

Consultation Paper for Prospective Adopters

Prospective adopters

Child/Young Person's Names

Date of Review

Child/Young Person's Social Worker

Adoption Worker

Legal

Is this a

 28 day Review 10 week Review 5 month Review

Do you have a copy of all the relevant paper work for him or her?

 Yes No Not Certain

Do you have a copy of the Information about why Reviews are necessary?

 Yes No

Do you have a copy of the Adoption Placement Report and do you think that the level of Parental Responsibility needs to be altered?

 Yes No Not Certain

Do you have any queries/concerns about the future legal process?

 Yes No

Placement

If this is the first Review, did the introductions proceed as planned?

 Yes No Not Certain

If this is the second/third Review how has the placement progressed since the last Review?

 Yes No Not Certain

How has he/she settled into your family home/community?

.....
.....

Has he/she met any/some/all significant members of your extended family?

.....
.....

Do you feel that you need additional support or services to be able to meet his or her's needs within the family home? If so, what type of support/services might help?

.....
.....

Emotional and Behavioural presentation/Development

Is he/she presenting in ways that you expected given the information that you have received about them?

Yes	No	Not Certain
-----	----	-------------

Are his/her self care skills age appropriate or does he/she need help in this area?

Yes	No	Not Certain
-----	----	-------------

Is he/she able to ask for help and support from you if necessary?

Yes	No	Not Certain
-----	----	-------------

Is he/she able to accept help and support from you?

Yes	No	Not Certain
-----	----	-------------

Are you aware of any particular changes in his or her presentation that might indicate he or she is in difficulties?

Yes	No	Not Certain
-----	----	-------------

Is there any particular adult within the family that he or she confides in?

Yes	No	Not Certain
-----	----	-------------

Do you feel that you need additional support/services in this area to help promote his or her well being? If so, what type of support/services might help?

.....
.....

Health

Has he/she been registered with a GP in their birth family name, alerting the GP to any additional names they may have been known as?

Yes	No
-----	----

Has he/she been registered with a Dentist in their birth family name?

Yes	No
-----	----

Does he or she need to continue with Optician's Reviews or any other specialist provision?

Yes	No
-----	----

Have you met with the GP, Health Visitor or School Nurse yet?

 Yes No Some

Do you feel that you need additional support/services in this area to help promote his/her health? If so, what type of support/services might help?

.....

.....

Education

If he/she child is under three years old does he or she attend or are there plans for him/her to attend Toddler Groups or Nursery?

 Yes No

Have you received a copy of his or her's Personal Education Plan or Statement of Special Educational Needs (if applicable) if he or she is over 3years old?

 Yes No

Does he/she have any level of special support within School or Nursery?

 Yes No

How did he/she adapt to his or her new Nursery/School?

.....

.....

Is he or she making friends within school?

 Yes No

How is he/she responding to the adults within the school?

.....

.....

Are they able to manage the academic work expected of them currently within school?

 Yes No Some

Is he/she enthusiastic about learning or do they need prompting in respect of homework/coursework?

 Yes No Sometimes

How do you feel the Nursery/School is meeting the pastoral and academic needs of the child?

Do you need additional support/services in this area to help promote his/her academic growth? If so, what type of support/services might help?

Identity

Did you meet any member of his or her's birth family either prior to or just after the child was placed?

 Yes No

If so, has this meeting contributed to the overall knowledge you have developed in respect of him or her and/or assisted in the future role of supporting him or her to understand his or her past?

 Yes No Not Certain

Does he or she have a copy of his or her life story book and does this include reference to the time that he or she spent in Foster Care

 Yes No Not Certain

Does he or she have a 'Later Life Letter' to assist him or her with greater detail of the reason's why they were unable to remain with their birth family?

 Yes No Not Certain

Do you need additional support/services in this area to promote his/her understanding of their personal history to date? If so, what type of support/services might help?

.....

.....

Post Adoption Contact

Has any post adoption contact agreement (direct/indirect) with any specific details been drawn up in relation to the child?

 Yes No Not Certain

Do you have a copy of this agreement?

 Yes No Not Certain

Do you need support in drafting indirect contact letters or progress reports on behalf of him/her?

 Yes No Not Certain

Do any changes need to be made to any of the post adoption contact agreements/arrangements?

 Yes No Not Certain

Do you need additional support/services in this area to help support him/her? If so, what type of services/support might help?

.....

Is there anything else that you want to raise or let the Review know about?

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for completing this consultation form, a copy will be held on his/her file and the adoption file.