

SCHOOL REFERENCE FOR ADOPTION

To: _____

RE: Student Name _____ DOB _____

Student Address _____

Student's Father _____

Student's Mother _____

Dear Concerned Educator:

Please provide the information requested below about the student identified above. The parents of the student identified above have asked to be approved as adoptive parents. Home Study Resource Consulting Inc. needs the information requested below to evaluate the parents' ability to act as adoptive parents, and to evaluate the student's ability to adjust to and accept the placement of an adoptive child in the student's home.

Thank you for your assistance. Please call me if you have any questions.

Sincerely,

Rhonda Clarkson

Social Worker

School Year/Grade _____ Attendance: _____ Regular _____ Irregular

Academic achievement: _____ Excellent _____ Good _____ fair _____ Poor

Student usually turns in homework on time _____ yes _____ no

Behavior in class: _____ Normal _____ Quiet _____ Active _____ Seriously Disruptive

Relationship with Teacher: _____ Responsive _____ Withdrawn _____ Dependent

Attitude of parents toward:

Students Academic Progress: _____ Concerned

_____ Demanding _____ Unconcerned _____ Hostile _____ Unknown _____

School: _____ Cooperative _____ Uncooperative _____ Hostile _____ Unknown

Additional Comments:

Signature

Title

Date

Ed: 12/3/13