

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: June 1, 2013
	Tool 10.B: Child Social Summary	Version: 2

CHILD SUMMARY

CHILD'S FIRST NAME:

CHILD'S NICKNAME:

DATE OF BIRTH:

SEX:

RACE:

SIBLINGS:

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT:

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

TERMINATION OF PARENTAL RIGHTS:

Mother _____ Voluntary/Date _____ Involuntary/Date
 Father _____ Voluntary/Date _____ Involuntary/Date

II. FAMILY HISTORY

- A. History of Birth Family:
- B. Child's understanding of his past:
- C. Status of Siblings:

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

IDENTIFYING PHYSICAL FEATURES:

IV. EDUCATIONAL FUNCTIONING:

V. EMOTIONAL FUNCTIONING:

VI. PERSONALITY:

VII. MEDICAL INFORMATION:

VIII. HISTORY OF PLACEMENTS:

IX. CHILD'S STRENGTHS:

DATE COMPLETED:

DATE UPDATED:

Family Case Manager

Family Case Manager Supervisor

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