Burundi Post-Placement Template

POST-PLACEMENT REPORT CHECKLIST FOR WORKERS

POST PLACEMENT REPORT

- Please ensure that you cover all topics per Burundian requirements
- The report should be 2-3 pages in length
- Please include 2 original reports using the template provided
- Please ensure each report is on agency letterhead
- Please attach agency's license to each report

PHOTOGRAPH PAGES

- Please include 6 or more photographs
- Photos can include the child with their family
- Send photos in envelope to be pasted on template at LSSMN offices

DOCUMENTS TO BE INCLUDED (with one report only)

- Copy of U.S. Birth Certificate
- Copy of U.S. Certificate of Citizenship
- U.S. Adoption Finalization

PLEASE SEND TO:

Alexa Ricciardi LSSMN – Intercountry Adoption 1605 Eustis Street St Paul, MN 55108

POST-ADOPTION REPORT #____

DATE OF REPORT:
NAME OF PLACING AGENCY: Lutheran Social Service of Minnesota
NAME OF ORPHANAGE:
CHILD'S BIRTH NAME:
CHILD'S CURRENT NAME:
BIRTHDATE AND PLACE:
ADOPTIVE PARENTS:
ADOPTIVE FAMILY'S ADDRESS:
COUNTRY OF RESIDENCE: United States of America
CONTACTS WITH THE FAMILY (List type of contact including phone, office and home visits)
LIFE AND SURVIVAL
Height
Weight
Feeding habits, preferred food, foods not accepted
Pediatric Exam results
Potty training (if applicable)
Sleep: Normal Altered Why? If any pathology is present please state, general condition, diagnosis, prognosis and treatment.
DEVELOPMENT
Skills, talents
Development of personality
Development of intelligence
Development of motor skills
Development of Speech
Preferred activities
School Performance (achievements, extracurricular activities)
PARTICIPATION
Attachment relationship between parents and child
Relationship dynamics with sibling/s (if appliable)
Integration with extended family and friends
Integration of the child in other contexts
Any special issues to take into account in the integration of the child to his/her new family
PROTECTION
Status of Birth Certificate
Status of Citizenship
Inquires made by the child about his/her biological family
Interest of the child to establish contact with his/her biological family

Name and signature of individual completing the report

Notary