QIC•AG Quality Improvement Center for Adoption & Guardianship Support and Preservation

Vermont Permanency Survey

Learning from families formed through private domestic & intercountry/international adoption

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
FAMILY SERVICES DIVISION

125 YEARS 1890-2015 LUND
HOPE • OPPORTUNITY • FAMILY

The UNIVERSITY of VERMONT

The University of Texas at Austin
Texas Institute for Child & Family Wellbeing
School of Social Work

SECTION A. About Your Family

To begin, we would like to ask you a few questions about your family.

A1. How many adult caregivers, including yourself, live in your household?

☐ Number of adult caregivers

A2. How many children under the age of 21 do you currently have? (Please include biological, adoptive, foster, and step children, or any other child that depends on you for support)

☐ Total number of children under 21 years old

A3. How many of your children under the age of 21 live in your household?

☐ Total number of children in household

A4. How many of your children under the age of 21 are…?

☐ Biological children

☐ Adopted children from a public child welfare agency/ foster care

☐ Adopted children through a private domestic agency

☐ Adopted children through a private agency that facilitated an intercountry/international adoption

☐ Adopted children who are step children

☐ Adopted children who were adopted from another state's child welfare system/foster care

-> List state ☐

☐ Children in your legal guardianship

☐ Children in foster care

☐ Children in kinship care

☐ Step Children who are not adopted but in your home through marriage, civil union, or a domestic partnership with your partner or spouse

☐ Other ☐

SECTION B. Relationship to Child

We refer to the **Identified Child** in this survey. The Identified Child is your private domestic or intercountry/internationally adopted child whose birthdate is closest to the date of your filling out this survey. (Example: If you are filling this out on July 10th, the identified child would be your child's birthday that is closest to July 10th).

Please answer the following questions about your **Identified Child.**

B1. In what month and year was your child born?	____ / ____ MM YYYY
B2. What is your child's gender?	☐ Male ☐ Female ☐ Other
B3. Is your child of Hispanic/Latino origin, or is your child not of Hispanic/Latino origin?	☐ Hispanic/Latino ☐ Not Hispanic/Latino
B4. What is your child's race? (Check all that apply)	☐ American Indian or Alaska Native ☐ Asian/Asian American ☐ Black/African American/African ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian
B5. What is your child's nationality?	
B6. Does your child consider him or herself to be:	☐ Heterosexual or straight ☐ Gay or lesbian ☐ Bisexual ☐ I am unsure
B7. Was your child's adoption a private/domestic adoption?	☐ Yes ☐ No
B8. Was your child's adoption an intercountry/international adoption?	☐ Yes ☐ No
B9. In what year was the adoption finalized?	____ YYYY
B10. What agency assisted you with your intercountry/international adoption or private domestic adoption?	
B11. Since placement, how many months did it take you to finalize your child's adoption?	____ **months**
B12. Are you biologically related to your child, or are you not biologically related to your child?	☐ Biologically related ☐ Not biologically related- ***Go to B11.***

Complete if you are biologically related:	**B12a. What is your biological relationship to your child?**	☐ Grandparent ☐ Aunt/Uncle ☐ Sibling ☐ Cousin ☐ Other relative:
	B12b. Are you biologically related to your child through his or her birth mother or birth father?	☐ Through birth mother ☐ Through birth father
B13. Did you have a significant relationship with your child prior to when this child was removed from his/her birth parent's home?		☐ Had prior relationship ☐ Did not have prior relationship
B14. Did you foster your child prior to adoption?		☐ Yes ☐ No
B15. Prior to adoption, how long did your child live with you in your home?		☐ Years *(Enter 0 if less than 1)*
B16. How old was your child when you finalized the adoption?		☐ Years *(Enter 0 if less than 1)*
B17. Had your child ever previously been adopted or in legal guardianship?		☐ Had previously been adopted or in guardianship ☐ Had not previously been adopted or in guardianship
B18. Did you or do you have an agreement to maintain contact with the birth family of your adopted child?		☐ Yes ☐ No ☐ Don't know

SECTION C. Family Wellbeing

In completing this section, you will help us better understand family wellbeing and the challenges faced by parents caring for a child in Vermont. You will be asked to answer questions about your family's strengths, challenges, parenting, and your relationship to your **Identified Child**.

Family Relationships

C1. Please check the box that describes how often each statement is true for you or your family.

	Never	Very rarely	Rarely	Half the time	Frequently	Very frequently	Always
In my family, we talk about problems.	☐	☐	☐	☐	☐	☐	☐
When we argue, my family listens to "both sides of the story."	☐	☐	☐	☐	☐	☐	☐
In my family, we take time to listen to each other.	☐	☐	☐	☐	☐	☐	☐
My family pulls together when things are stressful.	☐	☐	☐	☐	☐	☐	☐
My family is able to solve our problems.	☐	☐	☐	☐	☐	☐	☐

Parenting

C2. Please read each statement below. Check the response that best describes how much you disagree or agree with each statement. ***When answering question about your child, please refer to your*** **Identified Child**

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
There are many times when I don't know what to do as a parent.	☐	☐	☐	☐	☐	☐	☐
I know how to help my child learn.	☐	☐	☐	☐	☐	☐	☐
My child misbehaves just to upset me.	☐	☐	☐	☐	☐	☐	☐

C3. Please tell us how often each of the following happens in your family. Think about your Identified Child when answering each question. Check the response that best fits how often each statement occurs.

