**CHILD AND FAMILY MATCHING FORM**

**To be used in conjunction with adoption panel minutes of the child and family**

**CHILD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | | **Surname** |  | **DOB** |  |
| **Ethnic descent** |  | | | | **Religion** |  |  |  |
| **Current Legal Status** | | |  | | | | | |
| **Date accepted at Panel** | |  | |

**SUMMARY OF CHILD’S NEEDS**

1 **Emotional Needs**

2 **Developmental Needs**

3 **Educational**

4 **Medical**

5 **Geographical Factors**

6 **Family Structure Needed**

7 **Leisure; interests/activities, pets/no pets**

8 **Birth parents expectations of kind of family sought (include cultural/religious considerations)**

9 **Child’s view of what sort of family she/he would like**

10 **What preparation work has been done with the child? What is their attitude to a new family?**

**11. Contact needs (indirect and direct)**

12 **Does this child meet the criteria for an adoption allowance?**

**13. Outline of post adoption support**

*(NB If a sibling group is being considered, this section of the form needs to be completed for each child)*

**CHILD AND FAMILY MATCHING FORM**

**To be used in conjunction with adoption panel minutes of the child and family**

### FAMILY

**1 How will this family meet the child’s emotional needs?**

**2 How will this family meet the child’s developmental needs?**

**3 How will the child’s educational needs be met with this family?**

**4 How will the child’s medical needs be met with this family?**

**5 Geographical factors**

**6 Family structure; how does this meet the child’s needs?**

**7 In what ways do the leisure activities/interests of this family match with those of the child?**

**8. Religious and cultural consideration**

**9. Understanding of the child’s legal situation**

**10. How will this family meet the child’s contact needs?**

**11. What are the strengths of this match?**

**12. What are the risks in this match and how could the likely risks be minimised?**

***(SECTION BELOW TO BE COMPLETED BY THE APPLICANT)***

**10 Have you had the opportunity to meet or hear from key people in the child's life, such as foster carers and medical adviser?**

**11 Would you like to comment on any of the questions in either the Child or Family Sections of this matching form?**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signed  Resource Worker |  | Signed  Applicant |

cf\_match