

# INSTRUCTIONS ON HOW TO FILL OUT AND SEND IN THIS REPORT

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE REPORT.

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1. If you feel that there is something that is "not applicable" please explain why in the section of question.
2. There is no right or wrong way to write this report. You can write as much as you want. Please be descriptive! You may write several sentences or several paragraphs. Just know they want to know everything about how the child is doing.
3. No Medical report is needed, but you may attach that if you desire.
4. Please include 5-7 recent photos of your child with this report. Please make sure at least one of the photos is of the entire immediate family. Please identify photos on the back with the child's name.
5. Once the form is filled out, print out the form and sign it.
6. No notary or Apostille is necessary.
7. You may e-mail photos to: [ppr@littlemiracles.org](mailto:ppr@littlemiracles.org), with the following subject line: "**Annual Report : CHILD'S NAME** "

Complete one report each year until the child is 18 years of age.

**Mail the report with photos to:**

**Little Miracles International, Inc.**  
**PO Box 19776**  
**Amarillo, Texas 79114**

# Little Miracles International

600 S. Tyler Street, Suite 1302, Amarillo TX 79101

(806) 351-1100 (806) 351-1533 fax

e-mail: [adopt@littlemiracles.org](mailto:adopt@littlemiracles.org)

<http://www.littlemiracles.org>

## CHILD ASSESSMENT POST-ADOPTION

PLEASE BE AS DESCRIPTIVE, DETAILED AND THOROUGH AS POSSIBLE

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Home: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Birth Name: \_\_\_\_\_

Child's Adoptive Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Physical Description of child:

Immunizations to date: \_\_\_\_\_

\_\_\_\_\_

Any serious Illness or Injury:

Overall diet/appetite:

Please attach at least 5-7 photos of your child interacting with family/friends in different poses and use a separate sheet to add any additional information you deem helpful. The more information we have, the better the report!

Overall Impression of Child's Development (check all appropriate characteristics)

<input type="checkbox"/> fidgets	<input type="checkbox"/> inattentive	<input type="checkbox"/> social	<input type="checkbox"/> loving	<input type="checkbox"/> cuddly
<input type="checkbox"/> talkative	<input type="checkbox"/> alert	<input type="checkbox"/> happy	<input type="checkbox"/> quiet	<input type="checkbox"/> clingy
<input type="checkbox"/> excitable	<input type="checkbox"/> rocks	<input type="checkbox"/> calm	<input type="checkbox"/> frightened	<input type="checkbox"/> immature
<input type="checkbox"/> impulsive	<input type="checkbox"/> rigid	<input type="checkbox"/> defiant	<input type="checkbox"/> well bonded	<input type="checkbox"/> insecure or shy
<input type="checkbox"/> secure	<input type="checkbox"/> independent	<input type="checkbox"/> well attached	<input type="checkbox"/> mature for age	<input type="checkbox"/> jumpy and jittery
<input type="checkbox"/> conversant	<input type="checkbox"/> poor fine motor	<input type="checkbox"/> poor gross motor	<input type="checkbox"/> poor eating	<input type="checkbox"/> eating well
<input type="checkbox"/> poor social skills	<input type="checkbox"/> good social skills	<input type="checkbox"/> speech problems	<input type="checkbox"/> language problems	<input type="checkbox"/> developing well
<input type="checkbox"/> works hard	<input type="checkbox"/> gentle with pets	<input type="checkbox"/> plays well alone	<input type="checkbox"/> plays well with others	<input type="checkbox"/> sleep problems
<input type="checkbox"/> discipline probs.	<input type="checkbox"/> sensory probs	<input type="checkbox"/> learning probs	<input type="checkbox"/> adapted & adjusting well	<input type="checkbox"/> potty trained
<input type="checkbox"/> wets bed	<input type="checkbox"/> poor health	<input type="checkbox"/> good hygiene	<input type="checkbox"/> reading writing English	<input type="checkbox"/> culture shock

Approachability:

Responsiveness:

Mental Alertness:

Coordination:

Communication Skills:

Self Care:

Please attach at least 5-7 photos of your child interacting with family/friends in different poses and use a separate sheet to add any additional information you deem helpful. The more information we have, the better the report!

Adaptive Social Behavior:

Physical Limitations: (please list all correctable and non-correctable limitations)

Has the child accommodated for his/her physical limitations, how?

Started School?

Date started

\_\_\_\_/\_\_\_\_/\_\_\_\_

Grade

\_\_\_\_\_

Progress in school:

How is the child adjusting to the family?

Describe the child's social/psychological behavior:

Any other adjustment comments you would like to provide regarding the family or child:

Please attach at least 5-7 photos of your child interacting with family/friends in different poses and use a separate sheet to add any additional information you deem helpful. The more information we have, the better the report!