	Never	Very rarely	Rarely	Half the time	Frequently	Very frequently	Always
I praise my child when he/she behaves well.	☐	☐	☐	☐	☐	☐	☐
When I discipline my child, I lose control.	☐	☐	☐	☐	☐	☐	☐
I am happy being with my child.	☐	☐	☐	☐	☐	☐	☐
My child and I are very close to each other.	☐	☐	☐	☐	☐	☐	☐
I am able to soothe my child when he/she is upset.	☐	☐	☐	☐	☐	☐	☐
I spend time with my child doing what he/she likes to do.	☐	☐	☐	☐	☐	☐	☐

Next, please answer the following questions about parenting your child (**Identified Child**).

C4. During the past month, how often have you felt that you just did not understand your child?

- ☐ Every day
- ☐ A few times a week
- ☐ Once a week
- ☐ Less than once a week
- ☐ Never

C5. How confident are you that your family can meet your child's needs?

- ☐ Extremely confident
- ☐ Very confident
- ☐ Somewhat confident
- ☐ Slightly confident
- ☐ Not at all confident
- ☐ *Don't know*

C6. How would you describe your relationship to your child over the past 6 months?

- ☐ Has gotten better
- ☐ About the same
- ☐ Has gotten worse
- ☐ *Don't know*

The next few questions ask you to think about the overall impact of adoption of your child on your family. Please think about your Identified Child as you answer each question.

C7. Overall, how would you rate the impact of your child's adoption on your family?

Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
☐	☐	☐	☐	☐	☐	☐

C8. Overall, how do you think your spouse, partner, or other adult caring for your child would rate the impact of your child's adoption on your family?

N/A	Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
☐	☐	☐	☐	☐	☐	☐	☐

C9. Overall, would you say the impact of your child's adoption on your relationship with your partner, spouse, or other adult caring for this child has been…?

N/A	Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
☐	☐	☐	☐	☐	☐	☐	☐

C10. Overall, would you say the impact of your child's adoption on your other children has been…?

N/A	Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
☐	☐	☐	☐	☐	☐	☐	☐

Belonging and Emotional Security Tool (BEST)

C11. The following questions ask about the relationships between you, your child, and your family. For each statement, please tell me if you strongly disagree, disagree, feel neutral, agree, or strongly agree based on your relationship with your Identified Child over the past 6 months.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My child belongs to our family.	☐	☐	☐	☐	☐
When something important happens to my child, I want to talk with him/her about it.	☐	☐	☐	☐	☐
I care deeply about what happens to my child.	☐	☐	☐	☐	☐
It makes me feel happy when we spend time together.	☐	☐	☐	☐	☐
I let my child know he/she is wanted.	☐	☐	☐	☐	☐
I expect to exchange holiday cards or gifts with my child just like everyone else in our family.	☐	☐	☐	☐	☐
I feel close to my child.	☐	☐	☐	☐	☐
I love my child.	☐	☐	☐	☐	☐
I trust my child.	☐	☐	☐	☐	☐
I would give my child money if he/she ever needed it.	☐	☐	☐	☐	☐
I include my child in family photos and portraits.	☐	☐	☐	☐	☐
I pay attention to my child when she/he asks for help.	☐	☐	☐	☐	☐
My child cares deeply about what happens to me.	☐	☐	☐	☐	☐
I include my child in family vacations.	☐	☐	☐	☐	☐
My child loves me.	☐	☐	☐	☐	☐
I let my child know he/she will be in our family for life.	☐	☐	☐	☐	☐
I let my child know he/she will always be able to count on my help.	☐	☐	☐	☐	☐
I will do everything to keep my relationship going when my child is no longer living at home.	☐	☐	☐	☐	☐
I find a way to stand behind my child even when he/she is wrong.	☐	☐	☐	☐	☐
I have done everything I can to make my child feel he/she belongs to our family.	☐	☐	☐	☐	☐
I am committed to my child for life, no matter what.	☐	☐	☐	☐	☐

SECTION D. Child Wellbeing

In this section, we will ask you questions about your child's strengths, challenging behaviors, and school experiences. This information will be used to help provide feedback to the Vermont System of Care about the experiences of families formed through adoption.

Educational Wellbeing

First, we will ask about your Identified Child's experiences in school. Please answer question D1 even if your child is not in school.

D1. What best describes your child's current educational status?

- ☐ Enrolled in school (Please enter grade level)
- ☐ In school, no grade level assigned
- ☐ Has not started school (due to age)
- ☐ Graduated/Received GED
- ☐ Dropped out
- ☐ Not in school for other reasons

- ☐ Pre-Kindergarten
- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

If your child is not in school (has not started school, graduated/received GED, dropped out, or not in school for other reasons) SKIP TO question D 11 (Child Social and Emotional Wellbeing).

