ADHS/DBHS PRACTICE TOOL, *WORKING WITH THE BIRTH TO FIVE POPULATION*
ATTACHMENT 1: CHILD'S ADJUSTMENT TO OUT OF HOME PLACEMENT

CHILD'S NAME: **DATE:**

Completed by a qualified behavioral health provider, when clinically indicated, for children living in a kinship placement, with Department of Child Safety' resource parents (foster or adoptive),OR in congregate care (shelter or group home).

What is the reason for the child not living with his/her parents?

How long has the child been living in your home?

Does the child have any prior familiarity with the current placement?

Describe the child's behavior and expression of emotions when s/he first arrived?

How would you describe the child's behavior and expression of emotions in your home now? Give specific examples:

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Does the child let you know when s/he has a need? If yes, how? Has this changed over the time the child has been in your home?

How does the child interact/respond to different members of the household?

What effect did the child's entry into your home have on you and others in the family?

What changes have been made in the home to accommodate the child?

_____ _____
Behavioral Health Provider (print name) Signature

_____ _____ _____
Behavioral Health Provider: Professional Credential(s) Date Time: Begin/End

_____ _____
Behavioral Health Professional Reviewer (print name) Signature

_____ _____ _____
BHP Reviewer: Professional Credential(s) Date Time: Begin/End