

Parenting Interest Survey

Use of form: The purpose of this form is to help people interested in foster, foster to adopt care, or child specific adoption examine a range of children’s special needs and specify those needs which may be present in a child they would be willing to consider for placement. This form should be completed with your Resource Development Specialist. If there are any questions about this form, contact your Resource Development Specialist at the local office.

CHARACTERISTICS OF CHILD(REN) DESIRED FOR FOSTER OR ADOPTIVE CARE

Carefully read each description in the next four sections and check one of the first three columns which best applies to you and your family. Check the last column, “Have Experience”, if it applies. “Have Experience” means that you have successfully provided care for a year or more to a birth child, relative’s child, foster child or adoptive child who has this characteristic, or for two years or longer to a child or children in a work situation.

A. Physical Care Needs

Characteristics in this section include physical/medical conditions affecting the child which significantly impact the child and family’s lifestyle. These characteristics require intensive care and ongoing medical treatment, therapies and/or surgeries.

| Child’s Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Has unknown medical or developmental history | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs considerable help with dressing, feeding, bathing and toileting. Not age-appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs total care with dressing, feeding, bathing and toileting. Not age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently soils or wets. Not age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs extensive medical attention and care by caregivers such as physical therapy, gastrostomy feeding, tracheotomy care, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminal illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has HIV or AIDS. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires smoke-free, pet dander-free environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significant asthma or severe respiratory problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significant environmental and/or food allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has diabetes, requiring special diet and administering of medication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires or may need leg braces, prosthesis, and/or a wheelchair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has dwarfism or other physical abnormalities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has multiple medical problems requiring extensive diagnosis, treatment and keeping of medical appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a seizure disorder requiring medication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a heart problem requiring reduced activity and/or possible surgery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child is diagnosed with a fetal alcohol spectrum disorder. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significantly impaired vision or is blind. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has significant hearing loss or is deaf requiring signing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Has a severely limiting physical disability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Physical Care Needs (cont.) | | | | |
| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
| Has a cleft palate and/or lip and may require surgery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a speech disorder, stutter or lisp and may require ongoing speech therapy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was born prematurely or experienced difficulty at birth with unclear potential for future problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has Down's Syndrome. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has an eating disorder/Anorexia/Bulimia/Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic Brain Injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Emotional/Behavioral Special Needs | | | | |
| Characteristics in this section include emotional and/or behavioral problems which may require intensive supervision and consistency by the family. These characteristics can demand long-term counseling and specialized parenting training to deal with specific behaviors. Close coordination with school and/or treatment providers is necessary. | | | | |
| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
| Has Autism and requires a highly controlled environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has Asperger's Syndrome, Pervasive Developmental Delay or another Autistic Spectrum Disorder other than Autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has ADHD or hyperactive behaviors requiring medication, special education and a highly structured home environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has learning disabilities requiring special classes or tutor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has difficulty forming relationships. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits significant behavioral issues at school requiring frequent parent intervention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has cognitive delays (lower IQ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functions socially at a much younger age than peers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent sibling rivalry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is physically aggressive towards others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifies as gay, lesbian, bi-sexual or transgendered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires treatment for drug or alcohol addiction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme Behaviors (plays with fire, fire starting, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of delinquent acts which may or may not include involvement with juvenile court and probation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent delinquent behavior (possibly gang related) needing intensive intervention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children who have a history of being abused, either physically or sexually, may exhibit the following behaviors either currently or in the future. | | | | |

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Constant demands for excessive attention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits severe temper tantrums; not age appropriate and of excessive duration. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely anxious or fearful, possible phobias and/or panic attacks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compulsive behaviors such as hoarding food, rocking or eating disorders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently destructive to property and possessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disruptive in classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disrespectful to teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires special education plan (IEP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Truancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low motivation for learning and school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talented and gifted child requiring specialized educational program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stool smearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nightmares/sleep disorders/night terrors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim of trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unresolved issues of grief and loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple previous placements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stealing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-harming behaviors such as head banging or cutting self. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attachment Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Ambivalent attachment to birth mother/father/sibling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Indiscriminate affection with strangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cannot seek comfort when frightened/hurt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lack of warm and affectionate gestures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Intense anger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Excessively bossy/controlling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Excessive dependence on attachment figure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Unable to connect with primary attachment figures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Temperament Characteristics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Poor response to change/difficulty with transitions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme persistence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not easily distracted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irritable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moody | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uncooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inflexible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inflexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Emotional/Behavioral Special Needs (cont.) | | | | |
| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
| Child sexualized behaviors | | | | |
| Poor personal boundaries (i.e. inappropriately touches others, is verbally explicit about sex). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compulsive or public masturbation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually seductive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual victimization of other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually precocious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explicit sexual language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Early sexual experimentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual knowledge of or interest in sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexualized behaviors with animals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adjudicated of sexual abuse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Family History—Potential Risk Factors due to Birth Parents' Diagnoses, History or Lifestyle | | | | |
| These items refer to circumstances affecting the birth parents that may or may not be potential risk for the child. In situations in which the child has been diagnosed, some or all symptoms may be exhibited and to any degree. | | | | |
| Child's Characteristics | Acceptable | May Consider | Will Not Consider | Have Experience |
| One or both parents have mental illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or both parents have cognitively delays (low IQ) and the risk to child is unknown. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birth parents' medical and developmental histories may be unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or both parents have a criminal conviction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| One or both parents have a history of alcohol and/or drug abuse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conceived of an incestuous relationship; may have significant risk of medical and/or developmental delays. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birth mother used alcohol during pregnancy and child is at-risk for a fetal alcohol spectrum disorder. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birth mother used drugs during pregnancy and child was exposed to prenatal substance abuse; i.e. cocaine affected. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has one or both parents with health diagnosis which may be genetic; i.e. diabetes, epilepsy, Fragile X Syndrome, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Home Resources Categories |
| After identifying the special needs characteristics of a child for whom your family is willing and able to provide care, rank the <u>level</u> of special needs that you are willing to accept in a child placed in your home. You may select any number of categories for consideration in the screening process. |

| <u>Priority Rankings</u> | <u>Categories</u> | | |
|--------------------------|---|-------------------------------------|---|
| | A. A child with moderate or severe behavioral or emotional needs. | | |
| | B. A child with moderate or severe physical or medical needs. | | |
| | C. A sibling group of three or more children with moderate or severe special needs. | | |
| | D. A child who is ten years of age or older, if age is the only factor.* | | |
| | | | |
| I/We are interested in: | <u>Number of Children</u> | <u>Gender</u> | <u>Age</u> |
| | <input type="checkbox"/> One Child | <input type="checkbox"/> Boys only | The youngest age I/we are interested in is: |
| | <input type="checkbox"/> Two siblings | <input type="checkbox"/> Girls only | The oldest age I/we are interested in is: |
| | <input type="checkbox"/> Three siblings | <input type="checkbox"/> Either sex | |
| | <input type="checkbox"/> Four or more siblings | | |

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| I/We have attended parenting classes, foster parenting training and/or adoptive parent training. (check one) | <input type="checkbox"/> One parent has attended specialized parenting training. <input type="checkbox"/> Both parents have attended specialized parenting training. <input type="checkbox"/> I/We have Indian tribal enrollment, membership or affiliation. |
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|-----------|--|------|--|
| Signature | | Date | |
| Signature | | Date | |