D2. Does your child have or not have an Educational Support Team?

- ☐ Has an Educational Support Team
- ☐ Does not have an Educational Support Team

D3. Does your child currently have a 504 plan, or does your child not have a 504 plan?

- ☐ Has 504 plan
- ☐ Does not have 504 plan

D4. Does your child <u>currently</u> have an Individualized Education Program (IEP), or does your child not have an IEP?

- ☐ Has IEP
- ☐ Does not have IEP

D5. Does your child have at least one teacher at school who really understand his or her needs?

- ☐ Yes
- ☐ No
- ☐ *Don't know*

D6. How would you describe your child's school performance in reading and language arts?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

D7. How would you describe your child's school performance in math?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

D8. Since starting Kindergarten, has your child repeated any grades?	☐ Yes, has repeated grade ☐ No, has not repeated a grade ☐ Has not started Kindergarten

D9. During the past 6 months, please indicate whether your child participated or did not participate in any of these activities after school or on weekends.

Academic tutoring/support	☐ Participated	☐ Did not participate
Sports or athletic activities	☐ Participated	☐ Did not participate
Martial arts	☐ Participated	☐ Did not participate
Art, dance, or music class	☐ Participated	☐ Did not participate
Clubs or organizations	☐ Participated	☐ Did not participate
Religious youth group	☐ Participated	☐ Did not participate
Religious instruction/Sunday school	☐ Participated	☐ Did not participate
Volunteer work	☐ Participated	☐ Did not participate
Part-time job	☐ Participated	☐ Did not participate
Unpaid internship	☐ Participated	☐ Did not participate
Other (please describe):		

D10. During the past 6 months, has your child…

Changed schools for reasons other than grade promotion	☐ Yes	☐ No
Skipped school or cut classes without your permission	☐ Yes	☐ No
Received an in-school suspension	☐ Yes	☐ No
Received an out-of-school suspension	☐ Yes	☐ No
Been expelled from school	☐ Yes	☐ No
Received any awards, certificates, or made honor role	☐ Yes	☐ No
Had a leadership role in a club or organization	☐ Yes	☐ No

Child Social and Emotional Wellbeing

This next set of questions will ask you about your child's strengths, social wellbeing and emotional wellbeing. Please think about your **Identified Child** as you answer each question.

D11. In general, how easy or hard is it for your child to make friends?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Don't know/Does not apply*
D12. How much is your child liked by other children?	☐ A great deal ☐ A lot ☐ A moderate amount ☐ A little ☐ Not at all ☐ *Don't know/Does not apply*
D13. How much does your child get along with other adults in his/her life?	☐ A great deal ☐ A lot ☐ A moderate amount ☐ A little ☐ Not at all ☐ *Don't know/Does not apply*
D14. Does your child have others outside of your family who are positive influences in his/her life?	☐ Yes ☐ No ☐ *Don't know*
D15. Has anyone consistently been in your child's life since birth?	☐ Yes ☐ No ☐ *Don't know*
D16. How easy or hard is it for your child to bounce back quickly when things don't go his or her way?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Don't know/Does not apply*
D17. How easy or hard is it for your child to find things he/she likes about himself/herself?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Don't know/Does not apply*

D18. How easy or hard is it for your child to stay calm when faced with a challenge?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Don't know/Does not apply*
D19. How easy or hard is it for your child to ask for help?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Don't know/Does not apply*
D20. How optimistic is your child about his or her future?	☐ Extremely ☐ Very optimistic ☐ Moderately optimistic ☐ Slightly optimistic ☐ Not at all optimistic ☐ *Don't know/Does not apply*
D21. How often does your child offer to help others?	☐ Always ☐ Most of the time ☐ About half of the time ☐ Some of the time ☐ Never ☐ *Don't know/Does not apply*
D22. During the past 6 months, how often did your child show interest and curiosity in learning new things?	☐ Always ☐ Most of the time ☐ About half of the time ☐ Some of the time ☐ Never

D23. In your opinion, what are your child's three greatest strengths?

Strength 1:	
Strength 2:	
Strength 3:	

Challenging Behavior

D24. For this set of questions, we hope to better understand the behavioral challenges that your child may face. Please think about your child's behavior over the past 6 months and indicate whether the behavior is not true, sometimes true, or often true for your child. Please refer to your Identified Child.

