

INDIVIDUALIZED ADOPTABILITY REPORT

Case Number:	Report Date:
Court Number:	
Child's Name:	Date of Birth:
Social Worker:	Zone/Site:
Adoption Worker:	Zone/Site:

1. Please describe in detail the outcomes for similar children freed for adoption in your jurisdiction in  past year. 



2. Please describe the available adoptive family resources that may be appropriate for this child.       

3. If applicable, describe any interest in the child reported by private adoption agencies.



4. Number and type of responses received through the State Adoption Information Exchange as a result of the legal risk photo listing.



5. Describe the results of other recruitment efforts undertaken or that will be undertaken on behalf of the child.



6. Statement of interest of the foster parents or other relatives in adopting the child and describe their capacity to adopt.



7. Recommendation on adoptability and the DHFS willingness to accept guardianship.



Signatures:

Social Worker: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Adoption Program

Manager: _____ **Date:** _____