**POST-ADOPTION SUPERVISION REPORT #1**

Report Date

**ADOPTIVE PARENTS**

Names: James Austin Smith Jr. Julie Taffeta Smith

Address: 23 Road Way Enterprise, AL 36330

Cell Phone: 555-476-8597 555-264-2221

Profession: Pilot Campaign Manager

**ADOPTED CHILD**

Original Name: Zhang Yu Ai

Date of Birth: October 1, 2015

Name Changed To: Adelai Elizabeth Smith

Health of child at placement: CHD; Low muscle strength and muscular tension of limbs; thoracic deformity

**PLACEMENT HISTORY**

Travel Notice Number: (2017) USA-1887-13-00002

Date of Travel Notice Issue: October 9, 2017

Date and Place of Adoption: November 7, 2017; Shijiazhuang, China

Welfare Institution: Social Welfare Institute of Handan City

Date of Arrival in USA: November 17, 2017

Post-Placement Visit: March XX, 2018

Dates of Court Validation: Yes/No/Pending (Please put re-adoption date here)

Citizenship: USA, November 17, 2017

Social Security Number: Yes/No/Pending (Please do not put SSN here)

**INITIAL INTEGRATION (THIS IS FOR THE FIRST VISIT ONLY)**

(Zhung Shu Ai) who is now known as (Adelai Elizabeth Smith)…

This section should focus on the initial integration of the child with the family, and the adjustments of the child. This section should also include a description of the registration process in China, such as impression and feelings during the adoption process. This section should also include how the adoption agency helped with the initial adjustment with the child.

**HEALTH AND PHYSICAL DEVELOPMENT**

This section should include child’s height, weight, and head circumference at the time of adoption, and currently, fine motor skills ability, immunizations, treatment and rehabilitation of newly occurred diseases, etc. For families who have adopted Special Needs children elaborate on the implementation of medical rehabilitation and nurturing plan.

**ROUTINE ACTIVITIES**

This section should include the child’s diet, playtime, and sleep schedule.

**ATTACHMENT AND BONDING**

This section should include the status of the child’s integration with parents, siblings, and family. Particular details should be provided if the child is over age 3.

**MENTAL DEVELOPMENT AND LANGUAGE**

This section should include the child’s mental development and language ability.

**CHARACTER DEVELOPMENT**

This section should include the child’s psychology and personality characteristics.

**EDUCATIONAL SITUATION**

This section should include the child’s learning at home and methods of learning at home, preschool, kindergarten or school.

**FAMILY’S IMPRESSION**

This section should include the family’s understanding and view toward the adoption by the adoptive parents, other adults in the home, and other relatives.

**COMMUNITY EVALUATION**

This section should include participation of community/church/neighborhood activities, evaluations by friends/neighbors about the adoptive family and whether the adoption is successful or not.

**FAMILY CHANGES**

This section should include any major changes in the family (marital status, children in the home, economic status, residential environment or serious health issue.)

**LEGAL**

Adelai Elizabeth Smith became a citizen of the United States on November 17, 2017, the date she entered this country. The Smith family has received her Certificate of Citizenship and a copy of this document has been provided to Agape Adoptions dba Americans Adopting Orphans. The family (has or has not) also received her social security number. (Information should include date of finalization, adoption decree and birth certificate updates).

**CONCLUSION**

This section should any other content which the social worker believes should be included. This section should also include social worker’s recommendation of the family, child, and general evaluation regarding whether the adoption is successful.

If this report is being used for the purpose of finalization in local United States courts, this recommendation is valid for six months from the date of report per Hague standard 96.50(h).

Enter Social Worker Details HERE.

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

TITLE

 SUBSCRIBED and SWORN to before me this

 \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public in and for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_