

Annual report on adopted child from Ukraine

Please fill-in and print out, actual signatures required

IMPORTANT. Please note:

Please include 8-10 recent photos of your child with this report. Please identify photos on the back with a china marker, felt tip pen of an address label.

Include a photocopy of any medical, therapist or psychological reports if any occurred in this month.

I. BIOGRAPHICAL INFORMATION

Child's name(s) after adoption:

Child's name(s) before adoption:

Date of birth:

<i>Day</i>	<i>Month</i>	<i>Year</i>

Date of adoption:

<i>Day</i>	<i>Month</i>	<i>Year</i>

Child's place of birth:

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Parent name(s):

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Parent's address:

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Phone / Fax /E-mail:

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SKYPE/Social network accounts

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II. MEDICAL INFORMATION

Date of last medical exam: ____/____/____ (Month/Day/Year)

Height: _____

Weight: _____

Result of general check-up (major illnesses and hospitalizations):

IV. DAILY ROUTINE / LIVING CONDITIONS
Diet, Eating Habits, Sleep, Napping Patterns:

Likes and Dislikes:

V. ADJUSTMENT TO A NEW ENVIRONMENT
Interaction With Immediate Family:

Acceptance by extended family:

VI. ADDITIONAL COMMENTS OR INFORMATION

Adoptive father’s signature _____ Date (month/day/year): ____/____/____

Adoptive mother’s signature _____ Date (month/day/year): ____/____/____