

NEVADA SOCIAL SUMMARY

Date Completed: _____
Name of Child: (First, Middle, Last initial) _____
DOB: _____ Gender Assigned at Birth: _____
Currently Identifies As: *(If child is too young to identify leave as N/A)* _____
Preferred Pronouns: _____
Place of Birth: _____
Was Mother Married at Birth: _____
Child's Primary Language: _____
Other Language(s): _____
Does ICWA Apply: _____
Race / Ethnicity: _____

I. DESCRIPTION OF CHILD

- A. Physical Description, Personality, Temperament, Moods Likes, Dislikes, Strengths and Positive Attributes: *(Describe height and weight. How is the child's personality, moods, temperament? How does the youth describe self? If ICWA applies, please elaborate.)*

Cultural Description: (ICWA, LGTBO, Customs, Traditions)

- B. Identified Special Needs, Diagnosis, and Allergies: *(Give specific diagnosis, date received and from where? Describe services provided, medical challenges, drug exposure in utero (FAS/FAE), birth information, description of developmental delay(s). Where was child diagnosed and what services are in place to address needs? Describe psychological evaluation dates and summary of recommendations. Physical, prenatal, and genetic test quotes from assessments are preferred.)*

- C. Challenging Behaviors, Dangerous Habits (Tantrums, Destruction of Property, Sexual Acting Out or Suicidal Ideation): *(Describe child's overall behavior. How does the child respond to discipline, what types? What comforts the child? Can the child self-soothe, or does child have to be redirected? Is the child considered to be more of an introvert or extrovert? Describe child's behavior at home, school, with friends, etc. What frustrates the child and how do they react? Detail interventions or conclusions?)*

II. BIRTH RECORDS, PHYSICAL DEVELOPMENT, AND CURRENT INFORMATION

- A. Birth: *(Complete birth history- height, weight, head circumference, chest circumference, APGARS, place, date, time of birth, labor and delivery information, complications, drug exposure in utero (FAS/FAE), lab work, discharge orders.)*

- B. Current Health: *(Describe overall health and include information about Nutrition, Dental, Exams, Mental Health Supports and/or Interventions, Hospitalizations, Immunizations, Accidents, Medications and why are they taken?)*

C. Daily Habits/Activities/Schedules: *(Describe eating habits, social skills, consistent patterns or routines, self-help skills, and unhealthy habits such as nail biting, biting others, etc.)*

D. Methods of Discipline Child Best Responds: *(Describe positive reinforcements, soothing techniques, behavior modification strategies.)*

E. Sleeping Habits/Problems: *(Does the child have consistent nightmares, fear of the dark, display bedwetting, need a blanket, night lights, or other soothing items?)*

II. INTELLECTUAL DEVELOPMENT

A. Early Development and Birth Defects: *(What were the child's major milestones? When did the child crawl, walk, talk, roll over? What is the child's level of self-help skills? Did the child access Early Intervention services?)*

- B. Schooling: *(Describe child's overall academic performance. List the current school grade. How many schools has child attended? Include IFSP/IEP information, 504 Plan, classroom setting and/or resources, current teacher's name, favorite and least favorite academic subject(s). Describe interaction with peers, teachers, and any other school staff. Include any academic testing results and whether tests are ongoing, yearly, etc. Is child on target for graduation?)*

III. INTERPERSONAL RELATIONSHIPS

- A. Relationships with Biological Family Including Extended Family:

- B. Placement of Siblings: *(Using first, middle, last initial list all siblings' names, placements, medical issues, or special needs if any. Are there any TPR's or relinquishments on siblings? Who? Have siblings been adopted? Why are they not placed together?)*

C. Describe Contact with Siblings: *(Describe level of contact and with who? Are they aware of other siblings? Is there a court ordered sibling visitation? If so, what are the details/specifcs?)*

D. Strength of Sibling Bond: *(Is this encouraged or discouraged? Describe.)*

E. Connections Important to Child: *(Is there fictive kin, Mentor(s), Church Connections, Relatives, School Personnel, etc.?)*

