

ADOPTION STAFFING SUMMARY

Child(ren)'s Name	Date of Staffing
Date of Birth	
Child(ren)'s Needs	
Family Selected	Alternate Family

Were relatives considered for placement? Yes No
 Please explain:

Were current foster parents considered for placement? Yes No
 Please explain:

Are siblings being placed together? If not, please explain. Yes No
 Address arrangements for ongoing sibling contact.

1. Strengths of the selected family to meet child(ren)'s needs.
2. General strengths considered in selecting this family.
3. Identify any needs of this family which will require additional support.
4. Identify any other considerations.

5. If selected family declines, the worker can proceed with placement with alternate family. Yes No

6. Present at staffing (name and title).