | |
| 1. What will you share with immediate family, extended family, and friends about this child's adoption? | | | | | |
| 1. We understand that according to Missouri Law, adoptive families are not required to maintain contact with birth family; however, have you considered whether or not you plan to maintain connections? (*Family should be assured that their answer will not prevent possible selection)* | | | | | |
| 1. Have you thought about the child’s name, how will any decisions regarding the child’s name be made? | | | | | |
| 1. In the event that you cannot care for the child, what would be your plan? (i.e. death, military deployment, incapacitation, etc.) Have you talked to individuals listed as your backup to communicate this plan to them? | | | | | |
| 1. Are you aware that an adopted child's inheritance rights are the same as if the child was born to you? | | | | | |
| 1. Please share any additional information including strengths your family possess or service needs you foresee. | | | | | |
| 1. Is there any further information regarding this child that would be helpful to your family? | | | | | |