IV. FOSTER CARE HISTORY

A. Explain Circumstances Surrounding the Child's Removal from the Home: *(Include all removal episodes.)*

B. Length of Time in Foster Care: *(Include all placement episodes.)*

C. Describe Child's Placement History and the Child's Reaction and Understanding to each move: *(List every placement including any failed reunification placements and reason why child was moved from each location. Be as specific as possible listing dates, giving timelines, locations, runaway, etc. "Child is too young to understand" is not acceptable unless child was removed directly from the hospital.)*

D. Current Living Situation: *(How long has the child resided in current home? How is child's relationship to household members? Detail number of children in home. Are children foster, biological, etc.? Were adjustments needed when placed? Is current placement the identified permanent placement?)*

V. COMPREHENSION OF ADOPTION

A. Child's Understanding and Expectation of Adoption if Applicable: *(Is child ready and prepared for an adoptive placement? If yes or no, explain why. If a placement has been identified, give information here. If placement has not been identified, what does worker see as the appropriate type of family for this child? What family attributes does the child desire for an adoptive home? Does child have a WWK recruiter?)*

B. Feelings Toward Biological Parents' Inability to Rear Him or Her: *(Describe therapist input. Does the child speak negatively or positively?)*

C. Last Contact with Biological Family and Reaction: *(Describe when and specifics.)*

D. Capacity of Child to Relate to New Family Setting: *(Describe bonding issues and child's view of family. How is child doing now? How has child done in the past? What does the child and current caregiver need to assist with transitions such as increase in counseling, special objects, finances, etc.?)*

E. Date of Relinquishment or Termination Ordered or Consent: (*Was relinquishment/TPR voluntary or involuntary?*)

F. Reasons Why Reunification Did Not Work: (*If child is not legally free, what is the status?*)

VI. BIOLOGICAL FAMILY (To ensure privacy requirements are met, first names only)

A. **MOTHER (first name only):**

Date of Birth: _____

Place of Birth: _____

Age, Physical Description, Ethnicity, and Religion:

Lifestyle, Education, Positive Attributes, and Marital Status:

Medical History: (*Give known pregnancy history to include number of live births, miscarriages, and any complications with pregnancy. Were there any evaluations or diagnosis?*)

Mental Health: (*Any paternal family history of mental health diagnosis? What was the mental health disorder? How was this information acquired and when?*)

Substance Abuse: *(Any paternal family history of substance abuse? What was the substance? Include dates of substance abuse evaluations, type of evaluations conducted, etc.)*

Personality and Interests: *(What are the mother's likes, dislikes, strengths, etc.? What is important information for the child to have?)*

Maternal Relatives: *(List any/all relatives, using first name only. Indicate all medical information available in this section. Indicate if grandparental rights are preserved and if there is visitation with any relatives.)*

B. **FATHER(first name only):**

Date of Birth:
Place of Birth:
Putative or Legal:

Age, Physical Description, Ethnicity, and Religion:

Lifestyle, Positive Attributes, Education, and Marital Status:

Medical History: *(Any evaluations or diagnosis?)*

Mental Health: *(Any paternal family history of mental health diagnosis? What was the mental health disorder? How was this information acquired and when?)*

Substance Abuse: *(Any paternal family history of substance abuse? What was the substance? Include dates of substance abuse evaluations, type of evaluations conducted, etc.)*

Personality and Interests: *(What are the father's likes, dislikes, strengths, etc.? What is important information for the child to have?)*

Paternal Relatives: *(List any/all relatives, first name only. Indicate all medical information available in this section. Indicate if grandparental rights are preserved and if there is visitation with any relatives.)*

Date Completed on: _____ By: _____
Contractor for (*Jurisdiction*)

Approved by: _____
Social Worker Supervisor

This Social Summary is a summary of information gathered on the child written by a third party.

The prospective adoptive parents understand that the above information was compiled from case files and available medical records. By signing this report, the adoptive parents acknowledge that _____ (*jurisdiction*) provided and disclosed adequate information regarding the special needs and background history of the child to allow the adoptive parents to follow through with the completion of the adoption.

The adoptive parents also understand that due to unknown factors and the unknown history of the child, that potentially the child may display behavior and/or emotional problems in the future. The adoptive parents also understand that all the information currently available to _____ (*jurisdiction*) pertaining to this child has been given to the adoptive parents for their review.

We, _____ have read and understand the information contained in this social summary report on _____.

Adoptive Parent Signature _____ Date _____

Adoptive Parent Signature _____ Date _____