In the past 6 months, your child....	Not true	Sometimes True	Often True
Has had difficulty concentrating	☐	☐	☐
Has been impulsive or has acted without thinking	☐	☐	☐
Has cheated or told lies	☐	☐	☐
Has argued too much	☐	☐	☐
Has demanded a lot of attention	☐	☐	☐
Has sudden changes in mood or feelings	☐	☐	☐
Has been restless or overly active and/or has not been able to sit still	☐	☐	☐
Has been stubborn, sullen, or irritable	☐	☐	☐
Has had a very strong temper and lost it easily	☐	☐	☐
Has been rather high strung, tense, or nervous	☐	☐	☐
Has not seemed to feel sorry after (he/she) has misbehaved	☐	☐	☐
Has been disobedient at home	☐	☐	☐
Has had difficulty getting mind off certain thoughts or had obsessions	☐	☐	☐
Has been disobedient at school	☐	☐	☐
Has been easily confused or seemed to be in a fog	☐	☐	☐
Has been too fearful or anxious	☐	☐	☐
Has had trouble getting along with other children	☐	☐	☐
Has bullied or has been cruel or mean to others	☐	☐	☐
Has been too dependent on others	☐	☐	☐
Has had trouble getting along with teachers	☐	☐	☐
Has felt worthless or inferior	☐	☐	☐
Has been unhappy, sad, or depressed	☐	☐	☐
Has been clinging to adults	☐	☐	☐
Has broken things on purpose or deliberately destroyed things	☐	☐	☐
Is not liked by other children	☐	☐	☐
Has felt or complained that no one loves (him/her)	☐	☐	☐
Has cried too much	☐	☐	☐
Has been withdrawn or has not gotten involved with others	☐	☐	☐
Has taken things that do not belong to him or her	☐	☐	☐
In the past 6 months, has your child....			
Been in trouble with the law or juvenile justice system?	☐ Yes	☐ No	
Been involved in a gang?	☐ Yes	☐ No	
Run away for a period more than 7 days?	☐ Yes	☐ No	

D25. Does your child have a physical health issue that impacts his or her daily functioning?

☐ Has physical health issue→ Explain: ☐ Does not have physical health issue	

D26. Does your child have mental health issues that impact his or her daily functioning?

☐ Has mental health issue→ Explain: ☐ Does not have mental health issue	

D27. Does your child have sibling conflicts that impact his or her daily functioning?

☐ Has sibling conflicts issue→ Explain: ☐ Does not have issue with sibling conflict ☐ Not applicable	

D28. Does your child have food or eating issues that impact his or her daily functioning?

☐ Has food or eating issues→ Explain: ☐ Does not have food or eating issue	

D29. Does your child have a physical disability that impacts his or her daily functioning?

☐ Has physical disability issues→ Explain: ☐ Does not have physical disability issue	

D30. Does your child have language issues that impact his or her functioning?

☐ Has language issues→ Explain: ☐ Does not have language issues	

D31. What language(s) did your child speak <u>when you adopted</u> him or her?	
D32. What language(s) does your child speak <u>now</u>?	
D33. Was your child exposed prenatally to alcohol or substance use?	☐ Yes ☐ No ☐ Don't know

D34. Does your child/youth have alcohol or substance use problems that impact his or her daily functioning?

☐ **Has alcohol/substance use problems→ Explain:** ☐ Does not have alcohol/substance use problems	

D35. Does your child/youth have an intellectual disability that impacts his or her daily functioning?

☐ **Has intellectual disability→ Explain:** ☐ Does not have intellectual disability	

D36.Please think about this child's physical and mental health, behavioral issues, and child care. In the past 6 months, did you or did anyone in your family have to quit a job, refuse a job offer, or change a job because of any of these issues with this child, or did they not have to do any of these things?

☐ **Yes, had job impact→ Explain:** ☐ No, did not have job impact	

Out of Home Care

D37 Since the adoption was finalized, has your child (Identified Child) ever lived outside of your home for two weeks or longer because he or she was…

Living with a relative or family friend?	☐ Yes	☐ No
Receiving treatment in a residential treatment setting?	☐ Yes	☐ No
Receiving treatment in a psychiatric hospital setting?	☐ Yes	☐ No
At summer camp or on extended vacation?	☐ Yes	☐ No
In a juvenile justice setting?	☐ Yes	☐ No
At a boarding school or in college?	☐ Yes	☐ No
Homeless or ran away from home?	☐ Yes	☐ No
In an emergency assessment bed?	☐ Yes	☐ No
Other (please describe):		

D38 Where is your child currently living?

- [ ] With me
- [ ] With a relative or family friend
- [ ] Residential treatment setting
- [ ] Psychiatric hospital setting
- [ ] Summer camp/extended vacation
- [ ] Juvenile justice setting
- [ ] Boarding school or college
- [ ] Run away or homeless
- [ ] Emergency assessment bed
- [ ] Other (please describe):

SECTION E. Caregiver Wellbeing

In this section, we will ask you questions about your own experiences as a parent for your child, past experiences you may have had, and the support from those around you. Additionally, we will ask a few more questions specifically around adoption.

Caregiver Resilience

E1. Please read each statement and indicate whether you strongly disagree, disagree, feel neutral, agree, or strongly agree with the statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I tend to bounce back quickly after hard times.	☐	☐	☐	☐	☐
B. I have a hard time making it through stressful events.	☐	☐	☐	☐	☐
C. It does not take me long to recover from a stressful event.	☐	☐	☐	☐	☐
D. It is hard for me to snap back when something bad happens.	☐	☐	☐	☐	☐
E. I usually come through difficult times with little trouble.	☐	☐	☐	☐	☐
F. I tend to take a long time to get over setbacks in my life.	☐	☐	☐	☐	☐

E2. In your opinion, what are your three greatest strengths as a parent?

