Demographics Form

Questions About You	
You are the:	Child's Biological ParentChild's Adoptive ParentChild's Custodial ParentOther
What is your date of birth?	
What sex were you assigned at birth, on the original birth certificate?	 Male Female Intersex-Male Intersex-Female Don't know
What is your current gender identity?	 Male Female Trans male Trans female Gender queer Other Don't know (If Other, please specify:)
What race do you consider yourself to be? Please check all that apply.	 White Black/African American American Indian, Native American Alaska Native Native Hawaiian Guamanian Samoan Other Pacific Islander Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Other Race Don't Know (If Other, please specify:)
Do you consider yourself Hispanic/Latino/Latina?	YesNoDon't know

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Please choose the group that best represents your Hispanic origin or ancestry.	 Puerto Rican Dominican (Republic) Mexican Cuban Central American South American Other Latin American Other Hispanic Don't know

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n which country were you born?	O USA (United States of America - including
	territories such as Puerto Rico Afghanistan
	○ Albania
	○ Andorra
	AngolaAntigua and Barbuda
	Antigua and Barbada Argentina
	○ Armenia
	Australia
	○ Austria○ Azerbaijan
	○ Bahamas
	Bahrain
	Bangladesh
	BarbadosBelarus
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	O Benin
	○ Bhutan○ Bolivia
	Bosnia and Herzegovina
	○ Botswana
	○ Brazil
	○ Brunei○ Bulgaria
	○ Burkina Faso
	Burundi
	○ Cabo Verde
	○ Cambodia○ Cameroon
	○ Cameroon
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	○ Chad
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	Congo (Brazzaville)
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	○ Denmark
	O Djibouti
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How many years have you lived in the United States? (Number of years.) Do you have any parents/guardians born outside the US?		
Do you have any parents/guardians born outside the US?		
	How many years have you lived in the United States?	(Number of years.)
If yes, please list in which non-US country/countries:	Do you have any parents/guardians born outside the US?	
	If yes, please list in which non-US country/countries:	

Does the child have any other family members born outside the US?	 ☐ Child's other parent/guardian ☐ Parent/guardian of the child's other parent/guardian ☐ Someone else ☐ None
What is your native language? In other words, what was the first language (or languages) most spoken to you by your parents or guardians after birth?	 English Spanish English and Spanish equally Other (If Other, please specify:)
Are you now married, widowed, divorced, separated, never married or living with a partner?	 Married Widowed Divorced Separated Never married Living with partner
What is the highest grade or level of school you have completed or the highest degree you have received?	 Never attended/Kindergarten Only ○ Elementary/Primary School ○ Some Middle/High School ○ High School Graduate ○ GED or equivalent ○ Some College ○ Associate degree: Occupational ○ Associate degree: Academic ○ Bachelor's degree (ex. BA) ○ Master's degree (ex. MA) ○ Professional School degree (ex. MD) ○ Doctoral degree (ex. PhD)
Are you working now, looking for work, retired, stay at home parent, a student, or something else?	 ○ Working now: full-time ○ Working now: part-time ○ Temporarily laid off ○ Sick leave ○ Maternity leave ○ Looking for work ○ Unemployed not looking for work ○ Retired ○ Disabled: permanently or temporarily ○ Stay at home parent ○ Student ○ Other (If Other, please explain:)
Is there another person that helps with regular childcare responsibilities for the child? Please select all that apply.	☐ Child's other parent ☐ Spouse or partner who is not the child's parent ☐ Family member (e.g., grandparent, aunt/uncle, etc.) ☐ Friend ☐ Other (If Other, please specify:)

Questions About Your Household	
What is your TOTAL COMBINED FAMILY INCOME for the past 12 months? This should include income (before taxes and deductions) from all sources, wages, rent from properties, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, help from relative (include child payments and alimony), and so on.	 Less than \$5,000 \$5,000 through \$11,999 \$12,000 through \$15,999 \$16,000 through \$24,999 \$25,000 through \$34,999 \$35,000 through \$49,999 \$50,000 through \$74,999 \$75,000 through \$99,999 \$100,000 through \$199,999 \$200,000 and greater Don't know
How many people are living at your address? INCLUDE everyone who is living or staying at your address for more than 2 months.	
Is there another household in which the child spends a significant amount of time?	YesNo
About how many hours per week does the child spend at this other household?	(Hours/Week (168 hours = 1 week))
Questions About the Child	
How many years old was the child at the time of adoption?	(Age in years.)
What grade is the child in? If it is summer, indicate grade the child last completed.	 ◯ 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
Select the child's current school setting: (If summer, answer for specify:	last grade completed.) If Other, please
What kind of grades does the child get on average?	 A's / Excellent B's / Good C's / Average D's / Below Average F's / Struggling a lot Ungraded Not applicable
Does the child currently have an Individualized Education Plan or IEP?	YesNoDon't know

