

# SUGGESTED PRE-PLACEMENT AND TIME-OF-PLACEMENT QUESTIONS

Below is a list of questions to ask before agreeing to the placement of a child into your home. There will be times and circumstances when a worker has limited information about the child they need to place. When information is available, however, it will help you determine if the child will be a good fit for your family and your parenting abilities. This list can be a helpful resource for obtaining information. You might want to have a copy readily available to refer to when you get a call about a possible placement.

## PRE-PLACEMENT QUESTIONS:

**Child's Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**When would the child need to be placed in my home:** \_\_\_\_\_

**Reason for being placed in foster care:** \_\_\_\_\_

**Is this their first placement?** Yes No

If moving from another foster home, what is the reason? \_\_\_\_\_

**Where are the biological parents living?** \_\_\_\_\_

**What contact will be allowed with the parents?** \_\_\_\_\_

**Does the child have siblings?** Yes No

Names of siblings:

Where they are living:

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**What is the visitation plan with siblings and parents?** \_\_\_\_\_

**What services are involved with this child and family?** \_\_\_\_\_

**What will be my role in these services?** \_\_\_\_\_

**Will I be expected to provide transportation?** Yes No

If so, where to and how often? \_\_\_\_\_

**What is the child's legal status?** \_\_\_\_\_

**Is this a concurrent placement (is our home being considered as a possible adoptive resource for this child)?** Yes No

**How long do you anticipate the child will be with us?** \_\_\_\_\_

**Does the child have any medical concerns?** \_\_\_\_\_

**Does the child have any allergies?** \_\_\_\_\_

**Is the child on medication?** Yes No

If so, what medication and what was it prescribed for? \_\_\_\_\_

**Does the child see a mental health professional?** Yes No

If so, who and how often? \_\_\_\_\_

**What are the child's strengths, interests and activities?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does the child have behavioral issues or other special needs?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does the child do any of the following?**

swear	hit	bite	kick	run away
soil pants	wet bed	set fires	sexually act out	use drugs
destroy property	fight	behave suicidally	instigate trouble	steal

**Is the child sexually active?** Yes No **Are they are on birth control?** Yes No

**Are they pregnant?** Yes No

**Has the child been sexually abused by a parent, caregiver or other person?** Yes No

If yes, please give further information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child made an allegation of abuse against a previous caregiver? Yes No

Has the child's parents made an allegation of abuse against a previous caregiver? Yes No

Where does the child attend school? \_\_\_\_\_ What grade? \_\_\_\_\_

Are there any school issues? \_\_\_\_\_

Does the child have a religious preference? \_\_\_\_\_

What are your expectations of me as a foster parent in caring for this child? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else I need to know in order to make an informed decision about whether I can parent this child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME-OF-PLACEMENT QUESTIONS:**

Gathering as much of the above information as possible will help you decide if you should accept a particular placement. It's important to remember that you have the right to say no to any placement that you do not feel is a good fit for your family and the children you are currently parenting, if it's a child who has behaviors you feel unable to cope with, or if it's just not a good time for you to add another child to your family. If you do agree to the placement, you will also want to obtain the following information at the time of placement or as soon thereafter as it is available.

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's Worker: \_\_\_\_\_

Worker's phone: \_\_\_\_\_ Worker's E-mail: \_\_\_\_\_

What should I do in case of an emergency? \_\_\_\_\_

What's the after hours number? \_\_\_\_\_ On-call number? \_\_\_\_\_

Who is the worker's supervisor? \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone the child should not have contact with? \_\_\_\_\_

Does the child need clothing? Yes No If yes, what size? \_\_\_\_\_

Is there a clothing allowance available? \_\_\_\_\_

Does the child have a medical card? \_\_\_\_\_

Who is the child's doctor? \_\_\_\_\_ Last exam? \_\_\_\_\_

Who is the child's dentist? \_\_\_\_\_ Last exam? \_\_\_\_\_

Does the child have any upcoming medical/dental/therapy appointments? \_\_\_\_\_

Who is the child's guardian ad-litem / attorney? \_\_\_\_\_

When is the next court hearing? \_\_\_\_\_

If the child will be changing schools, who is responsible for enrolling the child? \_\_\_\_\_

What is the child's understand of why he/she is in foster care? \_\_\_\_\_

Do you have any suggestions to help the child make a successful transition to our home?

Is there any other information I need to know about this child? \_\_\_\_\_



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