

Older Child Survey

Family Name: _____

This is a way to help you think about your ability to accept behaviors or descriptive characteristics of children. Mark the column which indicates, as honestly and accurately as possible, your willingness to accept a child who:

	YES	MAYBE	NO
Lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals or shoplifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soils his/her pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically abuses him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in inappropriate sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was abused physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was sexually molested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was neglected or deprived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive toward children and/or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is verbally abusive toward children and/or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is developmentally delayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is withdrawn or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has history of fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disobeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is non responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unable to play with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begs or hoards food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats with fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has poor personal hygiene (infrequent bathing, not accustomed to using toilet paper or sitting on toilet seat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has unusual sleeping habits (sleeps on floor or fearful of sleeping alone in room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is not accustomed to wearing clothing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has seizures		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has not been exposed to any formal education		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is a school drop-out		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has poor peer relationships		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is educable mentally retarded		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is trainable mentally retarded		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is profoundly mentally retarded		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has Down's Syndrome		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has Fetal Alcohol Syndrome		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is Autistic		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is currently institutionalized or resides in an orphanage		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is currently residing in a group setting		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is currently hospitalized for emotional reasons		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has abused drugs and/or alcohol		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Was born of incest (though developmentally fine)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Was born of rape		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has birthparent(s) who is/are incarcerated		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has poor sibling relationships		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Does not have the ability to form attachments or bond to a family		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is resistant to affection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has no respect for discipline or authority		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Exhibits defiant behavior		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has tantrums		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is overly compliant		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Has poor eye contact		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Is emotionally needy		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Requires individual or family counseling		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Requires visits from siblings		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Requires visits from birth parents		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Requires visits from birth grandparents		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Requires visits from previous foster parents		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Family history of:						
Mental illness		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Alcohol abuse		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Drug abuse		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sexual abuse		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Physical abuse		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Emotional Abuse		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mental retardation		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Client Signature & Date

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