Strength 1:	
Strength 2:	
Strength 3:	

E3. How often do you feel that you make a difference in the life of your child?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Some of the time
- ☐ Never
- ☐ *Don't know*

Caregiver Experiences over the Past 6 Months

E4. Next, please think back over the past 6 months and try to remember how things have been for YOU as a result of parenting your Identified Child who was adopted.

During the past 6 months, as a result of parenting your Identified Child who was adopted, how much was each of the following a problem for YOU?	Not at all	A little	A moderate amount	A lot	A great deal
A. Interruption of personal time?	☐	☐	☐	☐	☐
B. Missing obligations related to your job or similar responsibilities?	☐	☐	☐	☐	☐
C. Disruption of family routines?	☐	☐	☐	☐	☐
D. Financial strain for your family?	☐	☐	☐	☐	☐
E. Less attention paid to other family members?	☐	☐	☐	☐	☐
F. Disruption or upset relationships within the family?	☐	☐	☐	☐	☐
G. Disruption of your family's social activities?	☐	☐	☐	☐	☐
H. Disruption of friendships or significant relationships within the community?	☐	☐	☐	☐	☐
I. Poor self-care?	☐	☐	☐	☐	☐
J. Increase in your alcohol consumption or substance use?	☐	☐	☐	☐	☐

Please think back to how YOU have felt as a result of parenting your Identified Child who was adopted. During the past 6 months, as a result of parenting your child,	Not at all	A little	A moderate amount	A lot	A great deal
K. How isolated have you felt?	☐	☐	☐	☐	☐
L. How sad or unhappy have you felt?	☐	☐	☐	☐	☐
M. How angry or frustrated have you felt?	☐	☐	☐	☐	☐
N. How worried have you felt about your child's future?	☐	☐	☐	☐	☐
O. How worried have you felt about your family's future?	☐	☐	☐	☐	☐
P. How resentful have you felt?	☐	☐	☐	☐	☐
Q. How overwhelmed have you felt?	☐	☐	☐	☐	☐
R. How hopeful have you felt?	☐	☐	☐	☐	☐
S. How proud have you felt?	☐	☐	☐	☐	☐
T. How supported have you felt?	☐	☐	☐	☐	☐
U. How misunderstood have you felt?	☐	☐	☐	☐	☐
V. How judged or criticized have you felt?	☐	☐	☐	☐	☐

Caregiver's Adverse Childhood Experiences (ACES)

E5. The following questions ask about events that may have or have not happened to you during your childhood. These questions are more sensitive in nature, so please skip over any question that makes you feel uncomfortable. By asking these questions, we hope to better understand the early experiences of caregivers that may or may not impact how they relate to or parent a child later in life.

When you were growing up, during your first 18 years of life:		
Did you live with anyone who was depressed, mentally ill, or suicidal?	☐ Yes ☐ No	☐ *Prefer to skip*
Did you live with anyone who was a problem drinker or alcoholic, used illegal street drugs or who abused prescription medications?	☐ Yes ☐ No	☐ *Prefer to skip*
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	☐ Yes ☐ No	☐ *Prefer to skip*
Were your parents separated or divorced?	☐ Yes ☐ No	☐ *Prefer to skip* ☐ *Not applicable*
Did you live with a parent or guardian who died?	☐ Yes ☐ No	☐ *Prefer to skip*
Did anyone at least 5 years older than you or an adult ever touch you sexually or try to make you touch them sexually?	☐ Yes ☐ No	☐ *Prefer to skip*
Did anyone at least 5 years older than you force you to have sex?	☐ Yes ☐ No	☐ *Prefer to skip*
When you were growing up, during your first 18 years of life:		
How often did your parents, guardians or adults in your home ever slap, hit, kick, punch, or beat **each other up?**	☐ Many times ☐ A few times ☐ Once ☐ Never	☐ *Prefer to skip* ☐ *Not applicable*
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt **you** in any way?	☐ Many times ☐ A few times ☐ Once ☐ Never	☐ *Prefer to skip*
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	☐ Many times ☐ A few times ☐ Once ☐ Never	☐ *Prefer to skip*
How often were your basic needs unmet (food, shelter, clothing)?	☐ Many times ☐ A few times ☐ Once ☐ Never	☐ *Prefer to skip*

E6. How do these early experiences in your life impact the way you parent your child (the Identified Child) today?

Caregiver Support

The following questions as the support you receive from those around you.

