

SOLUTION FOCUSED FAMILY CENTER



Interview Offices:

5950 Park Vista Circle, Suite 110
Fort Worth, TX 76244

4875 Preston Rd, Suite 200
Frisco, TX 75034

Telephone: 817-966-5401

Fax: 817-840-5519

www.solutionfocusedfamilycenter.com

info@solutionfocusedfamilycenter.com

Mailing Address:

8553 N. Beach St., Ste 189
Fort Worth, TX 76244

ADOPTION EVALUATION PARENTING REFERENCE QUESTIONNAIRE

You are being asked to participate in an adoption evaluation. The purpose of the evaluation is to make recommendations to the court as to if this adoption is in the child(ren) best interest. The adoptive parent has been asked to identify references to complete a questionnaire about their parenting. Your participation is voluntary. **Your responses are not confidential** - they may be shared with the court, the attorneys, and the parties involved in this suit. You may be called and asked additional questions about your responses.

Please do not return your response to the parent who asked you to complete this questionnaire. Send your completed questionnaire *as soon as possible* directly to:

Mindy Harrison w/ Solution Focused Counseling Center
8553 N. Beach St, Suite 189
Fort Worth, TX 76244

Please answer the following questions as completely and objectively as possible, confining your answers to what you have first hand knowledge of. You may use additional paper if necessary but please use **only 8 ½ x 11 inch** paper and **write on only one side**.

Your Name: _____

Last

First

Middle

Address: _____

Street

Apt. #

City

State

Zip Code

Home Phone Number: _____ Cellular Phone Number: _____

Email Address: _____

Full name of the person who asked you to complete this questionnaire:

PARENT'S NAME: _____

First

Last

1. What is your relationship with this parent?

2. How long have you known them?

3. How often do you have contact with them?

4. When was the last contact?

5. Do you know the child or children in this case? If YES, how often do you see them?

6. How often have you seen this parent and the child or children together?

7. Based on those observations how would you describe their relationship?

8. How does the parent communicate with their child(ren)? Can you provide examples?

9. What methods does the parent use to discipline their child(ren)? Are they effective?

10. How does the parent support their child(ren)'s interests and activities?

11. What activities do they enjoy doing together?

12. How does the parent respond to their child(ren)'s emotional needs?

13. How does the parent handle conflicts with their child(ren)?

14. How well does the parent understand their child(ren)'s developmental needs and milestones?

15. How does the parent handle difficulties or challenges their child(ren) faces?

16. How does the parent facilitate their child(ren)'s friendships and social interactions?

17. How does the parent interact with other family members, and what impact does that have on the child(ren)?

18. Have you observed any concerning behaviors in the child(ren)? How does the parent respond?

19. How does the parent manage stress or challenges in their parenting journey?

20. Does the parent seek support from others (friends, family, professionals)? How do they utilize that support?

21. What do you think are the parent's greatest strengths in their parenting approach?

22. Are there any areas where you feel the parent could improve?

23. Have you ever had any concerns about this parent related to emotional stability, substance use, anger, or other topics that may impact a person's ability to parent? If so, describe.

Other:

Any additional observations or information that you believe an evaluator should know?

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Signature: _____ Date Completed: _____