

## SELF STUDY

Your responses to the Self Study will be utilized to complete the adoptive home study. The Self Study process will give you ample time for thought prior to responding to the following topics. It will also offer you privacy for thought, as well as the flexibility to complete it within your own time frame. If you need more space, feel free to add extra sheets. If there are any areas in which you would prefer to discuss in person, that is okay. Your completed Self Study is due to your adoption worker **3 working days prior to your next visit**. Please **sign** the Self Study **using permanent ink** as this will be a permanent document in your file.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. How did you first become interested in adoption?

2. Why have you chosen to adopt? If there are any infertility issues, please identify and discuss them.

3. Please list the following information about your family's background.

**Mother's full name:**

Retired?  Yes  No    Occupation: \_\_\_\_\_    Age: \_\_\_\_\_    If deceased, year: \_\_\_\_\_

Education: \_\_\_\_\_

City/State of residence: \_\_\_\_\_

**Father's full name:**

Retired?  Yes  No    Occupation: \_\_\_\_\_    Age: \_\_\_\_\_    If deceased, year: \_\_\_\_\_

Education: \_\_\_\_\_

City/State of residence: \_\_\_\_\_

List names and residence of all siblings and step-relatives, if appropriate.

**Name:**

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

Education: \_\_\_\_\_

Single     Married     Divorced    # Children \_\_\_\_\_

City/State of residence: \_\_\_\_\_

**Name:**

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

Education: \_\_\_\_\_

Single     Married     Divorced    # Children \_\_\_\_\_

City/State of residence: \_\_\_\_\_

**Name:**

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

Education: \_\_\_\_\_

Single     Married     Divorced    # Children \_\_\_\_\_

City/State of residence: \_\_\_\_\_

4. Growing up . . . write a lot about your childhood, beginning from early childhood memories through high school. Then list at least three of your fondest childhood memories. Also, mention school (activities, grades, likes/dislikes).

5. Briefly share how you felt about or saw the relationship between your mother and father with each other, as well as with you.

6. In what ways are you alike or different from your mother and father?

7. How were you disciplined as a child? (If you were spanked, please indicate frequency and elaborate.)

8. In what ways would you bring up your child as you were reared? What would you do differently? (If you were spanked, do you plan to continue this practice; please elaborate.)

9. Was there anything missing in your childhood? If so, discuss.
10. What contact have you had with persons who have adopted or who have been adopted?
11. How will you answer the child's questions regarding past history, birth, family, etc.?
12. How do you think your friends and family will react to your adoption plans? If you have already shared your adoption plans, list actual reactions. (Discuss potential prejudice toward the child and you if you believe that could occur.)
13. What experience have you had in caring and relating to children?
14. What contact have you had with persons of other racial and cultural backgrounds?
15. If you are considering a transracial adoption, are you comfortable with expanding your routine contact with persons of other racial and cultural backgrounds?  Yes  No  
Are you comfortable with the fact that you will become a multicultural (minority) family?  Yes  No  
What thoughts do you have about this?
16. If you plan on an international or transracial adoption, do you expect any problems in your neighborhood? If you do experience problems, how will you address them?

17. If you plan on an international or transracial adoption, what contributions can you make in helping the child develop an awareness and appreciation of his/her culture? (Please list specific examples.)

18. What discipline techniques do you anticipate using with a child?

If you think you will use any of the following discipline techniques, please check them:

- Talking to the child
- Giving the child choices
- Structuring the environment
- Encouragement
- Spanking  Spanking, as a last resort
- Logical consequences
- Natural consequences
- Redirection
- Grounding
- Putting the child in time-out
- Putting a toy in time-out when not used properly

19. Do your expectations for a child differ depending on whether the child becomes yours through birth or adoption? Yes No Are you willing to adjust your expectations? Yes No Please elaborate.

20. If you have other children, what do they expect and how will you help them adjust?

21. What type of child(ren) are you interested in adopting?

Age range

Health

Siblings Yes No If Yes, how many?

Special needs Yes No

Number of children

22. If you have children, what types of activities do you enjoy with your children?

23. If you already have children, please submit an attachment listing each child from your present marriage and any from previous marriage and describe her/him. Include their residence and date of birth.

24. Describe your personality and discuss your most meaningful values.

25. What do you like best about yourself?

26. What would you like to change about yourself?

27. What have been the most fulfilling accomplishments in your life?

28. What leisure time activities do you enjoy with yourself, your spouse, your friends?

29. Comment on your health, elaborating on any special circumstances or problems.

If you are adopting from **China**, please list **all** surgeries, identifying the type of surgery and date.

