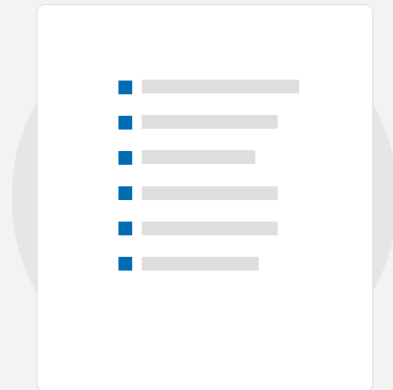


Practice Questions and Answers for Adoptive Parents

A free checklist for adoptive parents. Save or print a copy.



1. Who is the driving force for wanting to adopt?

- ☐ Me (definitely)
- ☐ Me (a little bit more than my spouse)
- ☐ My spouse/partner (definitely)
- ☐ My spouse/partner (a little bit more)
- ☐ Both want to adopt about the same

2. Will this driving force dynamic cause conflict in your relationship?

- ☐ Yes
- ☐ No
- ☐ Possibly

3. What age child would you prefer to adopt?

- ☐ Newborn (under six months)
- ☐ Infant (newborn to 2)
- ☐ Preschooler (3 to 5)
- ☐ Primary school (6 to 10)

☐ Middle school (11 to 14)

☐ High school (15 to 18)

4. How firm are you on the age selected above?

☐ Absolutely firm

☐ Willing to explore slightly older/younger

☐ Not sure at all

5. Which of the following racial heritages would you be willing to consider in an adoptive child? (Select all that apply)

☐ Any Child

☐ Asian

☐ Black

☐ Caucasian

☐ Caucasian/Black

☐ Hispanic

☐ Native American

☐ Multi-Racial

6. Which gender would you prefer in your child?

☐ Girl

☐ Boy

☐ Either

7. Would you consider twins?

☐ Yes

☐ No

8. Would you consider siblings?

☐ Yes

☐ No

9. Which of the following disabilities or risk factors would are you willing to consider in an adoptive child? (Check all that apply)

- ☐ Alcohol exposed (occasional)
- ☐ Alcohol exposed (frequent)
- ☐ Drug exposed (occasional)
- ☐ Deafness
- ☐ Developmental disabilities (mild)
- ☐ Developmental disabilities (moderate)
- ☐ Developmental disabilities (severe)
- ☐ Mild or medically correctable condition
- ☐ Smoking exposed
- ☐ Emotional/mental disorders in family
- ☐ Emotional/mental disorders in child
- ☐ Premature birth
- ☐ Club foot
- ☐ Cleft palate or lip
- ☐ Down Syndrome
- ☐ Epilepsy in child
- ☐ Epilepsy in family
- ☐ Blindness
- ☐ Diabetes in child
- ☐ Diabetes in family
- ☐ Conceived through rape
- ☐ Conceived through incest
- ☐ Nothing known about father
- ☐ Nothing known about mother

10. Do you feel you are stable in your relationship as a couple without having children?

- ☐ Yes
- ☐ No
- ☐ Unsure

11. Will friends and family members be supportive of your plans to adopt?

- ☐ Yes
- ☐ No
- ☐ Unsure

12. What level of openness are you willing to consider with birth parents?

- ☐ Identifying open adoption
- ☐ Open adoption without sharing identifying information
- ☐ Exchanging letters and photos only
- ☐ Completely confidential (closed) adoption

13. Where would you be willing to go to adopt? (Select all that apply)

- ☐ Only in our state
- ☐ Neighboring states
- ☐ Anywhere in U.S.
- ☐ International

14. Have you put an adoption budget together?

- ☐ Yes
- ☐ No
- ☐ Don't know where to begin

15. When and how do you feel children should be told they're adopted?

- ☐ As early as possible
- ☐ Mid- to late-childhood
- ☐ As adults
- ☐ Only when they ask
- ☐ Only when they find out
- ☐ Never
- ☐ Not sure

16. Would you support/assist your child if he/she wanted to search, contact, or have a relationship with his/her birthparents?

- ☐ Yes
- ☐ No
- ☐ Don't know

17. Will you or your partner change your workload or work schedule outside the home after the adoption?

- ☐ Yes, I will stay at home with the child
- ☐ Yes, my partner will stay at home with the child
- ☐ I will reduce my work load to part time
- ☐ My partner will reduce his/her work load to part time
- ☐ Will remain the same
- ☐ Already stay-at-home

18. Are you ready to love an adopted child as much as one you gave birth to biologically?

- ☐ Yes
- ☐ No
- ☐ I think so
- ☐ I don't know

19. Would you prefer to continue with infertility treatment before seriously pursuing adoption?

- ☐ Yes, I want to
- ☐ No, I don't want to
- ☐ My partner wants to, but I don't
- ☐ My partner does not want to, but I do
- ☐ Not sure

20. How long are you willing to wait to adopt?

- ☐ Up to six months
- ☐ Six months to 1 year

☐ 1 year to 2 years

☐ 2 to 3 years

☐ However long it takes

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