

CHILDREN & PARENTING INFORMATION

(Home Study Assessment)

CHILDREN IN THE HOME

List the children living in your home. Please do not include foster care children.

NAME	AGE	<u>Relationship to Applicant #1</u> Specify birth, step, adopted child	<u>Relationship to Applicant #2</u> Specify birth, step, adopted child	Does the applicant have full legal & physical custody of the child.

1. If in school, list the grade and school that each child is attending (if in school).

2. Describe each child's physical and personal characteristics, including special needs (physical description, personality, how they express their feelings, likes/dislikes, hobbies, interests, disabilities, current health status, overall functioning at home and school):

1. Describe each child's physical and personal characteristics, including special needs (physical description, personality, how they express their feelings, likes/dislikes, hobbies, interests, disabilities, current health status, overall functioning at home and school):
2. Describe each parent's relationship with each absent or part-time child(ren).
3. Describe relationship with other children/siblings?
4. Describe your absent or part-time child(ren)'s attitude and feelings regarding the foster/adoption plan.

ROOMERS & BOARDERS

1. If applicable, list other adults who live or stay in your home.
2. What date did they move in and how long are they planning on staying?

PARENTING SKILLS & HANDS-ON PARENTING

1. Describe your experience with supervising and/or parenting children.
2. Describe any particular stresses or problems you have experienced with children and how they were handled?

3. What are your methods of discipline and consequences (check boxes that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Withdrawal of affection | <input type="checkbox"/> Negotiations of expectations | <input type="checkbox"/> Withholding privileges |
| <input type="checkbox"/> Force | <input type="checkbox"/> Force | <input type="checkbox"/> Sending to bed early |
| <input type="checkbox"/> Modeling positive behavior | <input type="checkbox"/> Withholding food | <input type="checkbox"/> Talking with child |
| <input type="checkbox"/> Praise/Demonstration of love | <input type="checkbox"/> Threats | <input type="checkbox"/> Nagging |
| <input type="checkbox"/> Isolation/time outs | <input type="checkbox"/> Spanking | <input type="checkbox"/> Arguing with child |
| <input type="checkbox"/> Demonstration of hurt feelings | <input type="checkbox"/> Scolding | <input type="checkbox"/> Natural consequences |
| <input type="checkbox"/> Silence toward child | <input type="checkbox"/> Additional responsibilities | <input type="checkbox"/> Delay of Punishment |
| <input type="checkbox"/> Giving child options | <input type="checkbox"/> Grounding | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Rewarding good behavior | <input type="checkbox"/> Giving/taking child's allowance | <input type="checkbox"/> Yelling |

4. Would discipline of foster/adoptive children be any different from discipline of your children? If yes, please describe:
5. Would expectations/responsibilities of foster children be different from those of your children? Explain.
6. What do you do when you are angry with a child?
7. What would you do if a child argues with you, has a temper tantrum or misbehaves in public?

8. What would you do if a foster/adoptive child swears?
9. What would you do if a foster/adoptive child is caught smoking?
10. What would you do if a foster/adoptive child came home drunk or high on drugs?
11. How would you talk to children about sex, sexuality, intimacy and sexual experimentation?
12. How would you feel about a foster/adoptive child using birth control and/or having premarital sex?
13. What would you do if a foster/adoptive child was acting out sexually to you, your spouse, your children, or to their friends?
14. What would you do if a foster/adoptive child became physically aggressive?
15. What is your parenting style? Do you parent as a team or is there a primary caregiver in the family? Describe any differences in parenting styles, roles, and responsibilities between you and your spouse/significant other. (If you do not currently have children, have you discussed parenting with your spouse/partner?)
16. Describe the role of your "hands on" parenting (who plays with a child, who helps a child with homework, who reads to a child, etc.)
17. What about parenting gives you satisfaction or is the most rewarding?

18. What do you feel is the most difficult part of parenting?

19. What are some things you do well as a parent?

20. What are some things you would like to improve upon as a parent?

21. In your opinion, what is a parent's biggest responsibility to a child?

22. How do you:
Encourage children?

Reward children?

Show love to children?

Show affection?

Show support for children?