E7. During the past 6 months, how often have you felt you could turn to a friend or family member for support?	☐ Always ☐ Most of the time ☐ About half the time ☐ Some of the time ☐ Never ☐ *Don't know*
E8. In the past 6 months has the support you receive from others increased, stayed about the same, or decreased?	☐ Support increased ☐ Support stayed the same ☐ Support decreased
E9. In the past 6 months, how easy or hard has it been to get child care when needed?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Have not needed*
E10. In the past 6 months, how easy or hard has it been to get respite when needed?	☐ Very easy ☐ Somewhat easy ☐ Somewhat hard ☐ Very hard ☐ *Have not needed*

Adoption Experiences

This set of questions asks more specifically about adoption. Please think about the **Identified Child** as you answer each question.

E11. In the past 6 months, how often did your child bring up adoption in conversation?	☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Never ☐ *Does not apply (Please explain)*
E12. In the past 6 months, how often did you bring up adoption with your child?	☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Never ☐ *Does not apply (Please explain)*
E13. How comfortable or uncomfortable are you answering questions about his or her birth parent's history?	☐ Very comfortable ☐ Somewhat comfortable ☐ Somewhat uncomfortable ☐ Very uncomfortable ☐ *Does not apply(Please explain)*

Contact with Birth Mother

E14.	In general, how important is it to you that the Identified Child has contact with his or her birth mother?	☐ Extremely important ☐ Very important ☐ Moderately important ☐ Slightly important ☐ Not at all important ☐ *Contact is not possible-(Please explain)*
E15.	In the past 6 months, how often has your Identified Child had contact with his or her birth mother?	☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Never ☐ *Contact is not possible* (Please explain)
Skip if no contact in past 6 months		
E16.	In the past 6 months, what type of contact has your Identified Child had with his/her birth mother? (Check all that apply).	☐ In-person/Visitation ☐ Phone/Skype/Facetime ☐ Mail/Email ☐ Social Media ☐ *Other* _____ ☐ *Contact is not possible*(Please explain)
E17.	In the past 6 months, how has your Identified Child's contact with his or her birth mother impacted your family?	☐ Very positive impact ☐ Slightly positive impact ☐ Neither positive nor negative ☐ Slightly negative impact ☐ Very negative impact ☐ *Contact is not possible* (Please explain)

Contact with Birth Father

E18.	In general, how important is it to you that the Identified Child has contact with his or her birth father?	☐ Extremely important ☐ Very important ☐ Moderately important ☐ Slightly important ☐ Not at all important ☐ *Contact is not possible (Please explain)*
E19.	In the past 6 months, how often has your Identified Child had contact with his or her birth father?	☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Never ☐ Contact is not possible (Please explain)

Skip if no contact in past 6 months	**E20. In the past 6 months, what type of contact has your Identified Child had with his/her birth father? (Check all that apply).**	☐ In-person/Visitation ☐ Phone/Skype/Facetime ☐ Mail/Email ☐ Social Media ☐ *Other* _____ ☐ *Contact* is not possible(Please explain)
	E21. In the past 6 months, how has your Identified Child's contact with his or her birth father impacted your family?	☐ Very positive impact ☐ Slightly positive impact ☐ Neither positive nor negative ☐ Slightly negative impact ☐ Very negative impact ☐ Contact is not possible (Please explain)

Contact with Birth Siblings

E22. How many birth siblings does your child have?	☐ Birth siblings ***If 0, skip to E28***
E23. How many of your child's birth siblings live outside of your home?	☐ Birth siblings outside of home- ***If 0, skip to E28***
Complete the following if your child has at least one birth sibling living outside of your home:	
E24. In general, how important is it to you that the Identified Child has contact with his or her birth siblings living outside of your home?	☐ Extremely important ☐ Very important ☐ Moderately important ☐ Slightly important ☐ Not at all important
E25. In the past 6 months, how often has your child had contact with his or her birth sibling living outside of your home? *Please refer to the birth sibling living outside of your home who has the most contact with the identified child.*	☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Contact is not possible(Please explain) ☐ Never-***Skip to E28***
Skip if no contact in past 6 months — **E26. In the past 6 months, what type of contact has your Identified Child had with this birth sibling? (Check all that apply)**	☐ In-person/Visitation ☐ Phone/Skype/Facetime ☐ Mail/Email ☐ Social Media ☐ *Other* _____ ☐ *Contact is not possible(Please explain)*
E27. In the past 6 months, how has your Identified Child's contact with this birth sibling impacted your family?	☐ Very positive impact ☐ Slightly positive impact

		☐ Neither positive nor negative ☐ Slightly negative impact ☐ *Very* negative impact ☐ *Contact is not possible(Please explain)*

This set of questions asks you to reflect on your adoption experiences with your child over time. Please think about the **Identified Child** as you answer each question.

E28. If you knew then what you know now, do you think you still would have adopted your child?	☐ Definitely would have ☐ Probably would have ☐ Might or might not have ☐ Probably would not have ☐ Definitely would not have
E29. How often do you think of ending this adoption? Would you say…?	☐ Never- ***Skip to section F*** ☐ Rarely ☐ Sometimes ☐ Usually ☐ Always

If you have thought about ending this adoption :

What were reasons why you thought about ending this adoption?

E30. Have you or your spouse/partner ever taken any of the following actions to end this adoption?

