

Requirements for the Content and Format of Post Placement Reports

August 10 , 2011

Adoption agencies should prepare post-placement reports for each adopted child after the adoption in accordance with the required intervals and frequency by China Center for Children's Welfare and Adoption (CCCWA). Post-placement reports should be submitted by the adoption agency which sent adoption applications for the adoptive families. Families who have adopted over two children (except twins) should prepare and submit separate reports for each child. Requirements for the content and format of post-placement reports are as follows:

Section I: *Page One Form of the Post Placement Report*

The original copy and translation of each report should include a *Page One Form of the Post Placement report*. The page one form of the original copy should be filled in foreign language, and that of the translated copy should be filled in Chinese. The items on page one form are:

1. Name of the adoption agency: The name of the agency that submitted the adoption application to CCCWA.
2. Travel Notice number: the serial number on the up right corner of the *Notice of Coming to China for Adoption*.
3. Date of issuance of Travel Notice: the date under the seal of CCCWA at the right bottom of the *Notice of Coming to China for Adoption*.
4. Number of times of the report: tick before the square before the number.
5. Chinese name of the adoptee: *pinyin* in the original copy, and Chinese characters in the translated copy.
6. Foreign name: New name as changed after the adoption. No translation is needed.
7. Adoptee's date of birth

8. Health status at adoption: tick before the square to specify healthy or special needs.
9. Adoption registration date: Date of adoption registration as shown in the *Adoption Registration Certificate*.
10. Date of naturalization: Date as shown in the naturalization certificate of the adoptee.
11. Adoptive father's name: name as listed on the passport, no abbreviation.
12. Adoptive mother's name: name as listed on the passport, no abbreviation.
13. Date of home visit by social worker: Date of when the social worker visited adoptive family's home
14. Date of completion: date of when the report is finished.
15. Adoption agency which prepare the report: if it's the same agency as in item 1, please specify "same as item 1".
16. Agreement/Disagreement to allow CCCWA to use the report and photos for publication. Preparer of the report ticks the square after consulting the opinions of the adoptive parents.

Section II: Report Text

1. The report at one month after adoption should focus on the initial integration of the adoptee with the adoptive family and the adjustment of adoptee, with description of the registration procedure in China, such as impression and feeling during the adoption process. The report should also include how the adoption agency helped with the adjustment in the initial stage.
2. Health and physical development status: Adoptee's height, weight, and head circumference at the time of adoption and currently, fine motor skill ability, immunization, treatment and rehabilitation of newly occurred diseases, etc.

For families who have adopted special needs children, in the report at twelve months after adoption, families should fill in a table of *Feed-back Table of the Special Needs Child* and elaborate on the implementation of medical rehabilitation

and nurturing plan during the one year after adoption.

3. Routine activities: Adoptee's diet, playtime, and sleep schedule.
4. Attachment & bonding situation: Status of the adoptee's integration with his/her parents, siblings, and family. Particular details should be provided if the family has adopted a child over 3.
5. Mental development: Adoptee's mental development and language ability.
6. Character development: Adoptee's psychology and personality characteristics.
7. Education situation: Adoptee's learning at home, kindergarten, and school and the method of education at home.
8. Family's impression: Understanding and view toward the adoption by the adoptive parents, other adults in the home, and other relatives.
9. Evaluation by the community: participation in the activities and integration in the community, evaluation by the neighbors about the adoptive family whether the adoption is successful or not.
10. Major changes in the adoptive family: major changes in the adoptive family in marital status, children in the home, economic status, residence environment, or serious health problems.
11. Other content which the social worker believes should be included.
12. Social worker's general evaluation: social worker's recommendation of the adoptive family and general evaluation regarding whether the adoption is successful.

Section III: Other certifications

1. Copy of the *Notice of Coming to China for Adoption* (submitted together with every post-placement report).
2. Naturalization of the adoptee (submitted once together with the post-placement report after the adoptee completes the naturalization procedure). Certifications which can be considered as naturalization certificates include: naturalization

certificate, copy of citizenship ID, copy of the adoptee's passport, copy of the family's household register book.

3. *Medical Checkup Certificate of the Adoptee* provided by doctors (submitted together with the fourth to sixth post-placement reports).
4. Evaluation of the adoptee provided by his/her kindergarten or school, if he/she goes to kindergarten or school (submitted together with the fourth to sixth post-placement reports).
5. A short essay written by the adoptee if he/she reaches 10 years old, giving description of his/her experience and growth in the adoptive family, and how he/she is doing in the school and getting along with his/her teachers and classmates (submitted together with every post-placement report).

Section IV: Pictures

At the time the post placement report is submitted, eight pictures (15.2cm×10.2 cm) reflecting the adoptee's life should also be provided. The pictures should be mainly about the life of the adoptee together with the adoptive parents and other family members, some of which should reflect the typical features of the receiving country. In the first report, the photos should include those taken when the adoptive families went through registration procedures in China. Black-and-white photos or photos typed on paper are not accepted.

Photos should be pasted to A4 paper with two photos on each piece. A brief description must be provided below each picture specifying time for taking the photo, location, identity of the persons on the photo. Do not submit photos in piles or stapled together. No album is accepted.

