| Due to CCCWA: | (Office | Use | Only' |) |
|---------------|---------|-----|-------|---|
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Madison Adoption Associates International Adoptions ~ Home studies ~ PA SWAN ~ Post-Adoption Support ~ Hague Accredited

NJ, PA, DE Office: 1102 Society Drive, Claymont, DE 19703, Ph: 302-475-8977, Fax: 302-529-1976 IL Office: 128 N. John Street, Suite 2, Rochester, II., 62563, Ph. 217-498-9700, Fax: 217-498-9705 NY Office: 160 Lakewood Parkway, Buffalo, NY 14226

www.MadisonAdoption.org

CHINA POST ADOPTION FAMILY SELF-REPORT:

□ 3 YR \Box 4 YR \Box 5 YR

CCCWA REQUIRES THAT YOU TYPE ON THIS TEMPLATE, IN PARAGRAPH FORMAT, FILLING ALL WHITE SPACE. HAND-WRITTEN SUBMISSIONS WILL <u>NOT</u> BE ACCEPTED. THIS REPORT MAY BE FORWARDED TO YOUR CHILD'S FORMER ORPHANAGE SO THEY CAN SEE YOUR CHILD'S PROGRESS. PLEASE REMEMBER THAT YOUR DUE DILIGENCE AND COMPREHENSIVE FEEDBACK ALLOWS CHINA ADOPTIONS TO REMAIN OPEN. THANK YOU!

| ADOPTIVE | PARENT(S): |
|---|---|
| Mother's Name: | Profession: |
| Father's Name: | Profession: |
| Home Address: | |
| Home Phone: | Cell Phone: |
| ADOPTE | ED CHILD: |
| Child's DOB: Date of Adoption: | Date child arrived home: |
| New Name: | Original Name: |
| Name of SWI: | City: |
| Current Height: | Current Weight: |
| Special Need(s) at time of placement: | · · · · · · · · · · · · · · · · · · · |
| Current Status of Special Need(s): | |
| HEALTH & PHYSIC | CAL DEVELOPMENT: |
| Child Medical Care of Special Need: (surger Are there any NEW MEDICAL ISSUES: If no new medical issues, please list date(s) of doctor & practice, any specialists who have tre PLEASE DO NOT LEAVE THIS BOX BLAN | Yes ☐ No If <u>yes</u> , please explain below. most recent doctor's visit, including name of ated this child, date of immunization(s), etc. |
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| | | ent is the child in fine motor | |
|----------------|-------------------------|--------------------------------|------------------------|
| challenges has | he/she faced? How are | these challenges being addre | essed? |
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| | | lking, running, jumping, etc. | |
| addressed. | notor compared to peers | ? Please list any challenges | and how they are being |
| | notor compared to peers | ? Please list any challenges | and how they are being |
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| | notor compared to peers | ? Please list any challenges | and how they are being |

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YOUR CHILD'S DAILY ROUTINE:

| scouts, clubs, extracur | ricular, etc.). Please describe | te toys, games, activities, sports, dance, social and peer interactions. Is the child elvement (church, neighborhood, events, |
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| CHILL | O'S EDUCATION and LANG | GUAGE DEVELOPMENT: |
| | | GUAGE DEVELOPMENT: Schooled: □ Yes □ No |
| Attends School: Name of School: Teacher: | □ Yes □ No Home S | |
| Attends School: Name of School: Teacher: Special services receiv | □ Yes □ No Home S | Schooled: |
| Attends School: Name of School: Teacher: Special services receive through school: | □ Yes □ No Home S | Schooled: |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: | ☐ Yes ☐ No Home S | Schooled: |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | Pred ☐ On target with peers achievements and the areas with in English and Chinese speal by Educational Resources (tut | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | red On target with peers achievements and the areas with English and Chinese speal | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | Pred ☐ On target with peers achievements and the areas with in English and Chinese speal by Educational Resources (tut | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |
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| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | Pred ☐ On target with peers achievements and the areas with in English and Chinese speal by Educational Resources (tut | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | Pred ☐ On target with peers achievements and the areas with in English and Chinese speal by Educational Resources (tut | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |
| Attends School: Name of School: Teacher: Special services receive through school: Peer Comparison: Describe your child's at the child's proficiency communicate? List an | Pred ☐ On target with peers achievements and the areas with in English and Chinese speal by Educational Resources (tut | Grade: Grade: Functioning below peers Functioning above peers here he/she needs improvement. Describe king and writing. How does the child best ors, IEP, Chinese language classes, etc.). |

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FAMILY ATTACHMENT:

| Describe what do you love most about your child? How has your child bonded with Mom, Dad, siblings (if applicable), and extended family (if applicable)? List any steps taken to promote further bonding. Have there been any problems bonding with each family member? |
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| Describe a specific situation in which you have been extremely proud of your child. Describe a situation that you feel your child and/or family need to work on. |
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What is your opinion of the overall outcome of this child's placement in your family? Please be very specific and give examples that support your response.

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| COGN | ITIVE & EMOTIO | NAL DEVELOPMEN | T |
|--|----------------|--------------------|---|
| Child's age (years, months): | | Developmental age: | |
| Describe your child's personality, emotional responses, any challenging behaviors with your child and how you address them. Please be very specific and give recent examples. Is the child or family receiving any outside support(s)? | | | |
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| | FAMILY CI | HANGES | |

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| Have there been any significant illnesses in your family? ☐ Yes ☐ No Have there been any other major changes in your family? ☐ Yes ☐ No If you answered "yes" to any of these, please provide details including how your child has adjusted to the change(s): |
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| Child's Citizenshin. USA |
| Child's Citizenship: USA Have you obtained a social security card for your child? Yes No |

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| Have you re-adopted your child in the USA? If not, do you intend to re-adopt? ☐ Yes Other legal issues? | |
|--|---|
| Additional Information: | |
| | |
| | ission of the 5 th year self-report, families are then -adoption reporting. Families must upload at least 5 to the CCCWA portal (<u>www.chinaadoptioninfo.cn</u>) on |
| Please answer yes or no: Do you agree that this report and photos attack ☐ Yes ☐ No | hed can be used for publicity by the CCCWA: |
| location, identity of people in photo, a pictures/captions into a Word documen pictures/captions via email. Hard copie | eport. Hard copy is <u>not</u> required. in jpeg format with detailed captions (date, and short description). You can put the ent and email that document OR send individual es are <u>not</u> required. 10 years old (required), please email to MAA. e submitted with any PAR pously sent to MAA) |
| Both Adoptive Parents need to sign and date | below: |
| | |
| Adoptive Mother – Print Name | Adoptive Father – Print Name |
| Adoptive Mother – Signature | Adoptive Father – Signature |
| Date: | Date: |
| To be completed by Staff of MAA – Report T | racking |
| Date Received: | Photos received: |
| Essay Received: | Reviewed by MAA: |
| Concerns, if any: | |
| Date submitted to CCCWA: | |
| MAA Staff who submitted report: | |

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