**ETHIOPIA POST ADOPTION - FAMILY REPORT FOR YEAR 20\_\_**

Full name of child in Ethiopia:

Full name of child after adoption:

Date of Birth:

Orphanage of Child:

Date adoption was granted in court in Ethiopia:

Adoption Placing Agency: **Children’s House International**

Mailing Address: P.O. Box 447, Lynden, WA  98264

Phone: 360-383-0623 Fax: 360-383-0640

|  |  |
| --- | --- |
| **ADOPTIVE PARENTS** |  |
| Name(s): |  |
| Address: |  |
| City, State Zip:  Telephone: |  |
| **Current Status of Child** |  |

Health and safety of child:

Education:

Personality and socialization of child:

Cognitive development of child (include special interests and creativity):

Gross and fine motor skills of child:

Spiritual development of child:

Understanding and Appreciation of Ethiopia:

Pleasant or sad experiences of child over the past year:

Child’s relationship with parents, sibling(s), extended family and friends:

Adoption Satisfaction of Parents:

Family evaluation of adoption:

Respectfully submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Father Adoptive Mother Date