## DEVELOPMENTAL CHECKLIST

Please fill out the section which matches your child's age and both the section before and after the one that matches your child's age. This checklist is intended to be used as a general overview to measure your child's continuing progress. Many of the developmental milestones may not have been reached by your particular child. This is completely normal, as he/she may have been institutionalized, swaddled a lot, or in general not offered the one on one attention that you are now providing. Put a check mark on the line for YES. Leave the line blank for NO.

### 0-3 months

Can your child:

- move arms and legs symmetrically (0)
- lift head off the surface (2m)
- lift head 90 degrees (3m)
- fixate on your face (0)
- make cooing or other sounds (3m)
- touch hands together (3.5m)
- recognize parent/familiar people (3.5)

### 4-6 months

- smile spontaneously (5m)
- reciprocal vocalizations (4m)
- hold head steady when sitting (4m)
- laugh without being touched (4m)
- focus on small items (5m)
- hold rattle/toy for an extended time (5m)
- use arms to push chest of the surface (4m)
- roll over back to front (4.5m)
- reach for objects nearby (5m)
- turn head to see where a noise is coming from (6m)
- transfer toys from one hand to another (6.5)

### 7-9 months

- feed self a cracker (8m)
- bear some weight on legs (7.5)
- sit alone without support (8m)
- mimic sounds such as coughs, clicks and hisses (9m)
- use consonants and vowels together, e.g. "ma" "ba" (9m)
- work for a toy out of reach (9m)
- move by rolling over and over (7m)
- crawling (9m)

### 10-12 months

- pull up on furniture (10m)
- get to a sitting position by self (10m)
- say mama, dada, other sounds (10m)
- bang two objects together (12m)
- walk holding on (12.5m)

### 13-15 months

- wave with command only (14m)
- indicate wants without crying (14m)
- stand well alone (13m)
- stoop and recover (14m)
- walk well alone (15m)

### 16-18 months

- point to desired objects (17m)
- drink well from a cup (17m)
- How many words using? \_\_\_\_\_
- scribble with a crayon (16m)
- walk backwards (18m)
- use Mama and Dada correctly (16m)

### 19-21 months

- imitate housework (19m)
- run well (20m)
- point to at least one body part (20m)
- use a spoon and fork (21m)
- tell two wants (21m)

### 22-24 months

- take off pants and socks (22m)
- put two words together (23m)
- feed self with a spoon neatly (23m)
- walk up steps holding on (23m)
- kick a ball forward (24m)
- help with simple tasks (24m)

### 25-30 months

- follow two-step commands (25m)
- vocabulary of more than 50 words (26m)
- point to a named object (26m)
- point to six body parts (27m)
- jump with both feet off the ground (28m)
- use "me"/"you" (29m)
- put on clothes (30m)
- throw a ball overhand (30m)

Developmental Checklist Continued

30-36 months

- carry on a conversation/  
putting 2-3 sentences together (34m)
- speech is half understandable (36m)
- knows under/over, front/back (36m)
- make a broad jump (36m)

3 years

- put on clothes
- copy a circle
- wiggle thumb
- wash and dry hands without help
- repeat simple rhymes and songs
- follow prepositional commands (on/under table)
- say first and last name
- count one item
- balance on one foot for a few seconds
- name colors

4 years

- dress without help
- draw a 3-part person
- copy a cross
- all speech is understandable
- understands "cold", "tired", "hungry"
- can button
- separate from parent easily
- hop on one foot
- walk up/down stairs alternating feet

5 years

- knows opposites
- tell own age
- describe action in a picture
- count ten objects with correct pointing
- brush teeth without help
- play a board or card game
- identify coins
- dress and undress completely without help
- copy a square
- draw a person with six parts
- walk heel-to-toe for 4 steps staying in a straight line
- skip
- cut in a straight line

6 years

- ride a bicycle
- tie shoelaces
- print first name
- knows left and right on self
- draw a person with clothing
- balance on one foot for ten seconds
- fold paper in half three times
- repeat a 4-digit span

7 years

- know left and right on self and others
- print neatly
- draw 3 interlocking circles
- knows address and telephone number

8 years

- tell time
- read for pleasure
- have a sense of humor
- take care of belongings
- follow rules at home, school  
and while playing games
- has home chores

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PARENT SIGNATURE

DATE

STAFF SIGNATURE

DATE

# ANNUAL REPORT

## BIOGRAPHICAL INFORMATION

Child's Birth Name:

Child's Adoptive Name:

Date of Birth (DD/MM/YY):                    /                    /

Court Date of Adoption (DD/MM/YY):                    /                    /

Child's Birth City:

Adoptive Parent(s) name(s):

Adoptive Parent(s) address:

Best contact phone number(s):

Has your contact information changed since the last report?    Yes    No

**BE SURE TO SAVE and PRINT this completed form**