An Oklahoma Licensed Agency
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info@adoptionchoicesofoklahoma.org

SECOND PLACEMENT ADOPTIONS

To your knowledge, does the child you are placing for adoption have a biological parent or adoptive parent who:

Abused A Child ☐ Yes ☐ No

Please explain: ____

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Has A Criminal Record ☐ Yes ☐ No

Is An Alcoholic ☐ Yes ☐ No

Exposed Child to Domestic Violence ☐ Yes ☐ No

Please explain: ____

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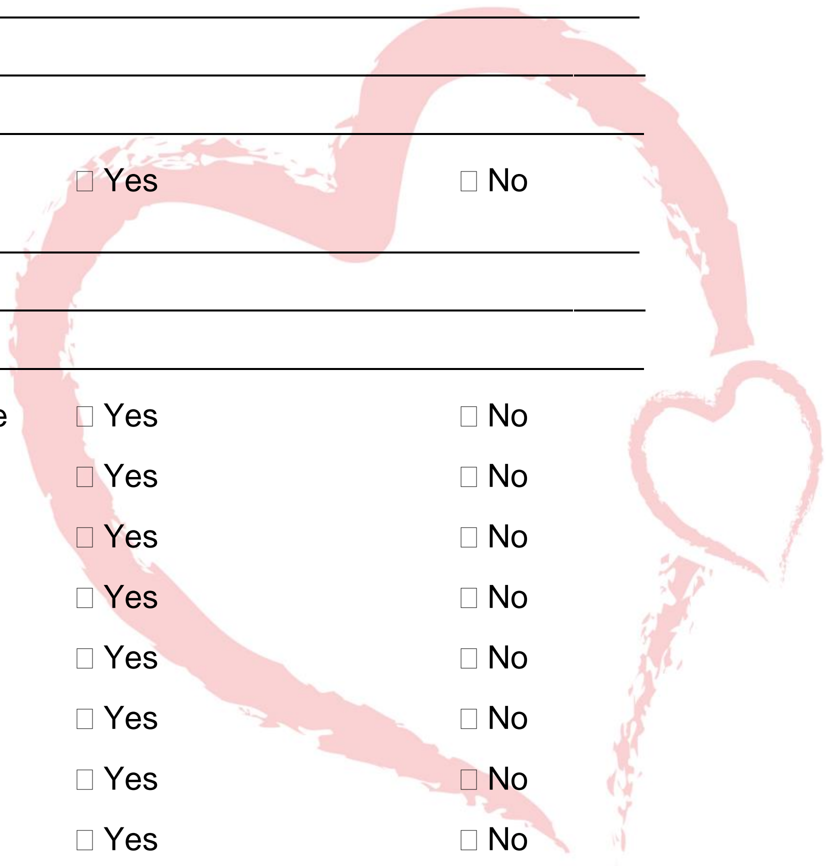

Exposed Child to Sexual Activity ☐ Yes ☐ No

Please explain: ____

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Has a History of Drug Use or Abuse ☐ Yes ☐ No

Is Intellectually Disabled ☐ Yes ☐ No

Has a Mental Illness ☐ Yes ☐ No

Bi-Polar Disorder ☐ Yes ☐ No

Schizophrenia Spectrum ☐ Yes ☐ No

Borderline Personality ☐ Yes ☐ No

Narcissist Personality ☐ Yes ☐ No

Other Personality Disorders ☐ Yes ☐ No

Major Depression	☐ Yes	☐ No
Anxiety	☐ Yes	☐ No
Dissociative Disorder	☐ Yes	☐ No
Neglected a Child	☐ Yes	☐ No

Please explain: ____

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Sexually Abused the Child	☐ Yes	☐ No

Please explain: ____

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Sniffed Paint, Glue or Inhalant	☐ Yes	☐ No
Is HIV+	☐ Yes	☐ No
Has AIDS	☐ Yes	☐ No
Other (Please Describe)	☐ Yes	☐ No

