



# A Chosen Child Adoption Services

A SOUTH CAROLINA ADOPTION AGENCY AND NON-PROFIT CORPORATION

## CHILD FACTORS CHECKLIST

### Behaviors (Child)

| Could Accept                                  | Child Yes | Child No | Family Yes | Family No | Comments |
|---|-----------|----------|------------|-----------|----------|
| Abusive/Aggressive to others                  |           |          |            |           |          |
| Accident Prone<br>Bed-Wetting Enuresis        |           |          |            |           |          |
| Cheating                                      |           |          |            |           |          |
| Clings to Adults                              |           |          |            |           |          |
| Cruel to Animals                              |           |          |            |           |          |
| Destructive to Property                       |           |          |            |           |          |
| Discipline Problems                           |           |          |            |           |          |
| Fighting Frequently                           |           |          |            |           |          |
| Fire Setting                                  |           |          |            |           |          |
| Harmful to Self                               |           |          |            |           |          |
| Hyperactivity                                 |           |          |            |           |          |
| Impulsivity                                   |           |          |            |           |          |
| Lying   |           |          |            |           |          |
| Nightmares                                    |           |          |            |           |          |
| Obscene Language                              |           |          |            |           |          |
| Phobias                                       |           |          |            |           |          |
| Running Away                                  |           |          |            |           |          |
| Sexual: Masturbation                          |           |          |            |           |          |
| Provocative w/Adults                          |           |          |            |           |          |
| Sexually Aggressive /Abusive w/other Children |           |          |            |           |          |
| Sexually Active                               |           |          |            |           |          |
| Soiling (Encopresis)                          |           |          |            |           |          |
| Stealing                                      |           |          |            |           |          |
| Temper Tantrums                               |           |          |            |           |          |
| Truancy                                       |           |          |            |           |          |
| Withdrawal                                    |           |          |            |           |          |

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**Emotional / Mental (Child)**

| Could Accept                              | Child<br>Yes | Child<br>No | Family<br>Yes | Family<br>No | Comments |
|---|--------------|-------------|---------------|--------------|----------|
| Adjustment disorders                      |              |             |               |              |          |
| Antisocial / Other<br>Personali Disorders |              |             |               |              |          |
| Attachment disorder                       |              |             |               |              |          |
| Autism                                    |              |             |               |              |          |
| Bipolar Disorder /<br>Manic<br>Depression |              |             |               |              |          |
| Conduct Disorder                          |              |             |               |              |          |
| Delusions                                 |              |             |               |              |          |
| Depression                                |              |             |               |              |          |
| Gender Identity<br>Disorders              |              |             |               |              |          |
| Obsessive Compulsive<br>Disorders         |              |             |               |              |          |
| Panic/Anxiety<br>disorders                |              |             |               |              |          |
| Post Traumatic Stress<br>Disorder         |              |             |               |              |          |
| Schizophrenia                             |              |             |               |              |          |
| Separation Anxiety<br>Disorder            |              |             |               |              |          |
| Sleep Disorders                           |              |             |               |              |          |
| Suicide<br>Ideation/Attempts              |              |             |               |              |          |

**Neuro / Musculoskeletal (Child)**

| Could Accept        | Child<br>Yes | Child<br>No | Family<br>Yes | Family<br>No | Comments |
|---------------------|--------------|-------------|---------------|--------------|----------|
| Alzheimer's Disease |              |             |               |              |          |
| Arthritis           |              |             |               |              |          |
| Cerebral Palsy      |              |             |               |              |          |
| Epilepsy/Seizures   |              |             |               |              |          |
| Multiple Sclerosis  |              |             |               |              |          |
| Muscular Dystrophy  |              |             |               |              |          |
| Orthopedic Problems |              |             |               |              |          |
| Paralysis           |              |             |               |              |          |
| Physical Handicaps  |              |             |               |              |          |
| Parkinson's Disease |              |             |               |              |          |
| Spina Bifida        |              |             |               |              |          |

**AIDS / HIV / STD's (Child)**

| Could Accept      | Child<br>Yes | Child<br>No | Family<br>Yes | Family<br>No | Comments |
|-------------------|--------------|-------------|---------------|--------------|----------|
| AIDS              |              |             |               |              |          |
| HIV+              |              |             |               |              |          |
| Venereal Diseases |              |             |               |              |          |

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 Signature

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 Signature

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 Date

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 Date

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 Name

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 Name