

CERTIFICATION OF SPECIAL NEEDS STATUS

CHILD'S NAME	DOB	RACE	DATE OF COMMITMENT
NAME OF PRIVATE AGENCY (IF APPLICABLE)			
ADDRESS			

Check and Explain Below (please attach documentation where indicated):

- Age (age 8 and over)
- Member of sibling group to be placed together
- Over the age of two (2) and has racial or ethnic factors which present a barrier to adoption
- Serious emotional maladjustment - attach diagnosis, treatment, recommendations, prognosis
- Physical disability - attach diagnosis, treatment, recommendations, prognosis
 - check here if visually or hearing impaired
- Mental disability - attach diagnosis, treatment, recommendations, prognosis
 - check here if mental retardation
- Recognized high risk of physical or mental disability. (please attach documentation from physician, psychiatrist or psychologist.)

One of the following must be checked:

- Has established significant emotional ties with foster parents. (Attach documentation or explain below.)
- Previous attempts to find other placement. (Please attach documentation and/or explain below.)

Explanation (include other factors such as number of placements since birth and length of time in foster care):

RECOMMENDED BY	NAME	DATE
APPROVED BY	PROGRAM SUPERVISOR	DATE