Spoke with a caseworker, adoption agency worker or social service agency worker about it	☐ Yes	☐ No
Spoke with an attorney about it	☐ Yes	☐ No
Spoke with a close friend or family member about it	☐ Yes	☐ No
Spoke with clergy or religious leader about it	☐ Yes	☐ No
Reached out online or via social media	☐ Yes	☐ No
Spoke with other (please describe):		

E31. Is there any additional information you would like to share about these actions?

SECTION F. Community Services

Pre-Permanency Services

F1. Please indicate whether your family used any of the following trainings and/or services. If a service was used, please describe how helpful it was in preparing you to parent the **Identified Child.**

Trainings/ Services	Did your family use this training / service?			If used, how helpful was this Training/ service?	
Pre-placement social work services	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Post placement supervision services	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Pre-placement training	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Vermont Adoption Consortium training conference	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Adoption Learning Partnership online training	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Vermont Foster and Adoptive Family Association Training/conferences	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Vermont Kin as Parents	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful
Transracial/Transcultural training	☐ Didn't know about	☐ No	☐ Yes →	*How helpful was this service?*	☐ Very helpful ☐ Somewhat helpful ☐ Not helpful

F2. Overall, how prepared did you feel to meet the needs of your child at the time of finalization?

- ☐ Extremely prepared
- ☐ Very prepared
- ☐ Moderately prepared
- ☐ Slightly prepared
- ☐ Not at all prepared

F3. Overall, how would you rate your adoption agency in preparing you to meet the needs of your child?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

Service Use in the Past 6 Months

F4. The table below provides a list of services that may be offered in your community. Please check any of the following services that you have used in the past 6 months (Check all that apply):

Family support services	School/Child care services for Identified Child	Medical services for Identified Child	Mental health services	Post permanency services
☐ Family counseling through community mental health ☐ Intensive family based services ☐ Case management service coordination ☐ DCF social work services ☐ Family safety planning ☐ Agency support services ☐ LGBTQ support services ☐ Online support/ Blogs ☐ Family Counseling through a private provider	☐ Regular child care services ☐ After school program ☐ Mentoring ☐ Behavior support services ☐ School-based clinician ☐ Alternative school	☐ Routine medical care ☐ Medication management ☐ Services for children who are blind or visually impaired ☐ Services for children who are deaf or hard of hearing ☐ Speech or occupational therapy ☐ Developmental disability case management services ☐ Physical disability ☐ Other developmental disability services (including personal care or family managed respite)	**Identified Child** ☐ Psychological assessment ☐ Individual counseling or therapy ☐ Group counseling ☐ Psychiatric medication ☐ Coordinated service plan/ACT 264 ☐ Care coordination/Case management ☐ Individual counseling (private provider) ☐ Substance abuse treatment **Caregiver** ☐ Individual counseling or therapy ☐ Group counseling ☐ Psychiatric medication ☐ Substance abuse treatment ☐ Individual counseling (private provider)	☐ Post permanency services ☐ Vermont Adoption Consortium (VAC) resource library ☐ Vermont Adoption Registry ☐ Post permanency/adoption newsletter ☐ Parent support group ☐ Post adoption trainings for adoptive parents ☐ Trauma assessment ☐ Training/Conference for families formed through adoption ☐ LGBTQ services/training ☐ Adoption/Assistance agreement (AKA subsidy)

The next three questions ask you about services in your community. Please refer to previous table for a list of services as needed.

F5. In your opinion, what are the top three most important services or supports for families formed through adoption?

Helpful Service 1:	
Helpful Service 2:	
Helpful Service 3:	

F6. In your community, what three services are most needed but hard to get or not available for families formed through adoption?

Need Service 1:	
Need Service 2:	
Need Service 3:	

F7. In your community, what are the three biggest barriers to getting support or services families formed through adoption?

Barrier 1:	
Barrier 2:	
Barrier 3:	

This set of questions asks about how often services in your community meet the needs of your child and family.

F8. In the past 6 months, how often have the following types of services in your community met the needs of your family?	Always	Most of the time	About half of the time	Some of the time	Never	Have not used
Family support services (Family counseling/family-based services)	☐	☐	☐	☐	☐	☐
School services	☐	☐	☐	☐	☐	☐
Child care services	☐	☐	☐	☐	☐	☐
Child medical services	☐	☐	☐	☐	☐	☐
Child mental health services	☐	☐	☐	☐	☐	☐
Caregiver mental health services	☐	☐	☐	☐	☐	☐
Post Permanency Support Services	☐	☐	☐	☐	☐	☐
Substance abuse services	☐	☐	☐	☐	☐	☐
DCF Child Welfare Services	☐	☐	☐	☐	☐	☐
Physical disability services	☐	☐	☐	☐	☐	☐

F9. Is there anything else about your experience of adoption of your child that you would like to share?

F10. Overall, how would you describe your adoption experience?

- ☐ Easier than I anticipated
- ☐ What I anticipated
- ☐ Harder than I anticipated

F11. Given your experience of adoption with this child, how likely would you be to recommend adoption to others?