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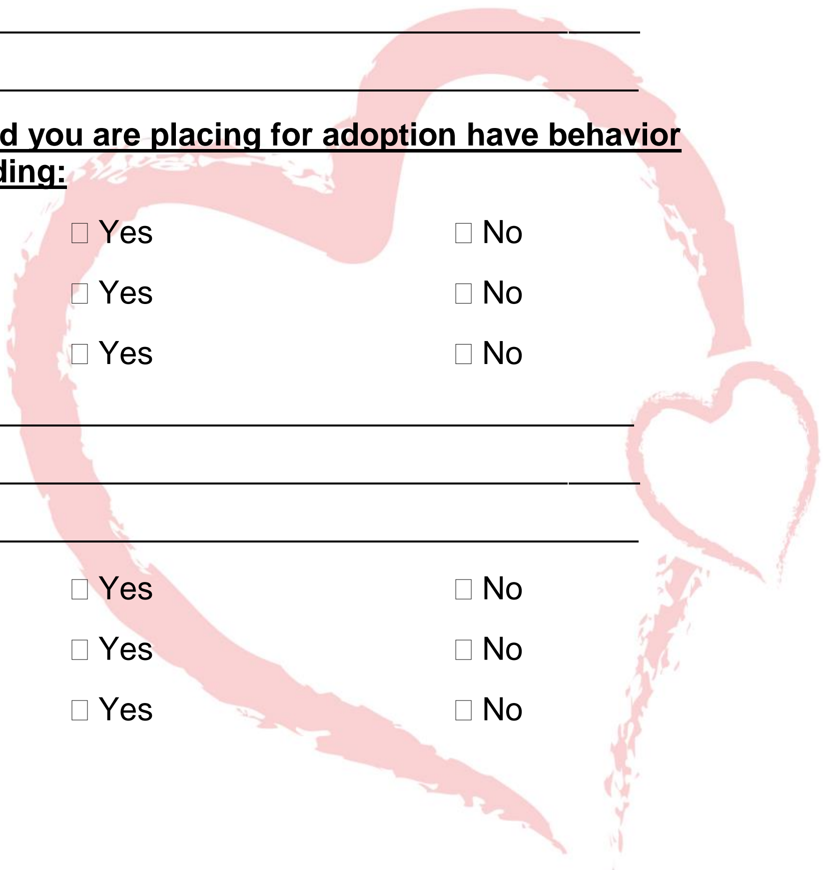

<u>To your knowledge, does the child you are placing for adoption have behavior and/or emotional problems including:</u>

Aggressive, Hostile	☐ Yes	☐ No
Bed Wetting	☐ Yes	☐ No
Cruelty to Animals	☐ Yes	☐ No

Please explain: ____

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Defiant	☐ Yes	☐ No
Destructiveness	☐ Yes	☐ No
Delinquent Behaviors	☐ Yes	☐ No

Extreme Fearfulness ☐ Yes ☐ No

Extreme Shyness ☐ Yes ☐ No

Fighting with Other Children ☐ Yes ☐ No

Fire Setting ☐ Yes ☐ No

Please explain: ____

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Frequent Crying ☐ Yes ☐ No

Gender Identity Crisis ☐ Yes ☐ No

Please explain: ____

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History of Running Away ☐ Yes ☐ No

