

SAFE COMPATIBILITY INVENTORY

INSTRUCTIONS TO HOME STUDY PRACTITIONER (HSP)

Overall Compatibility between a child and an adult care provider is a subjective evaluation. The Compatibility Inventory is designed to assist you in making a placement assessment by evaluating the specific strengths and needs of the child with the interests, skills, and desires of the Applicant(s). The Inventory will also aid you to identify those areas where further considerations are required to help determine suitability of placement for a child.

Procedures For Completion

Future Placement Home Study

Give Applicant(s) the Inventory to complete at *first* Home Study interview.

Let Applicant(s) know:

Step 1

- If a couple, need to *complete together* as instructed.
- Needs to be returned at *end* of Home Study; take time to think about answers.
- No right or wrong answers; honesty will assist in determining compatibility and finding a successful placement.
- How materials are to be returned to you.

Step 2

Complete the Home Study Practitioner Evaluation.*

- Mark YES/NO to denote if Applicant(s) is/are **ready, willing and able** to parent a child with the listed Need/Characteristic/Behavior.

Step 3

When child(ren) identified for possible placement:

Photocopy Inventory with Applicant's Responses & HSP Evaluations.
(Need ONE COPY per child; save original for future use.)

Step 4

Identify one individual to complete the Child Assessment *for each child* being considered.

This should be a person who knows the child well, e.g., Child Welfare Worker, Therapist, Teacher, Court Appointed Special Advocate (CASA), or Current Care Provider (unless that individual is also the Applicant).

Step 5

Complete information at bottom of "Instructions to Applicants" and page 1 of Applicant Response set.
(Each Child Assessment uses a complete set of Applicant Responses.)

Step 6

Give materials to individual completing Child Assessment with "Instructions" page on how to complete.

Step 7

Review "Other" items added during Child Assessment.

Complete Home Study Practitioner Evaluation* for only these additional items.

- Mark YES/NO to denote if Applicant(s) is/are **ready, willing and able** to parent a child with the listed Need/Characteristic/Behavior – or – If the Applicant(s) and Child share Interest or Strength.

***NOTE:** The **HSP Evaluation** ratings on the SAFE Compatibility Inventory should be based on your knowledge of the Applicant(s) *and* your clinical judgment. The Applicant's Self-Rating designations should be taken into consideration, but **not be the sole factor** which determines your evaluation on which characteristics Applicant is ready, willing and/or able to a parent.

Procedures For Completion

Child Specific Home Study

Child(ren) with ONE Applicant (individual/couple)

Give Applicant(s) the Inventory to complete at *first* Home Study interview. Let Applicant(s) know:

Step 1

- If a couple, need to *complete together* as instructed.
- How to be returned at *end* of Home Study; take time to think about answers.
- No right/wrong answers; honesty will assist in determining compatibility and a successful placement.

Step 2

Photocopy Inventory with Applicant's Responses. 1 copy per child being evaluated.
(Save original for future use.)

Step 3

Identify one individual to complete the Child Assessment *for each child* being considered.
This should be a person who knows the child well, e.g., Child Welfare Worker, Therapist, Teacher, Court Appointed Special Advocate (CASA), or Current Care Provider (unless that individual is also the Applicant).

Step 4

Complete information at bottom of "Instructions to Applicants" *and* page 1 of Applicant Response set.
Give materials to individual completing Child Assessment with "Instructions" page on how to complete.
(Each Child Assessment uses a complete set of Applicant Responses.)

Step 5

Complete Home Study Practitioner Evaluation.*
• Mark YES/NO to denote if Applicant(s) is/are **ready, willing and able** to parent a child with the listed Need/Characteristic/Behavior – or – If the Applicant(s) and Child share Interest or Strength.
• LEAVE BLANK items not identified as an issue/consideration for this child.

Child(ren) with MULTIPLE Applicants

NOTE: These steps will provide several complete Inventories.

Each Inventory will be an evaluation for compatibility between the one Applicant and one Child.

Give Applicant(s) the Inventory to complete at *first* Home Study interview. Let Applicant(s) know:

Step 1

- If a couple, need to *complete together* as instructed.
- How to be returned at *end* of Home Study; take time to think about answers.
- No right/wrong answers; honesty will assist in determining compatibility and a successful placement.

