



Adoption Disruption/Dissolution* Survey for Parents

IF POSSIBLE, PLEASE REPLY WITHIN 7-10 DAYS

We are committed to protecting your privacy. Answers you give on this questionnaire will be kept completely confidential. Your participation is valued greatly.

**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.

*** PLEASE PRINT CLEARLY ***

ADOPTIVE PARENT(S) INFORMATION

		Adoptive Parent 1	Adoptive Parent 2
1.	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
2.	Date of birth:	/ /	/ /
3.	Length of time married/ partnered:	_____ years _____ months	_____ years _____ months
4.	Are you widowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If no longer married/partnered, length of time since divorce, separation, or death of spouse:	_____ years _____ months	_____ years _____ months
6.	Education: Check all that apply.	<input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Vocational training <input type="checkbox"/> Some college <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Some graduate school <input type="checkbox"/> Master's degree <input type="checkbox"/> MD/DO/PhD/JD/other	<input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Vocational training <input type="checkbox"/> Some college <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Some graduate school <input type="checkbox"/> Master's degree <input type="checkbox"/> MD/DO/PhD/JD/other
7.	Race/ethnicity: Check all that apply. (optional)	<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/Other Arab-American <input type="checkbox"/> Other [please describe] _____	<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/Other Arab-American <input type="checkbox"/> Other [please describe] _____
8.	Current employment status: Check all that apply.	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Homemaker/stay-at-home parent <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Homemaker/stay-at-home parent <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Disabled
9.	Occupation: If retired or not employed, describe previous occupation.		
10.	How long have you been an adoptive parent?	_____ years _____ months	_____ years _____ months
11.	Prior to adopting this child, what parenting experience did you have? Check all that apply.	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster	<input type="checkbox"/> Kin/Relatives <input type="checkbox"/> Guardianship <input type="checkbox"/> Other <input type="checkbox"/> No experience

ADOPTIVE PARENT(S) INFORMATION – CONTINUED

12.	How would you describe the area where you live?	<input type="checkbox"/> Rural	<input type="checkbox"/> Small town	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban
13.	Approximately how much is your household income?	<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$30,000 - \$39,999
		<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$59,999	<input type="checkbox"/> \$60,000 - \$69,999	<input type="checkbox"/> \$70,000 - \$79,999
		<input type="checkbox"/> \$80,000 - \$89,999	<input type="checkbox"/> \$90,000 - \$99,999	<input type="checkbox"/> \$100,000 or above	
14.	Do you consider yourself religious/spiritual?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If No, SKIP #15.			
15.	How religious/spiritual do you consider yourself?	<input type="checkbox"/> Extremely <input type="checkbox"/> Very <input type="checkbox"/> Moderately <input type="checkbox"/> Somewhat <input type="checkbox"/> Slightly			
16.	Currently, how many children are in your home?	_____ # children in home	How many of these children are: _____ Biological _____ Adopted _____ Step _____ Kin/relatives _____ Foster		

CHILD'S INFORMATION

Information about the child whose adoption is dissolved or disrupted:

1.	Child's current name:	First: _____	Last: _____
2.	Child's previous name:	First: _____	Last: _____
3.	Child's date of birth:	_____ / _____ / _____	
4.	Child's gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
5.	Child's professional diagnosis or identified issues: Mark all that apply.	<input type="checkbox"/> Physical disability or medical issues <input type="checkbox"/> Mental or emotional/behavioral issues <input type="checkbox"/> Learning disability or educational issues <input type="checkbox"/> Substance or alcohol use	
6.	How long was this child in your home?		
7.	Was this child ever in residential treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
	If yes, what facility/agency/program?		
	If yes, when and for how long? Give dates if known.	Length of time: _____ Start date: / / End date: / /	Length of time: _____ Start date: / / End date: / /
	For multiple episodes of residential treatment, write in additional information.	Length of time: _____ Start date: / / End date: / /	Length of time: _____ Start date: / / End date: / /
8.	Since starting the adoption process for THIS CHILD, how many foster, adoption, or post-adoption WORKERS did you and/or the child have?	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 or more <input type="checkbox"/> 3 <input type="checkbox"/> Do not know	

Related questions:

9.	Have you experienced other adoption disruptions or dissolutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, what year(s) did this happen? _____
10.	Have you adopted another child since this disruption/dissolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Would you consider adopting another child in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

