**Annual report on adopted child from Ukraine**

*Please fill-in and print out, actual signatures required*

IMPORTANT. Please note:

Please include 8-10 recent photos of your child with this report. Please identify photos on the back with a china marker, felt tip pen of an address label.

Include a photocopy of any medical, therapist or psychological reports if any occurred in this month.

Annual report on adopted child from Ukraine **need not** authentication.

1. BIOGRAPHICAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| ***Child’s name(s) after adoption:*** |  | |  | | --- | |  | |
| ***Child’s name(s) before adoption:*** |  | |  | | --- | |  | |
| ***Date of birth:*** |  | |  |  |  | | --- | --- | --- | |  |  |  | | *Day* | *Month* | *Year* | |
| ***Date of adoption:*** |  | |  |  |  | | --- | --- | --- | |  |  |  | | *Day* | *Month* | *Year* | |
| ***Child’s place of birth:*** |  | |  | | --- | |  | |
| ***Parent name(s):*** |  | |  | | --- | |  | |
| ***Parent’s address:*** |  | |  | | --- | |  | |
| ***Phone / Fax / Email:*** |  | |  |  |  | | --- | --- | --- | |  |  |  | |
| ***SKYPE/Social network accounts*** |  | |  |  |  | | --- | --- | --- | |  |  |  | |

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| 1. *MEDICAL INFORMATION* |

Date of last medical exam: (Month/Day/Year)  
Height:   
Weight:   
Result of general check-up (major illnesses and hospitalizations):

|  |
| --- |
| 1. *INFORMATION ON CHILD’S DEVELOPMENT* |

**Personality Development:**

**New Accomplishments / Achievements:**

|  |
| --- |
| 1. *DAILY ROUTINE / LIVING CONDITIONS* |

**Diet, Eating Habits, Sleep, Napping Patterns:**

**Likes and Dislikes:**

|  |
| --- |
| 1. *ADJUSTMENT TO A NEW ENVIRONMENT* |

**Interaction With Immediate Family:**

**Acceptance by extended family:**

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| --- |
| 1. *ADDITIONAL COMMENTS OR INFORMATION* |

**Adoptive father’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (month/day/year):\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Adoptive mother’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (month/day/year):\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_