Has the child ever had an Individualized Education Plan or IEP?	○ Yes○ No○ Don't know
Please indicate what grades they've repeated in the past:	 None 1st 2nd 3rd 4th 5th 6th 7th 8th Don't know
What sex was the child assigned at birth, on the original birth certificate?	 Male Female Intersex-Male Intersex-Female Don't know
What is the child's current gender identity?	 Male Female Trans male Trans female Gender queer Other Don't know (If Other, please specify:)
Would you describe the child as:	 Heterosexual (straight) Gay or lesbian Bisexual Other Unsure (If Other, please specify:)
What race do you consider the child to be? Please check all that apply.	 White Black/African American American Indian, Native American Alaska Native Native Hawaiian Guamanian Samoan Other Pacific Islander Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Other Race Don't Know (If Other, please specify:)
Do you consider the child Hispanic/Latino/Latina?	YesNoDon't know

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Please choose the group that best represents the child's Hispanic origin or ancestry.	 Dominican (Republic) Mexican Cuban Central American South American Other Latin American Other Hispanic



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In which country was the child born?	 USA (United States of America - includ territories such as Puerto Rico 	ling
	○ Afghanistan○ Albania	
	Algeria	
	○ Andorra	
	Angola Antique and Barbuda	
	Antigua and BarbudaArgentina	
	Armenia	
	Australia	
	O Austria	
	○ Azerbaijan○ Bahamas	
	○ Bahanas ○ Bahrain	
	○ Bangladesh	
	○ Barbados	
	O Belarus	
	○ Belgium○ Belize	
	Benin	
	Bhutan	
	O Bolivia	
	Bosnia and HerzegovinaBotswana	
	O Brazil	
	O Brunei	
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	○ Burkina Faso	
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	Cambodia	
	Cameroon	
	Canada	
	Central African RepublicChad	
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	China	
	Colombia	
	Comoros	
	Congo (Brazzaville)Congo (Kinshasa)	
	Costa Rica	
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	Oman
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_	Palestine
	Panama
	Papua New Guinea Paraguay
	Peru
	Philippines
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Of the children in your family, what is the age order of the child?	○ First (eldest)○ Second○ Third○ Fourth○ Fifth or younger
What is the child's native language? In other words, what was the first language (or languages) most spoken to the child their parents or guardians after birth?	○ English○ Spanish○ English and Spanish equally○ Other(If Other, please specify:)
What is the earliest AGE that the child was regularly spoken to in ENGLISH by a parent/caregiver/relative or teacher?	((Age in years.))
Has the child ever been regularly spoken to in a language other than ENGLISH in the home or by a parent/caregiver/relative or teacher?	YesNoDon't know(If yes, which language?)
What is the earliest AGE that the child was regularly spoken to in the OTHER language by a parent/caregiver/relative or teacher?	((Age in years.))
Questions About the Child's Birth and Health Histo	ry
Did the child have any complications at birth?	YesNoDon't know
If yes, please specify:	
Was the child ever diagnosed with a speech or language impairment, delay, or disorder?	YesNoDon't know
Diagnosis 1 What was the diagnosis? How many years old was the child when diagnosed? (Age in years.)	
(Age iii yeais.)	
Diagnosis 2 What was the diagnosis? How many years old was the child when diagnosed?	
(Age in years.)	
Diagnosis 3 What was the diagnosis?	
How many years old was the child when diagnosed?	
(Age in years.)	

Diagnosis 4 What was the diagnosis?	
How many years old was the child when diagnosed?	
(Age in years.)	
Diagnosis 5 What was the diagnosis? How many years old was the child when diagnosed?	
(Age in years.)	
Diagnosis 6 What was the diagnosis? How many years old was the child when diagnosed? (Age in years.)	
Diagnosis 7 What was the diagnosis? How many years old was the child when diagnosed?	
(Age in years.)	
Diagnosis 8 What was the diagnosis? How many years old was the child when diagnosed? (Age in years.)	
Diagnosis 9 What was the diagnosis? How many years old was the child when diagnosed?	
(Age in years.)	
Diagnosis 10 What was the diagnosis? How many years old was the child when diagnosed?	
(Age in years.)	
Was the child born prematurely?	YesNoDon't know
About how many weeks premature was the child when they were born?	((Number of weeks.))
Example: full term = 40 weeks, born at 36 weeks = 4 weeks premature, born at 32 weeks = 8 weeks premature	((Multiper of Weeks.))

About how many months was the child breastfed?		
	((Number of months.))	
At approximately what age (number of months) was the child FIRST able to walk without assistance?	((Age in months.))	
At approximately what age (number of months) was the child FIRST able to say their first word?	((Age in months.))	
Would you say the child's motor development (sitting, crawling, walking) was earlier, average, or later than most other children?	 Much earlier Somewhat earlier About average Somewhat later Much later Don't know 	
Would you say his/her speech development was earlier, average, or later than most other children?	 Much earlier Somewhat earlier About average Somewhat later Much later Don't know 	
Has the child ever been to a doctor, nurse, the emergency room, or a clinic for any of these things? Please check all that apply.	 ☐ Hearing Problem ☐ Epilepsy or Seizures ☐ Very Bad Headaches ☐ Head Injury ☐ Knocked Unconscious ☐ General Anesthesia or Sedation for any surgery or procedure ☐ Other Neurological Concerns ☐ None (If Other Neurological Concerns, please specify:) 	
Is the child able to see the difference between blue and green?	YesNoDon't know	
How about the difference between blue and yellow?	YesNoDon't know	