



SPECIAL NEEDS CONSIDERATION CHECKLIST

The following is a list of special needs that may be present in many of the children eligible for International adoption. The special need can be mild, moderate, or severe in scope. Please check the special needs that you would be willing to consider. It is also important to remember that ALL children likely will have trauma and/or institutional delays.

Please check either Yes, No or Maybe below. Your selection is for CHI to be informed and provide you with the appropriate training and resources to prepare you for adoption. Any selection made below does not guarantee approval to adopt a child with that special need.

Yes	No	Maybe	SPECIAL NEEDS
			BLOOD CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia
			CRANIO-FACIAL CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleft lip ___ unrepai <u>r</u> ed ___ repai <u>r</u> ed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleft palate ___ unrepai <u>r</u> ed ___ repai <u>r</u> ed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleft lip and palate ___ unrepai <u>r</u> ed ___ repai <u>r</u> ed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Port Wine Stain (may or may not include Sturge-Weber Syndrome)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumors
			DEVELOPMENTAL CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental delay (this can be emotional, physical, social, behavioral, or mental delays in comparison to other children their age. The child may or may not catch up) ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Down Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning Difference ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech delay ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive Delays ___ mild ___ moderate ___ severe

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Licensed in: Florida, Idaho, Louisiana, Texas, Utah and Washington

			CENTRAL NERVOUS SYSTEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy (non-progressive, non-contagious motor conditions that cause physical disability in human development, chiefly in the various areas of body movement) ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemiparesis (weakening of one side of the body)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of encephalitis, meningitis or other brain infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocephaly (abnormal accumulation of cerebrospinal fluid in the ventricles, or cavities, of the brain which may require surgery) ___ unrepaired ___ repaired
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macrocephaly (abnormal largeness of the head)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve damage to limbs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-Polio ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spina Bifida (a birth defect that involves the incomplete development of the spinal cord or its coverings) repaired ___ unrepaired
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder (brain disorder which causes disruptions in the electrical activity in the brain) ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy ___ mild ___ moderate ___ severe
			EYE AND/OR VISION CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amblyopia (lazy eye)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blindness (complete)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blindness in one eye
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congenital Cataracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strabismus (crossed eyes)
			ORTHOPEDIC CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congenital talipes equinovarus (clubbed feet) one foot ___ two feet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ectrodactyly (congenital defect involving a complete or partial absence of one or more digits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limb Length Difference (arms or legs are of different lengths)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polydactyly (extra digits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syndactyly (a condition where two or more digits are fused together)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rickets (softening of the bones most often due to lack of vitamin D or calcium)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis (lateral curvature in the normally straight vertical line of the spine.)
			HEART CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atrial Septum Defect (valve does not fully close)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coarctation of the Aorta (a pinched aorta)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventricular Septal Defect (valve does not fully close)

			INFECTIOUS DISEASES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B Positive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C Positive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS
			SKIN CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Albinism ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthmarks ___ on face ___ on other parts of the body
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burns ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Café Au Lait Spots (hyperpigmented lesions that may vary in color from light brown to dark brown, the borders may be smooth or irregular)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema, Psoriasis, and other chronic skin conditions in their most serious form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ichthyosis (genetic skin disorders which result in dry, thickened, scaly or flaky skin)
			UROGENITAL CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambiguous Genitalia (a birth defect of the sex organs that makes it unclear whether an affected newborn is a girl or boy. Causes include genetic abnormalities and hormonal problems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Agenesis (absence of kidney)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disorders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undescended Testicles (one or both testicles are missing from the scrotum and are lodged instead in the groin or inside the lower abdomen)
			MENTAL HEALTH CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bipolar/Schizophrenia ___ mild ___ moderate ___ severe
			OTHER CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Older/clinically healthy children (are considered special needs due to their age. Generally there are boys over the age of 7 and girls over the age of 10.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premature Birth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHD/ADD ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Exposure ___ mild ___ moderate ___ severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Exposure ___ mild ___ moderate ___ severe

IF THERE ARE ADDITIONAL SPECIAL NEEDS YOU WILL CONSIDER THAT ARE NOT ON THE CHECKLIST, PLEASE ADD THEM BELOW:

I/We understand that any selection of special needs listed above does not guarantee approval to adopt a child with that special need.

Date Signed _____

Prospective Adoptive Parent

Prospective Adoptive Parent

Printed Full Name

Printed Full Name

Children's House International Representative

REVIEW ONLY