30. What is your current use of medication, alcohol, or tobacco?

Are your medications in a locked container? Yes \_\_\_ No \_\_\_

If Yes, are they in a box \_\_\_ cabinet \_\_\_ other \_\_\_\_\_

Do you smoke? \_\_\_Yes \_\_\_No If Yes, will you smoke around the child? \_\_\_Yes \_\_\_No

In the house? \_\_\_Yes \_\_\_No

31. Have you ever participated in counseling? \_\_\_Yes \_\_\_No

If Yes, list actual dates: Counseling began on \_\_\_\_\_, ended on \_\_\_\_\_

Are you currently in counseling? \_\_\_Yes \_\_\_No

Describe reason(s) for counseling.

32. Have you ever been arrested for any offense?  Yes  No If Yes, explain in detail (add attachment if needed).

Have you ever been charged with, convicted of, or had a history of child abuse/neglect, substance abuse, sexual abuse, or domestic violence?  Yes  No If Yes, explain in detail (add attachment if needed).

33. Have you ever been rejected from another adoption agency?  Yes  No  
Have you ever attempted to adopt independently or in any other way?  Yes  No If Yes, please elaborate.

34. Please list the following:

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Eye color \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birthplace - City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Social Security # \_\_\_\_\_

35. What is your heritage? (for example, Irish, German, English, etc.)

36. Your education:

**Name of High School:**

City, county, and state of high school:

Year graduated:

**Name of College:**

City, county, and state of college:

Year graduated:

Degree:  Associate  B.A.  B.S.  M.A.  M.S.  Ph.D. Other:  Degree in: \_\_\_\_\_

**Name of College:**

City, county, and state of college:

Year graduated:

Degree:  Associate  B.A.  B.S.  M.A.  M.S.  Ph.D. Other:  Degree in: \_\_\_\_\_

**Other education, training, certification:**

37. Marriage

Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

How long did you date prior to marriage?

How did you meet?

38. How would you describe your marriage?

39. What attracted you to your spouse?

40. Describe the qualities you like the most about your spouse.

41. Describe anything you wouldn't mind being different about your spouse.

42. How do you and your spouse handle disagreements or conflicts?

43. Describe how your marriage has changed in the years since it began.

44. If you have been unable to have a birth child, how have you dealt with this?

45. Previous marriages: \_\_\_\_\_  
Name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_  
County and state of marriage: \_\_\_\_\_  
Reason for divorce (please be as explanatory as you can.)

46. How are frustration, anger, and hurt feelings expressed and resolved within your marriage?

47. What makes communication effective?

48. Do you have any pets?  Yes  No If Yes, what kind and how many?

Are they  inside or  outside pets? (comments)

49. Describe your home and property (narrative), then note the following:

Number of rooms: List rooms:

Value of the home: \$ Square footage: Lot size/acreage:

Basement:  Yes  No Garage:  Yes  No

Age of the home: Date you moved into the residence:

50. Number of smoke detectors: Location(s):

51. Do you have at least one fire extinguisher?  Yes  No Location(s):

52. Other than Kentucky, in what state(s) have you lived within the past ten years?

List all states where you have lived since you were age 18 and the year(s) you lived in each state. (A child abuse clearance must be obtained from each state.)

53. Do you anticipate moving outside the state within the next year?  Yes  No

54. Describe the city or town in which you live.

What is the population?

What is the type of industry?

55. List employment in the past 10 years, including current. (Add attachment if needed.)

<u>Employer</u>	<u>Position</u>	<u>Dates of Employment</u>
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56. How do you feel about your present employment? (Include job security, work satisfaction, future employment goals.)

57. Do you experience any problems living within your monthly income?  Yes  No

If Yes, please elaborate:

Have you or your spouse ever filed for bankruptcy? \_\_\_Yes \_\_\_No

58. Spirituality - what's important to you? (Describe any church related involvement/activities. What type of church or worship? How often do you attend church?)

59. How will you instill a sense of spirituality in the life of your child?

60. Who will the guardian of your child be (in the event of death of both adoptive parents, or your death, if single and are adopting)? (If naming a couple as guardians, include information on both guardians.)

Name(s):

Age of guardian(s):

Street address, city, state, zip:

Relationship (for example, sister of adoptive mother):

Guardian(s) occupation:

Does the guardian have any children? \_\_\_Yes \_\_\_No List each child's name and age:

61. How much leave time do you plan to take when you receive the child?

62. If you have a current passport, please list the exact way your name is listed:

63. What will your childcare arrangements be after leave time is taken? (day care, childcare provider coming to home, stay-at-home parent, etc.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*For Agency Use Only*

Date of Visit

Joint Interview

Individual Interview

Home Visit

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*(Rev. 08/08)*