23. Describe your knowledge of child development.

24. Describe your knowledge, experience and willingness to learn new skills/parenting techniques needed to parent children with special needs (behavioral, emotional, mental, social, development, or physical disabilities).

25. Describe your flexibility to adapt your family life to meet a child's needs.

ADOPTIVE and/or FOSTER PARENTING

1. How did you decide to foster/adopt?
2. How will you make a foster/adopt child feel like a part of your family?
3. What do you hope to experience from providing foster care or adopting?
4. How have you prepared your family for providing foster care or to adopt?
5. Are you willing to attend ongoing foster care/adoption training sessions and support groups? (TRAINING: A minimum of 12 hours per year per foster parent is required.)
6. What are your expectations of and feelings toward birth parents (positive and negative)?
How do you feel about parenting another person's child?
7. Explain your ability and understanding to empathize with the grief and loss experienced by the child, their birth parents, and their extended birth family.
8. How do you feel about supporting and building upon the foster child's relationships with birth family members or former foster families?
9. Are you able to meet the special challenges of foster care and/or adoption?

9. If you were to adopt a child, what is your understanding of the importance of a child's long-term needs and the ability to provide for these needs?

10. Under what circumstances would you ask to have a foster/adoptive child removed from your care?

FAMILY LIFE

1. What is your current work schedule(s)?

2. What transportation(s) does your family use? (ie., car, bus, help from neighbors/friends/relatives, etc.)

3. What are your typical evening activities?

4. What are the children's school hours?

5. What are the chores in the home that are assigned to children?

6. What are the family rules and how these expectations are communicated? (ie., watching TV, playing video games, allowances, curfew, bedtimes, being with friends, going on dates, grades, extracurricular activities, dress code, using the telephone, using the stereo, type of music, allowed, going for walks, fighting, pets, outside activities, homework, lying, teasing, keeping secrets, etc.)

7. Family organization: Explain how the family makes decisions and ensures that the shopping, cooking, and cleaning are done.

8. Explain how social activities are planned.

9. What are the family mealtime expectations/routines, and are they any special diets?

10. Family Fun: Explain the social and recreational activities your family enjoys together.

11. Explain how your family celebrates and what holiday activities your family participates in.

12. What religion(s) are you and your family members?

13. Describe your participation in religious or church activities (How often do you go to church, where do you go to church, what church activities, groups and rituals do you participate in, etc.).

14. What role, if any, does religion play in your daily life?

15. Describe how your spiritual/religious beliefs, values and practices will impact a foster/adoptive child.

16. What would be expected of a foster/adoptive child in regard to their religious beliefs and practices?

17. Describe how you would intend to meet a child's spiritual/religious needs if different from your own (attend different church, transport, etc.).

18. What is your family's expectations/routines regarding personal hygiene and health care (bathroom use, exercise, etc.)?

19. How has your family prepared for sharing your lives with a foster/adoptive child?

20. Family Boundries: How and which boundaries are set and observed in the family?

21. Describe your experiences of interacting with people of different races and cultures.

22. Describe your family's awareness of the impact of race and cultural heritage has on your daily life?

23. Describe whether or not any diversity issues have caused conflict or problems in your life and how they were/were not resolved (ie., race, poverty, religion, traditions, daily living standards, etc.):

24. How will having a foster/adoptive child of different race/culture affect other people in your home and in your extended family?

25. How will you cope if the foster/adoptive child resents your decision to foster/adopt cross-culturally?

26. Do you and your family feel prepared to foster/adopt a child of a different race or cultural heritage? (If not, what information or assistance do you need before doing so?) Describe ways you can help a foster/adoptive child stay connected to and learn about their racial or cultural heritage (toys, videos, books, games, customs, activities, adult role models, art, museums, plays, concerts, music, meals, skin and hair care).

27. What community resources are available to support and enhance the community's understanding and respect for other races and cultures?

FAMILY FINANCES

1. Do you feel your income is sufficient to meet the needs of current family members?
2. How will a foster/adoptive placement affect your family financially?
3. How are financial decisions made in your family? Who pays the bills?
4. Are you willing to work with the policies Otter Tail County Human Services has established with regard to money management for foster children (keeping track of receipts for clothing, following the recommended budget, giving allowances, etc.)?