The four sections of each report should be bound in the above-mentioned sequence. If Chinese translation is going to be submitted as well, the Chinese copy should be bound in the same sequence as the original report, and should be put before the original one.

Page One form of the Post-placement Report, Feed-back Table of the Special Needs

Child and Medical Checkup Certificate of the Adoptee can be downloaded from the website of CCCWA.

China Center for Children's Welfare and Adoption

安置后报告首页

PAGE ONE FORM OF THE POST PLACEMENT REPORT

序号 No.	信息分类 INFORMATION CATEGORY	信息详情 INFORMATION DETAILS
1	递交申请的收养组织名称 <i>Agency that Facilitated the Adoption</i>	
2	《来华收养通知书》编号 <i>Number of the Notice of Coming to China for Adoption</i>	
3	《来华收养通知书》签发日期 <i>The issue date of the Notice of Coming to China for Adoption</i>	年： 月： 日： Year: Month: Date:
4	安置后报告次数 <i>Report Sequence</i>	<input type="checkbox"/> 1个月 <input type="checkbox"/> 6个月 <input type="checkbox"/> 12个月 <input type="checkbox"/> 1Month <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 第2年 <input type="checkbox"/> 第3年 <input type="checkbox"/> 第5年 <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> fifth Year
5	被收养人原姓名 <i>Adoptee's Chinese Name</i>	
6	被收养人新姓名 <i>Adoptee's New Name</i>	
7	出生日期 <i>Date of Birth</i>	年： 月： 日： Year: Month: Date:
8	收养时健康状况 <i>Health Status at Adoption</i>	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 特需 Special Need
9	收养登记日期 <i>Date of Adoption Registration</i>	年： 月： 日： Year: Month: Date:
10	入籍日期 <i>Date of Naturalization</i>	年： 月： 日： Year: Month: Date:
11	养父姓名 <i>Father's Name</i>	

12	<p>养母姓名</p> <p>Mother's Name</p>	
13	<p>社工家访日期</p> <p>Date of Home Visit by Social Worker</p>	<p>年： 月： 日：</p> <p>Year: Month: Date:</p>
14	<p>完成报告日期</p> <p>Date of Finishing the Report</p>	<p>年： 月： 日：</p> <p>Year: Month: Date:</p>
15	<p>制作报告的收养组织名称</p> <p>Agency that Finished the Report</p>	
16	<p><input type="checkbox"/> 收养人同意中国儿童福利和收养中心使用本报告及照片用于宣传。</p> <p>The adopters agree that this report and photos attached be used for publicity by CCCWA.</p> <p><input type="checkbox"/> 收养人不同意中国儿童福利和收养中心使用本报告及照片用于宣传。</p> <p>The adopters do not agree that this report and photos attached be used for publicity by CCCWA.</p>	

被收养人身体健康检查证明

Medical Checkup Certificate of the Adoptee

姓名：	性别：	出生日期：	检查日期：
Name:	Sex:	Date of birth:	Date of checkup:
体格发育：	身高	(厘米)	体重 (公斤)
Physical growth:	Height:	(cm)	Weight: (kg)
营养状况评估：			
Nutritional Assessment:			
肺部：			
Lungs:			
腹部：	肝：	脾：	
Abdomen:	Liver:	Spleen:	
心脏：	心率：	心律：	
Heart:	Heart rate:	Rhythm:	
血压：	神经系统：	神经反射	
Blood pressure:	Nervous system:	Nervous reflex:	
脊柱正常：	<input type="checkbox"/> 是 <input type="checkbox"/> 否	胸廓正常：	<input type="checkbox"/> 是 <input type="checkbox"/> 否
Normal spine:	Yes No	Normal thorax ;	Yes No
四肢正常：	<input type="checkbox"/> 是 <input type="checkbox"/> 否	运动正常：	<input type="checkbox"/> 是 <input type="checkbox"/> 否
Normal limbs:	Yes No	Normal motion:	Yes No

<p>此项检查适用于 3 岁及以上儿童 This check up is applicable for children 3 years old and above</p> <p>视力正常： <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>需进一步检查 辨色力： Normal Yes No Referred: Color sense:</p> <p>视力： 左眼 右眼 双眼 其他眼病： Vision: Left Right Both Others:</p>	<p>意见： Comment:</p> <p>医生签字： Doctor's sig:</p>
<p>此项检查适用于 4 岁及以上儿童 This check up is applicable for children 4 years old and above</p> <p>听力正常： <input type="checkbox"/>是 <input type="checkbox"/>否 <input type="checkbox"/>需进一步检查: Normal Hearing: Yes No Referred:</p> <p> 左耳 右耳 Left Right</p>	<p>意见： Comment:</p> <p>医生签字： Doctor's sig:</p>
<p>结论及意见： Conclusion and Suggestion:</p> <p>主检医师签字： _____ 年 ____ 月 ____ 日 Signed by the chief doctor: year month day</p>	

特殊需要儿童情况反馈表

FEED-BACK TABLE OF THE SPECIAL NEED CHILD

儿童姓名： Child's Name：	性别： Sex：	出生日期： DOB：
收养时健康状况： Health Status of Child When Joining Family:		
医疗康复与抚育计划实施情况： Rehabilitation and Nurture Process:		
目前生长发育情况： Recent Developmental Status:		

组织名称：

填表日期：