THE ADOPTION PROCESS

1.	Whom did the worker meet with during the adoption homestudy process? Check all that apply.	<input type="checkbox"/> Individually with you <input type="checkbox"/> Individually with Parent 2 <input type="checkbox"/> Both of you as a couple <input type="checkbox"/> The adopted child <input type="checkbox"/> Other child(ren) in your home				
2.	What type of preparation did YOU have BEFORE the adoption? Check all that apply.	<input type="checkbox"/> Parent education classes <input type="checkbox"/> Mandatory training <input type="checkbox"/> One-on-one preparation with a worker <input type="checkbox"/> Mentor family <input type="checkbox"/> Online education <input type="checkbox"/> Support group <input type="checkbox"/> Other training, specify: _____ <input type="checkbox"/> Other, specify: _____				
3.	What type of preparation did the CHILD have BEFORE the adoption? Check all that apply.	<input type="checkbox"/> Therapy <input type="checkbox"/> Lifebook <input type="checkbox"/> Good-bye visit with previous family/families <input type="checkbox"/> Meeting with a worker <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Don't know, was not told				
4.	How much did each of the following contribute to the disruption/dissolution?	Not at all	Very little	Some-what	A great deal	It was a main reason
	There was a mismatch between the child and our family.	1	2	3	4	5
	I/We couldn't tolerate the child's behaviors any more.	1	2	3	4	5
	I/We believe we were misled about the child.	1	2	3	4	5
	The training I/we received did not prepare us to deal with the child.	1	2	3	4	5
	The child could not let go of the past and move forward.	1	2	3	4	5
	I/We did not have the ability needed to cope with the child's special needs.	1	2	3	4	5
	I/We did not have support from our family or friends.	1	2	3	4	5
	The agency did not provide needed services to support and sustain the placement.	1	2	3	4	5
	The services offered were not effective or helpful.	1	2	3	4	5
	There was a lack of support services in our community.	1	2	3	4	5
	The child did not bond with our family.	1	2	3	4	5
	I/We started having relationship/marital problems because of this child.	1	2	3	4	5
	The child caused stress for our other children.	1	2	3	4	5
	I/We felt fine caring for the child until he/she reached a particular [age] or [event]. (please circle one)	1	2	3	4	5
	Did maintaining contact with birth family contribute to the disruption/dissolution?	1	2	3	4	5
	Were there other issues that contributed to this disruption/dissolution? If yes, what issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

ADOPTION PLACEMENT INFORMATION

1.	Please indicate which of the following describe the child's behaviors:	Never	Only once	Rarely	Sometimes	Often	All the time
	Aggressiveness	0	1	2	3	4	5
	Testing and control battles	0	1	2	3	4	5
	Anger	0	1	2	3	4	5
	Depression/sadness	0	1	2	3	4	5
	Cheating	0	1	2	3	4	5
	Lying	0	1	2	3	4	5
	Stealing	0	1	2	3	4	5
	Separation anxiety	0	1	2	3	4	5
	Self-parenting or parenting siblings	0	1	2	3	4	5
	Inappropriate sexual behavior	0	1	2	3	4	5
	Problems forming relationships	0	1	2	3	4	5
	Low self-esteem	0	1	2	3	4	5
	Fire setting	0	1	2	3	4	5
	Property destruction	0	1	2	3	4	5
	Hoarding	0	1	2	3	4	5
	Other (please describe other behaviors and how often they happened):						
		0	1	2	3	4	5
		0	1	2	3	4	5
		0	1	2	3	4	5
2.	Please finish the following sentences with an ending that describes your thoughts about this disruption/dissolution. Feel free to add extra pages if necessary.						
	If I/we had it to do over, I/we would...						
	It came down to a choice between ending the adoption or...						
	I/We wish...						
	If I/we could change one thing...						
	When I/we adopted, I/we had hoped...						
	Things really changed when...						
	If you asked the child why his/her adoption ended, he/she would tell you...						
	If asked, the worker would say the adoption ended because...						

ADOPTIVE PLACEMENT INFORMATION - continued

3. This scale is intended to estimate your level of stress with the areas of your life listed below. Please circle one of the numbers (0-6) in front of and after each area listed.

For each item listed down the center of the chart, please circle numbers for how stressed you felt BEFORE the child left your home and NOW, since the child left your home.

BEFORE—
the child left your home

NOW—
since the child left your home

NO stress	Very little stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed	MOST stress I've ever felt		NO stress	Very little stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed	MOST stress I've ever felt
0	1	2	3	4	5	6	Relationship to spouse	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Relationship to children	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Relationship to other relatives	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Household management	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Financial situation	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Employment	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Education	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Recreation/leisure	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Social life	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Sex	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Religion	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Management of time	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Physical health	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Personal independence	0	1	2	3	4	5	6
0	1	2	3	4	5	6	Satisfaction with life	0	1	2	3	4	5	6

4. How long was the child in the home before problems started? _____ years _____ months _____ days

5. Did you look for support services? Yes No
If yes, what services?

6. How long were there problems before you ASKED for help? _____ years _____ months _____ days

7. How long were there problems before you RECEIVED help? _____ years _____ months _____ days

8. Was there any service you wanted that you did not get? Yes No
If yes, what service(s)?

9. Do you believe you were given all the information about the child's history and needs, i.e., medical needs, history of abuse/neglect, mental health issues, etc. Yes No
If no, what was missing?

10. What, if anything, do you believe could have been done to maintain this adoption?

ADOPTIVE PLACEMENT INFORMATION - continued

11.	What expectations did you have of the SYSTEM that did not come true?					
12.	What expectations did you have of the CHILD that did not come true?					
13.	What expectations did you have of YOURSELF or YOUR SPOUSE that did not come true?					
14.	Please indicate your agreement or disagreement with the following statement: "We/I could not have done anything more than we/I did to maintain this adoption."	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
15.	To what extent do you believe worker turnover affected this adoption?					
	Adoption worker:	<input type="checkbox"/> Not at all	<input type="checkbox"/> Very little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A great deal	<input type="checkbox"/> It was a main reason
	Therapist:	<input type="checkbox"/> Not at all	<input type="checkbox"/> Very little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A great deal	<input type="checkbox"/> It was a main reason
16.	Did you contact the Subsidy Office to ask for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, what type of help were you looking for?					
	If yes, please indicate how satisfied you were with the Subsidy Office service:	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Mostly satisfied	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Just a little satisfied	<input type="checkbox"/> Not at all satisfied
17.	Is there anything we have not asked you about the child or the disrupted/dissolved adoption that you would like to tell us about? If so, please use the space below and/or add extra pages if needed.					