Step 2

For each of the multiple Applicants:
Photocopy Inventory with Applicant's Responses. 1 copy per child being evaluated.
(Save original for future use.)

Step 3

Identify one individual to complete the Child Assessment *for each child* being considered.

Step 4

Using ANY one of the Applicant's Response sets:
Complete information at bottom of page 1 of Applicant Response set. (Need one response set per child.)

Step 5

Complete information at bottom of "Instructions to Applicants" *and* page 1 of Applicant Response set.
Give materials to individual completing Child Assessment with "Instructions" page on how to complete.

Step 6

For each child with each Applicant:
Hand copy the Child Assessment to each of the various other multiple Applicant's Inventories

Step 7

For each child with each Applicant:
Complete Home Study Practitioner Evaluation.*
• Mark YES/NO to denote if Applicant(s) is/are **ready, willing and able** to parent a child with the listed Need/Characteristic/Behavior – or – If the Applicant(s) and Child share Interest or Strength.
• **Leave blank** items not identified as an issue/consideration for this child.

Child's Name: _____

SAFE COMPATIBILITY INVENTORY

INSTRUCTIONS FOR CHILD ASSESSMENT

The Child Welfare Worker, assisting in the placement of this child, has denoted you to be an individual who may best know the child noted above. Please make your assessment of this child's interests, strengths and needs as listed on the attached pages.

Complete only the CHILD sections on the left column of each page.

For the entire Inventory:

- **Check YES for those areas that describe or are important considerations for this child.**
- **Leave BLANK any interests, strengths, needs, or behaviors that do not apply for this child.**
- Encourage child's input to help determine his/her Areas of Interest, when developmentally and age-appropriate.
- Add description and provide rating for "Other" important interests, strengths or needs not listed.
- Where requested, complete specific information (e.g., "Which Sport?" the child plays).
- Any items marked with an asterisk (*) *require* an explanation or additional information.
- Use section on Page 12 to provide additional comments to clarify or expand any selected item.

SAFE COMPATIBILITY INVENTORY

INSTRUCTIONS TO APPLICANT(S)

The **SAFE Compatibility Inventory** is designed to assist in making a successful placement for child and family. You are a valuable resource and the information obtained will highlight your strengths, interests and skills. Your responses will be compared to the strengths, interests, skills, and needs of a child requiring placement. This information will also help us to determine whether additional services may be beneficial to the care of the child. Please answer all questions to the best of your ability.

PLEASE ONLY COMPLETE ANSWERS IN THE BOLD-BORDER SECTION OF EACH PAGE.

The other sections will be completed later by a department/agency professional about a specific child.

If more than one individual is completing this, it is necessary that you answer questions together.

- In the first two sections, evaluating “Areas of Interest” and “Areas of Strength”, if *either applicant* feels he/she has an interest or ability in that area, please select the YES response.
- In the remaining sections, where you will provide the “Applicant(s) Self-Rating”, you should discuss topic areas or ideas, and provide the YES, MAYBE or NO answer to each question that *both individuals* agree and can support.

It is important that you respond to all of the questions in all of the sections.

Areas are available after each section to provide additional information to clarify your responses as needed.

If you should have any questions, please feel free to ask.

When you have finished, please sign, print name and date below, and return Inventory as instructed.

To the best of my/our knowledge and understanding, all the Applicant information and responses provided in this SAFE Compatibility Inventory are true and correct.

Signature of Applicant

Print Name

Date

Signature of Applicant

Print Name

Date

For Department Use Only:

Child: _____

Child Assessment Completed By: _____ Date Completed: _____

INSTRUCTIONS TO APPLICANT(S):

1. Read each of the "Areas of Interest" listed in the central column.
2. Check YES if this is one of your interest areas currently or in the past.
3. If more than one Applicant, check YES if *either* has this interest or ability.
4. Provide additional information as requested or wherever else you may desire.
5. If you have any "Other" special Area(s) of Interest, please add to list.



