

PLACEMENT CONSIDERATIONS**RECOMMENDED PLACEMENT / CHILD DESIRED (for adoption home studies only)***(Check all that apply)***Gender:** Male Female **Age Range:** From _____ to _____**Sibling Group:** Yes No **No. of Children in Sibling Group** _____

Racial Origin: Caucasian East Indian **Aboriginal Type:** Status Indian
 Aboriginal Mixed Race Potential to be Registered
 Black Any Non-Status Indian
 Asian Inuit
 Metis

Special Needs: *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Learning Disability/Special Education | <input type="checkbox"/> Mentally Handicapped |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Multiple Placements/Attachment Issues | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Permanent Placement Disruption | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Legal Risk | <input type="checkbox"/> Hydrocephaly |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Psychiatric Diagnosis | <input type="checkbox"/> Asperger's Disorder |
| <input type="checkbox"/> Behavioural/Emotional Issues | <input type="checkbox"/> Reactive Attachment Disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Speech Delay/Impairment | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Oppositional Defiance Disorder | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Heart Disorder |
| <input type="checkbox"/> Fetal Drug Effect | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Fetal Alcohol Spectrum Disorder | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> HIV Risk |
| <input type="checkbox"/> Chronic Medical Needs | <input type="checkbox"/> Attention Deficit/Hyperactive Disorder | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Premature | <input type="checkbox"/> History of Institutional Placement | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Difficult Delivery Causing Harm | <input type="checkbox"/> Cleft Palate | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Down's Syndrome |
| | <input type="checkbox"/> Cerebral Palsy | |

Family Background: *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Unknown background | <input type="checkbox"/> Drug abuse during pregnancy |
| <input type="checkbox"/> Learning disorders | <input type="checkbox"/> Born as a result of Incest |
| <input type="checkbox"/> Born as a result of sexual assault | <input type="checkbox"/> Psychiatric diagnosis of birth parents |
| <input type="checkbox"/> Abuse of drugs/alcohol by birth father | <input type="checkbox"/> Alcohol abuse during pregnancy |
| <input type="checkbox"/> Inheritable diseases | <input type="checkbox"/> History of Global Developmental Delays |

Contact With:*(Check all that apply)***Acceptable forms of Contact:***(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Siblings | <input type="checkbox"/> Non-identifying <input type="checkbox"/> In Person <input type="checkbox"/> In birth family <input type="checkbox"/> In foster care <input type="checkbox"/> In adoptive home |
| <input type="checkbox"/> Birth Mother | <input type="checkbox"/> Non-identifying <input type="checkbox"/> In Person |
| <input type="checkbox"/> Birth Father | <input type="checkbox"/> Non-identifying <input type="checkbox"/> In Person |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Non-identifying <input type="checkbox"/> In Person |
| <input type="checkbox"/> Band Members | <input type="checkbox"/> Non-identifying <input type="checkbox"/> In Person |

Willingness to be involved with and maintain child's culture: *(Please check all that apply)*

- Willing to be involved with cultural groups and organizations
 Willing to visit Band and participate in Band activities