

Post Placement Report

Report Number:

Child's Birth Name:

American Name:

Date of Birth:

Place of Birth:

Date of Placement:

Date of this Report:

Child's Strengths and Special Interests:

Child's School Experiences (if applicable):

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Child's routines, including meals and sleeping habits:

Activities Child Enjoys:

Date of last medical exam:

Significant Findings:

height:

weight:

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Interaction with extended family, friends, and/or community:

U.S. readoption status:

Instructions: Printout this form and fill it out. Send it, plus 6-10 photos to:

Adoption Advocates International (AAI)

709 South Peabody

Port Angeles, WA 98362