- ☐ Definitely will
- ☐ Probably will
- ☐ Might or might not
- ☐ Probably won't
- ☐ Definitely won't

SECTION G. Transracial and Intercountry/International Adoption Experiences

In this section, transracial adoption means a public or private adoption of an ethnic minority child of color by one or more parents who are not of the same race or ethnicity of the child. Transcultural refers to an adoption where the child is adopted outside of the US and is considered an intercountry/international adoption.

Family

G1. Does your family see itself as a transracial/transcultural family?	☐ Yes	☐ No
G2. Has your family talked about being a transracial/transcultural family?	☐ Yes	☐ No
G3. Has your family chosen childcare providers, teachers, or other role models similar to your child's race and ethnicity?	☐ Yes	☐ No
G4. Does your family have friends that share the same racial or ethnic background of your child?	☐ Yes	☐ No
G5. Has your family prepared foods associated with your child's racial or ethnic background?	☐ Yes	☐ No
G6. Has your family lived in or moved to racially or culturally diverse neighborhood?	☐ Yes	☐ No
G7. Do you feel confident that your family can meet your child's needs based on his or her transracial/transcultural ethnic identity?	☐ Yes	☐ No
G8. Is your child comfortable being in a transracial/transcultural family?	☐ Yes	☐ No
G9. Has your family discussed your child's international or private adoption?	☐ Yes	☐ No
G10. Did you have a travel support group when you adopted internationally?	☐ Yes	☐ No
G11. Do you keep in touch with that travel support group?	☐ Yes	☐ No ☐ N/A

G12. Has there been any impact of your child's transracial/transcultural adoption on your immediate family?

☐ **Yes→ Please explain:** ☐ No ☐ N/A	

G13. Has there been any impact of your child's transracial/transcultural adoption on your extended family?

☐ **Yes→ Please explain:** ☐ No ☐ N/A	

G14. Has your family been involved in religious, social, or recreational groups or activities that reflect your child's race or ethnicity or culture?

☐ **Yes→ Please explain:** ☐ No	

G15. Does your child have problems being in a transracial/transcultural family?

☐ **Yes→ Please explain:** ☐ No	

G16. Does your child have sources of support in your transracial/transcultural family?

☐ **Yes→ Please explain:** ☐ No	

G17. Does or did your child have problems with racial discrimination?

☐ **Yes→ Please explain:** ☐ No	

G18. Do you feel you know how to help your child when he or she is being teased or bullied or discriminated against because of race?

☐ **Yes→ Please explain:** ☐ No	

G19. Has your child's well-being been impacted by the transracial/transcultural adoption?

☐ **Yes→ Please explain:** ☐ No	

G20. Has the transracial/transcultural adoption had an impact on your marriage or significant other relationship?

☐ **Yes→ Please explain:** ☐ No	

SECTION H. Demographics

To finish, we would like to ask you a few questions about you.

H1. What is your gender?	☐ Male ☐ Female ☐ Other
H2. What is your month and year of birth?	____ / ____ MM YYYY
H3. Are you of Hispanic/Latino origin, or are you not of Hispanic/Latino origin?	☐ Hispanic/Latino origin ☐ Not of Hispanic/Latino origin
H4. What is your race? (Check all that apply)	☐ American Indian or Alaska Native ☐ Asian/Asian American ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian
H5. What is your current relationship status?	☐ Single, never married, not living with partner ☐ Living with a partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
H6. Do you consider yourself to be:	☐ Heterosexual or straight ☐ Gay or lesbian ☐ Bisexual ☐ Other
H7. What is the highest level of education you have completed?	☐ Eighth grade or less ☐ Some high school ☐ High school diploma ☐ GED ☐ Some college ☐ 2- or 4-year college degree ☐ Master's Degree ☐ Advanced graduate work or Ph.D.

H8. What is your best estimate of your household income for this past year? Consider income from all sources before taxes. SELECT ONLY ONE.	☐ Under $15,000 ☐ $15,001 to $30,000 ☐ $30,001 to 45,000 ☐ $45,001 to 60,000 ☐ $60,001 to 75,000 ☐ $75,001 to 90,000 ☐ $90,001 to $105,000 ☐ $105,001 to $120,000 ☐ Over $120,000

Thank you for taking the time to complete this survey.

We are grateful for all of your feedback. As a small token of our appreciation, you will receive a **$20 gift card** upon submitting this survey. Please allow up to four weeks to receive your incentive. If you have not received your gift card after four weeks, please contact Christina Shuma by phone at (802) 864-7467 x 2011 or by email at christinas@lundvt.org

Please return your survey in the self-addressed, stamped envelope enclosed in this packet.

If you aren't already receiving post permanency services and would like to be contacted by a post permanency service coordinator, please contact the Post Permanency Manager, at 802 241-0901. You may also email a request to Post Permanency Manager, Family Services Division, 280 State Drive HC1 North Waterbury, VT 05671-1030 or contact your Vermont agency,