Child		Areas of Interest	Applicant(s)		HSP Evaluation
If YES, please provide brief additional information about Child, where requested – or – as you desire to provide more detail.			If YES, please provide brief additional information about Applicant(s), where requested – or – as you desire to provide more detail.		
<input type="checkbox"/> Yes	Explain:	Has a Special Passion	<input type="checkbox"/> Yes	Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Favorite Subject(s):	School / Mind Enrichment	<input type="checkbox"/> Yes	Favorite Subject(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Pleasure Reading	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	What Type of Writing?	Writing	<input type="checkbox"/> Yes	What Type of Writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Science and Math	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Which Language(s)?	Speaking Multiple Languages	<input type="checkbox"/> Yes	Which Language(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Which Clubs?	School Clubs	<input type="checkbox"/> Yes	Which Clubs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	What Sports/Activity?	Sports (Playing or Watching) Exercise / Training	<input type="checkbox"/> Yes	What Sports/Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Arts & Crafts / Drawing / Scrap-booking / Sculpture	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Museums / Fine Arts	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Cooking	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Photography	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Theater	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Specify:	Music / Singing Playing an Instrument	<input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Computers / Video Gaming	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Auto Mechanics / Building	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Has Pet(s):	Dogs / Cats / Other Pets	<input type="checkbox"/> Yes	Has Pet(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Student Government / Politics	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Specify:	Cultural Activities	<input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Specify:	Religious Activities	<input type="checkbox"/> Yes	Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Other:	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes		Other:	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No

For Department Use Only: Child: _____ Date Completed: _____
Applicant(s): _____ Date Completed: _____

INSTRUCTIONS TO APPLICANT(S):

1. Read each of "Areas of Strength" listed in the central column.
2. Check YES if this is a personal strength that assists you to find success in day-to-day life.
3. If more than one Applicant, check YES if either has this strength.



Child	Areas Of Strength	Applicant(s)	HSP Evaluation
<input type="checkbox"/> Yes	Resilient – Recovers Readily from Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Easy-Going / Upbeat Demeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Good Self-Esteem	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Self-Reliant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Good Communication Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Leadership Abilities	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Good at Problem Solving / Resourceful	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Imaginative	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Creative / Artistic	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Diligent / Hard-working	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Curiosity & Desire to Learn	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Flexible	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Compassionate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Thoughtful	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Helpful	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Sense of Humor	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Respectful to Adults		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Positive Relationships with Adults		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Positive Relationships with Peers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Age-appropriate Judgment and Maturity		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Age-appropriate Self-Control		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Responds Positively to Adult Guidance		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT(S) COMMENTS:☐ Additional Comments on back of this page.

DEFINITION OF RATINGS FOR APPLICANT(S) – if more than one applicant, BOTH applicants must agree on rating.	
Yes	You are READY, WILLING and ABLE to parent/foster a child who has this particular need, characteristic, or behavior.
Maybe	You will consider parenting/fostering a child who has this particular need, characteristic or behavior, but feel unsure or unprepared.
No	You are not willing, not ready or unable to parent/foster a child who has this particular need, characteristic, or behavior.



Child Rating	General Placement Considerations	Applicant(s) Self-Rating	HSP Evaluation
<input type="checkbox"/> Yes	Maintain Family Connections*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Maintain Community Connections*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Retain Ties with Culture and/or Religion*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Placement with Sibling(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Unknown Family History	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Child of a Different Primary Language than Applicant(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Child of a Different Cultural Background than Applicant(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Child of a Different Race than Applicant(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Child of a Different Religion/Belief System than Applicant(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Child with Tribal/Band Affiliations*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Placement in Proximity to Specific-needed Resource(s)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Special Accommodations for a Physical Disability*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Lesbian/Gay/Bisexual/Questioning	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Transgender	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other Gender/Sexual Orientation Considerations*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Conceived Through Incest	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Conceived Through Rape	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Teenage Parent with Child in His/Her Care*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Teenage Parent with Child, Primarily in Care of Another*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Item requires explanation or additional information by person completing the Child Rating – use “Notes” section on last page.

APPLICANT(S) COMMENTS:

☐ Additional Comments on back of this page.

