**Holt Taiwan Program**

**Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Report #: \_\_**

**Date of Report: \_\_/\_\_/\_\_\_\_**

Adoptive Parent Name:

Occupation:

Adoptive Parent Name:

Occupation:

Family Address:

Phone Numbers:

Email:

Child’s name before placement:

Child’s name after placement:

Date of birth:

Gender:

Date of Adoption:

Date of Arrival:

1. Educations/Language/Motor Skill Development:
2. Eating/Sleeping habits/General care and safety:
3. Health:
4. Social/Behavioral Interaction **(Please provide Method of Discipline):**
5. Family Relationship and Adjustment:
6. Community Services and Resources received:
7. Finances:
8. Additional Comments:

## Adoptive Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Adoptive Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_