Hoarding Food or Possessions ☐ Yes ☐ No

Hyperactive ☐ Yes ☐ No

Inappropriate Sexual Activity ☐ Yes ☐ No

Please explain: ____

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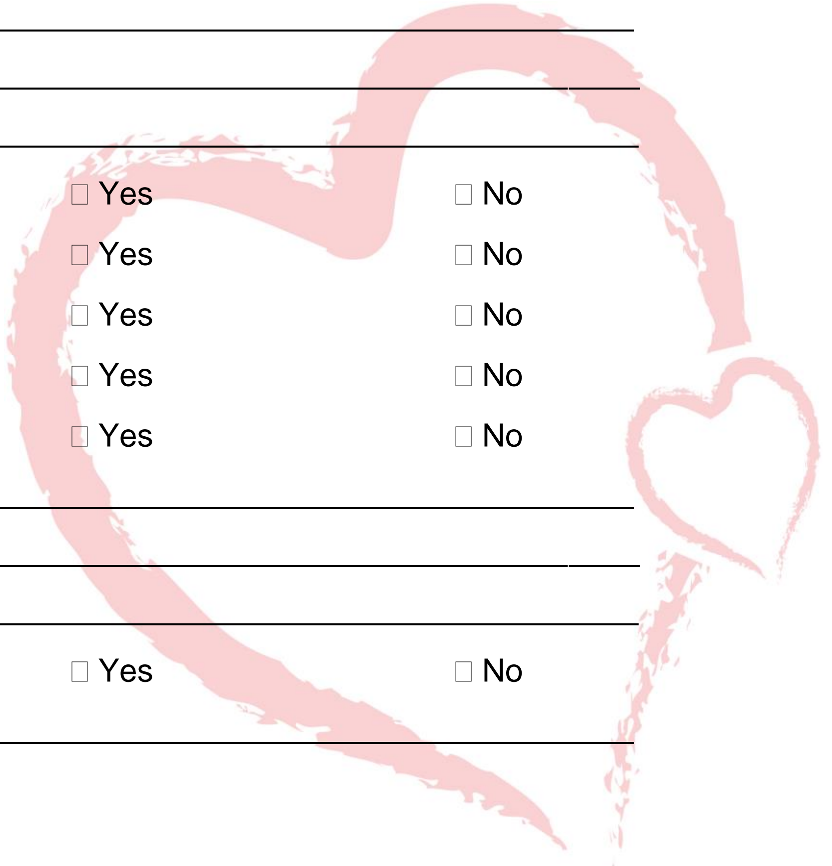

Lying ☐ Yes ☐ No

Masturbation ☐ Yes ☐ No

Mourning Family of Origin ☐ Yes ☐ No

Mourning Friends and Connections ☐ Yes ☐ No

Multiple Moves/Placements ☐ Yes ☐ No

Please explain: ____

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Sexually Abusing Others ☐ Yes ☐ No

Please explain: ____

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Sexually Active ☐ Yes ☐ No

Smoking or Tobacco Use ☐ Yes ☐ No

Stealing ☐ Yes ☐ No

Swearing, Foul Language ☐ Yes ☐ No

Temper Tantrums ☐ Yes ☐ No

Truant ☐ Yes ☐ No

Use of Alcohol ☐ Yes ☐ No

Use of Drugs, legal or illegal ☐ Yes ☐ No

Please explain: ____

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Use of Inhalant ☐ Yes ☐ No

Withdrawn ☐ Yes ☐ No

To your knowledge, does the child you are placing for adoptions have a disability or special condition?

AIDS ☐ Yes ☐ No

Allergies, Food or Pet ☐ Yes ☐ No

Please explain: ____

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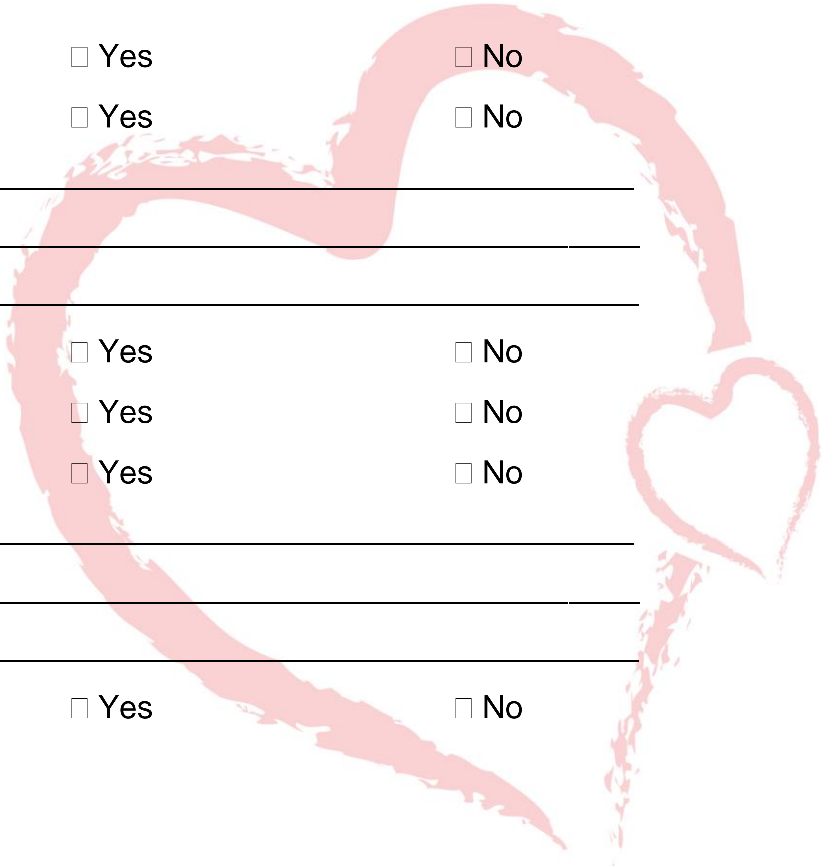

Amputation ☐ Yes ☐ No

Asthma ☐ Yes ☐ No

Attachment Problems or Disorder ☐ Yes ☐ No

Please explain: ____

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Attention Deficit Disorder ☐ Yes ☐ No

Autism Spectrum Disorder	☐ Yes	☐ No
Blind or Partially Blind	☐ Yes	☐ No
Cast or Broken Bones	☐ Yes	☐ No
Cerebral Palsy	☐ Yes	☐ No
Child of Incest	☐ Yes	☐ No
Chronic Ear Infection	☐ Yes	☐ No
Cleft Palate	☐ Yes	☐ No
Counseling (current or historical)	☐ Yes	☐ No
Cystic Fibrosis	☐ Yes	☐ No
Deaf or Hearing Impaired	☐ Yes	☐ No
Developmental Delays	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Down Syndrome	☐ Yes	☐ No
Drug Affected	☐ Yes	☐ No

Please explain: ____

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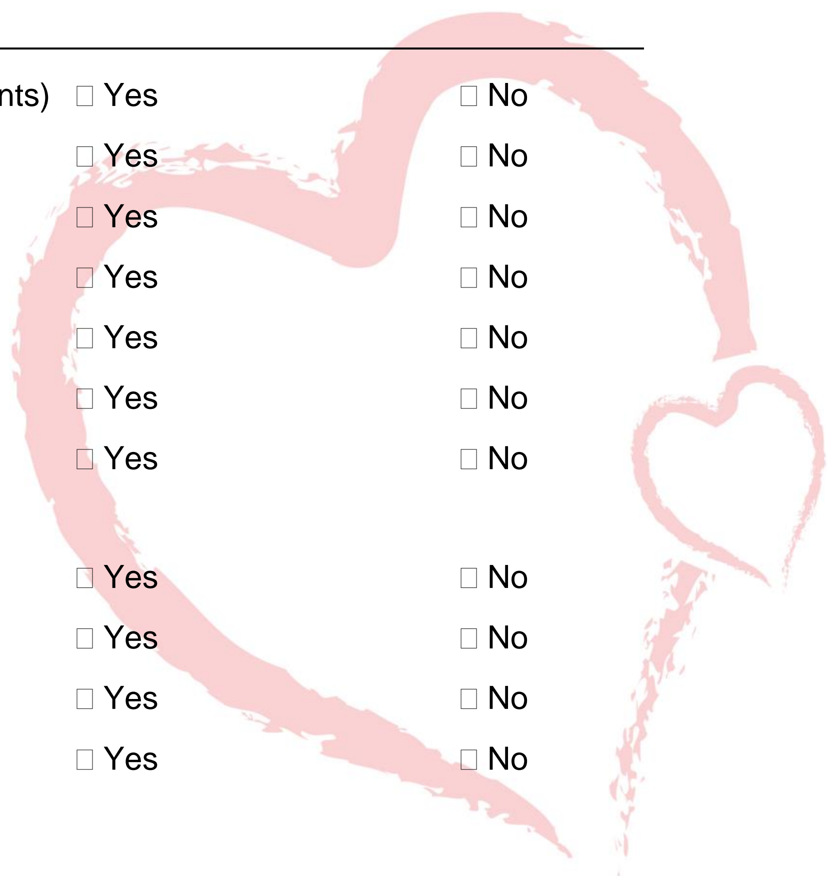

Encopresis (bowel movement in pants)	☐ Yes	☐ No
Enuresis (wetting bed, pants)	☐ Yes	☐ No
Epilepsy (seizures)	☐ Yes	☐ No
Fetal Alcohol Syndrome	☐ Yes	☐ No
Heart Defect or Disease	☐ Yes	☐ No
Hemophilia	☐ Yes	☐ No
HIV+	☐ Yes	☐ No
Intellectual Disability Level		
Mild	☐ Yes	☐ No
Moderate	☐ Yes	☐ No
Severe	☐ Yes	☐ No
Learning Disability	☐ Yes	☐ No

Receives Special Education Services	☐ Yes	☐ No
On Individual Education Plan (IEP)	☐ Yes	☐ No
Muscular Dystrophy	☐ Yes	☐ No
Obsessive Compulsive Disorder	☐ Yes	☐ No
Orthodontic Conditions	☐ Yes	☐ No
Orthopedic Conditions	☐ Yes	☐ No
Partial Paralysis	☐ Yes	☐ No
Post-Traumatic Stress Disorder	☐ Yes	☐ No
Physical Therapy	☐ Yes	☐ No
Psychiatric Care or Counseling	☐ Yes	☐ No
Scoliosis	☐ Yes	☐ No
Shaken Baby Syndrome	☐ Yes	☐ No
Sickle Cell Anemia	☐ Yes	☐ No
Special Education Needs	☐ Yes	☐ No
Speech Problems	☐ Yes	☐ No
Substance Abuse Treatment	☐ Yes	☐ No

Please explain: ____

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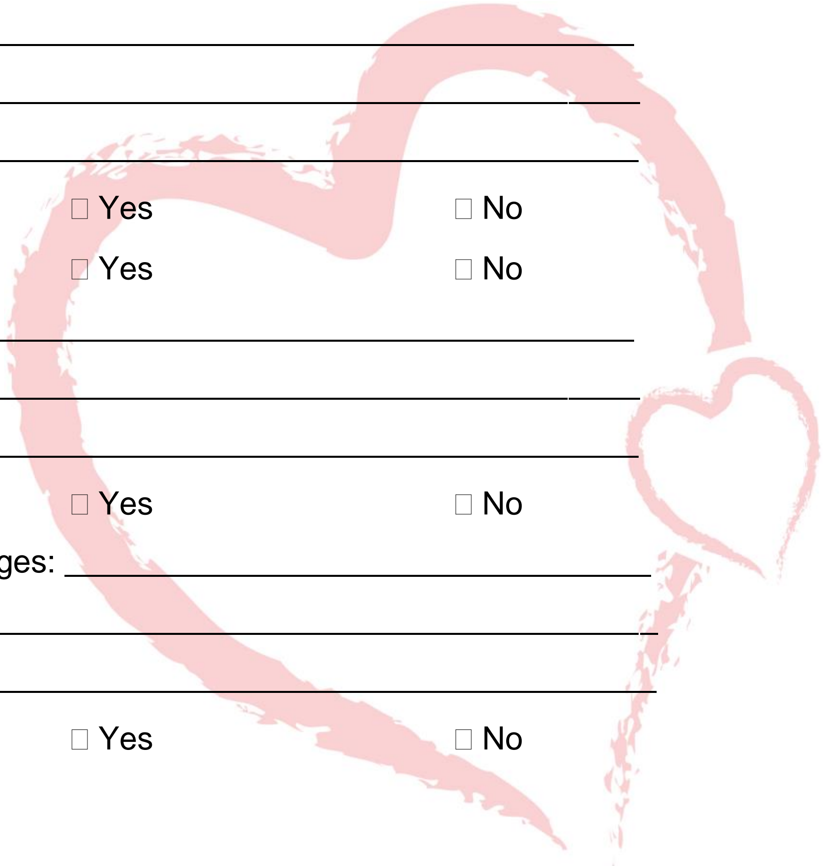

Suicidal Thoughts or Attempts	☐ Yes	☐ No
Terminal Illness	☐ Yes	☐ No

Please explain: ____

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Does the child have any siblings?	☐ Yes	☐ No

Please provide names and ages: ______________________________

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Is the child a twin?	☐ Yes	☐ No

Gender ☐ Male ☐ Female ☐ Either

Race or Ethnicity ____________________

Child's Age ____________________

Do important connections need to be maintained for the child?

Biological Family	☐ Yes	☐ No
First Adoptive Family	☐ Yes	☐ No
Other Former Placement Providers	☐ Yes	☐ No
Community	☐ Yes	☐ No
Tribe	☐ Yes	☐ No
Siblings	☐ Yes	☐ No

____ ________________

First Adoptive Parent Signature Date

____ ________________

First Adoptive Parent Signature Date

____ ________________

Agency Representative Date