Child Rating	Stress-Related Behaviors	Applicant(s) Self-Rating	HSP Evaluation
<input type="checkbox"/> Yes	Atypical Reaction to Newness	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Unusual Hunger/Eating Patterns*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Unusual Sleep Patterns*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Extreme Persistence	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Easily Distracted	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Irritable / Moody	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Over-sensitive	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Uncooperative / Inflexible	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Extreme High or Low Activity Level*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	High Impulsivity*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Extreme Introvert or Extrovert*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Attachment-Related Behaviors		
<input type="checkbox"/> Yes	Lack of Warm and Affectionate Interchanges	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Lack of Comfort-seeking when Frightened, Sick or Injured	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Withdrawn / Holds Back Emotions	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	No Interest in Maintaining Past Relationships	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Excessive Dependence on Attachment Figure	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Compulsive Compliance with Caregiver Requests	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Affectionate Behaviors with Relatively Unfamiliar People	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Item requires explanation or additional information by person completing the Child Rating – use “Notes” section on last page.

APPLICANT(S) COMMENTS:

☐ Additional Comments on back of this page.

Child Rating	Learning / School Behaviors	Applicant(s) Self-Rating	HSP Evaluation
<input type="checkbox"/> Yes	Academically Gifted	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Learning Disability*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	School Misbehaviors: Disruptive; Disrespectful*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Truancy	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Low Motivation for Learning and School	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	School Phobia	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Requires Special Education Program*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Specialized School*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child Sexual Behaviors (**See note below.)		
<input type="checkbox"/> Yes	Compulsive or Public Masturbation	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Sexual Victimization of Other Children	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Unusual Knowledge or Interest in Sex for Child's Age	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Unusual Sexual Behaviors for Child's Age	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Sexually Seductive	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has been sexually victimized: <input type="checkbox"/> No <input type="checkbox"/> Yes – provide additional information on “Notes” section of last page.			
**NOTE: Sexual victimization is possible for all foster children and youth. In many cases the victimization has not, as yet, been disclosed.			

*Item requires explanation or additional information by person completing the Child Rating – use “Notes” section on last page.

APPLICANT(S) COMMENTS:

☐ Additional Comments on back of this page.

Child Rating	Other Child Behaviors	Applicant(s) Self-Rating	HSP Evaluation
<input type="checkbox"/> Yes	Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Frequent Temper-Tantrums	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Overly-aggressive Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Excessively Bossy and Controlling	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Intensive Anger*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Vandalizing or Destroying Property	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Uses Profanity	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Chronic Lying	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Cruel Treatment of Animals	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Disobedience / Disrespectful / Highly Argumentative	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Smokes Tobacco*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Drugs and/or Alcohol*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fire-setting	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Stealing	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Manipulative	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Food-related Issues*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Fearful*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Self-harming Behaviors*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Excessive or Too Little Sleep*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Daytime/Nighttime Wetting (Ages 8-18)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Daytime/Nighttime Soiling (Ages 5-18)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Stool-smearing	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Item requires explanation or additional information by person completing the Child Rating – use “Notes” section on last page.

APPLICANT(S) COMMENTS:

☐ Additional Comments on back of this page.

Child Rating	Medical Conditions	Applicant(s) Self-Rating	HSP Evaluation
<input type="checkbox"/> Yes	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Allergies/Asthma/Nebulizer	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Sexually Transmitted Disease/Infection (STDI)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Blood Disorders (e.g. Sickie Cell Anemia)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Cerebral Palsy	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Hearing or Speech Impaired and/or Requires Signing*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Visually Impaired*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Limited Lifespan or Medically Fragile Infant*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Traumatic Brain Injury, Fetal Alcohol Spectrum Disorder, or Pre-Natal Drug Exposure*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Seizure Disorder / Epilepsy*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Special Medication/Medical Equipment Requirements*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other Medical Conditions - Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Developmental & Mental Health		
<input type="checkbox"/> Yes	Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Autism (Spectrum)	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Developmentally Delayed	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Eating Disorder (Anorexia/Bulimia)*	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Depression	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Bipolar / Affect Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Schizophrenia / Thought Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	Other Diagnosed Mental Illness - Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical or Psychiatric Diagnosis: 			

* Item requires explanation or additional information by person completing the Child Rating – use “Notes” section on last page.

☐ Additional Comments on back of this page.

CHILD RATER – Additional Notes:

HOME STUDY PRACTITIONER – Additional Notes: