



REGARDING:

Child's Name _____

_____/_____/_____
Child's Date of Birth

Adoption Disruption / Dissolution Survey for Adoption Professionals

PLEASE RESPOND WITHIN 7 BUSINESS DAYS

Information provided in this survey will be kept completely confidential. Data gathered will be reported only in an overall summary. Your professional feedback is valued greatly. You also may complete this survey online at www.mare.org

****PLEASE PRINT ALL RESPONSES****

Name of Adoption Specialist completing this survey: _____

Phone #: _____ Email Address: _____

Name of child's adoption agency: _____

Name of family's adoption agency: _____

DEFINITIONS

Disrupted Adoption: Adoptive placement ended *after* the Order Placing Child and *prior to* finalization.

Dissolved Adoption: Parental Rights of adoptive parent[s] were terminated *after* finalization.

Based on the above definitions, did this child's adoption Disrupt or Dissolve?

FAMILY DEMOGRAPHICS

Current ZIP Code: _____ ZIP Code at time of adoption: _____

Current Family Situation: One-parent family Two-parent family

Family household income: Current or last known

Less than \$15,000 \$17,500 - \$19,999 \$30,000 - \$39,999 \$50,000 - \$75,999
 \$15,000 - \$17,499 \$20,000 - \$29,999 \$40,000 - \$49,999 \$76,000 +

Subsidy Received: [check all that apply] NO subsidy medical subsidy support subsidy SSI

HOUSEHOLD INFORMATION

At time of disruption / dissolution:

Total # of children in the family [include adult & minor children]: _____

Of the total # of children in the family [adult & minor children], how many were living in the home: _____

Of the total # of children in the family [adult & minor children], how many were **not** living in the home: _____

Total # of biological & step-children [living & not living in the home]: _____

Total # of adopted children [living & not living in the home; include child experiencing disruption / dissolution] _____

Total # of foster children who were living in the home: _____

Total # of other children who were living in the home: [grandchildren, nieces, nephews, etc.] _____

Has the family experienced any prior disruptions or dissolutions? Yes No Do not know

Was this adoption an immediate confirmation? Yes No If No, # of months of supervision: _____

CHILD SPECIFIC INFORMATION

Child's Current Name: _____

Child's Previous Name[s]: _____

Child's DHS Recipient ID: _____

Child's Date of Birth: ____ / ____ / ____

Child's Gender: [check one] Male Female

Child's Race: [check all that apply]

- Black / African-American
- White / Caucasian
- Other: _____
- Native American / American Indian
- Hispanic / Latino / Latina
- Asian American / Pacific Islander
- Chaldean / Arab-American

Date of child's initial removal from birth family: ____ / ____ / ____ **Original Permanent Custody Date:** ____ / ____ / ____

Date of Order Placing Child After Consent: ____ / ____ / ____ **Date of Order of Adoption:** ____ / ____ / ____

Date of Disruption [ex parté] or Dissolution [Order Terminating Parental Rights]: ____ / ____ / ____

Type of adoptive family: [check one]: Foster Parent Adoption Relative / Kinship Adoption
 Recruited Family Adoption Other: [specify] _____

Was child ever photolisted with MARE? Yes, MARE # C _____ No Do not know

Was child adopted with siblings who were in care? None All Some Do not know

Does this child have siblings whose adoption disrupted or dissolved? Yes No Do not know

Professional Diagnosis or Identified Issues: [check all that apply & describe specifically]

- Physical Disability or Medical Issues: _____
- Mental / Emotional / Behavioral Issues: _____
- Learning Disability or Education Issues: _____
- Other: _____

Was child ever placed in residential treatment? Yes No Do not know

If Yes: Facility / Agency / Program: _____

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Facility / Agency / Program: _____

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Facility / Agency / Program: _____

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Facility / Agency / Program: _____

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Child's living arrangement after disruption / dissolution: [check one]

- Foster Home
- Relative Home
- Residential Facility
- Other: _____

ADOPTIVE PARENT[S] INFORMATION

	Adoptive Parent 1	Adoptive Parent 2
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:	/ /	/ /
If married / partnered, anniversary date:	/ /	/ /
If no longer married / partnered, divorce / separation date:	/ /	/ /
Occupation:		
Level of education:	<input type="checkbox"/> Some HS <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> MD / DO / PhD / JD	<input type="checkbox"/> Some HS <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> MD / DO / PhD / JD
Parent's race: [check all that apply]	<input type="checkbox"/> Black / African-American <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Asian American / Pacific Islander <input type="checkbox"/> Chaldean / Saudi / Other Arab-American <input type="checkbox"/> Other	<input type="checkbox"/> Black / African-American <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Asian American / Pacific Islander <input type="checkbox"/> Chaldean / Saudi / Other Arab-American <input type="checkbox"/> Other

PRE AND POST ADOPTION SERVICES & TRAINING ISSUES

Did the adoptive family receive pre-adoption training? Yes No

If Yes, what type of training was it? [one-on-one, small group, large group, etc.] _____

Name of the training program[s]? _____

Who provided the training? _____

Number of hours of training received: _____

If No, why not? _____

Did the adoptive family utilize any post-adoption services? Yes No

If Yes, describe type of service[s]: _____

Service provider[s]: _____

Dates of service[s]: _____

Who was served: _____

If No, why not? _____

Were there other post-adopt services available but NOT utilized? Yes No

If Yes, describe: _____

Service provider[s]: _____

Who may have been served: _____

If No, why not? _____

Were other post-adopt services needed but unavailable? Yes No

If Yes, describe the service[s] that *may* have helped prevent this disruption / dissolution, who *may* have been served, and why the service[s] *may* have helped:
