



ADULTS ADOPTING SPECIAL KIDS PROGRAM (AASK) CAREGIVER SUMMARY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-ADOPTIONS
SFN 927 (1-2024)

Directions: After a referral is made to AASK for adoption services, this form is to be completed by the youth's current foster care provider and/or facility representative. Submit the completed form to the AASK Specialist.

Youth's Name	Date of Birth
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Describe the child's current functioning in the following areas:

Personality
Social Functioning
Emotional Wellbeing/Struggles
Behavioral Needs
Positive Coping Strategies that Work
Known Health History
Eating Habits
Sleeping Habits (include bedtime routine)
Assistance Child Requires for Toileting, Bathing, Dressing, Hygiene

What is the extent of sex education shared with the child?

Describe any spiritual/religious preferences or services the child currently attends, if any.

What is most difficult about parenting this child?

What is most joyous/rewarding about parenting this child?

What other significant information do you want to share regarding this child?

Form Completed By (Print)

Relationship to Youth

Signature

Date