

# Recommended Model Forms for use under the 1993 Adoption Convention



**Child**

## Recommended Model Form No 4

Report concerning the psychological and  
social circumstances of the small child (Art. 16)

(Supplement to the general medical report on  
the child)

## **Recommended Model Form No 4**

**Report concerning the psychological and social  
circumstances of the small child (Art. 16)**

**(Supplement to the general medical report on the child)**

**Recommended Model Form No 4**  
**Report concerning the psychological and social**  
**circumstances of the small child (Art. 16)**  
**(Supplement to the general medical report on the child)**

**ARTICLE 16 OF THE 1993 ADOPTION CONVENTION**

*Article 16*

- (1) *If the Central Authority of the State of origin is satisfied that the child is adoptable, it shall (a) prepare a report including information about his or her identity, adoptability, background, social environment, family history, **medical history** including that of the child's family, and any special needs of the child; [...]*
- (2) *It shall transmit to the Central Authority of the receiving State its report on the child, proof that the necessary consents have been obtained and the reasons for its determination on the placement, taking care not to reveal the identity of the mother and the father if, in the State of origin, these identities may not be disclosed.*

**EXPLANATORY SECTION<sup>1</sup>**

**1. What has been included in this Recommended Model Form?**

This Form follows one of the aspects of the report on the child content mentioned in Article 16(1) of the 1993 Adoption Convention. Namely: medical history including that of the child's family, and any special needs of the child.

**2. When should this report be drafted?**

This report should be prepared once the Central Authority of the State of origin is satisfied that the child is adoptable.

Competent authorities of the relevant Contracting State should ensure that this form is preserved (see Arts 9(a), 30 and 31 of the Convention).

---

<sup>1</sup> This Model Form may be adapted in light of domestic laws. For example, depending on States' domestic laws, some of the information appearing in this form may not be shared with prospective adoptive parents; and personal data should not be revealed until after matching has taken place.

This Model Form complements any report on the child drafted previously or at the time of their placement in alternative care, as well as the Recommended Model Form No 2: Report on the child.

**3. What about the protection of personal data?**

Article 16(2) provides that authorities should take care “not to reveal the identity of the mother and father if, in the State of origin, these identities may not be disclosed”.

Thus, each State will need to adapt the report according to the State's own requirements and restrictions relating to the law on data protection.

**4. Is the use of this Model Form compulsory?**

No, it is only a Recommended Model Form, which may need to be adapted by each State.

## RECOMMENDED MODEL FORM

### Report concerning the psychological and social circumstances of the small child (Art. 16) (Supplement to the general medical report on the child)

Please respond to each of the following statements:

#### Activity with toys:

The child's eyes follow rattles / toys, that are moved in front of the child \_\_\_\_\_

The child holds on to a rattle \_\_\_\_\_

The child plays with rattles: putting it in the mouth, shaking it, moving it from one hand to the other,  
etc \_\_\_\_\_

The child puts cubes on top of each other \_\_\_\_\_

The child plays purposely with toys: pushes cars, puts dolls to bed, feeds dolls, etc  
\_\_\_\_\_

The child plays role-play with toys with other children \_\_\_\_\_

The child draws faces, human beings or animals with distinct features \_\_\_\_\_

The child cooperates in structured games with other children (ballgames, card games, etc)  
\_\_\_\_\_

No observation available \_\_\_\_\_

#### Vocalization / language development:

The child vocalizes in contact with caregiver \_\_\_\_\_

The child repeats different vowel-consonant combinations (ba-ba, da-da, ma-ma etc)  
\_\_\_\_\_

The child uses single words to communicate needs \_\_\_\_\_

The child speaks in sentences \_\_\_\_\_

The child understands prepositions as: on top of, under, behind, etc \_\_\_\_\_

The child uses prepositions as: on top of, under, behind, etc \_\_\_\_\_

The child speaks in past tense \_\_\_\_\_

The child writes his own name \_\_\_\_\_

The child reads simple words \_\_\_\_\_

No observation available \_\_\_\_\_

#### Motor development:

The child turns from back to stomach from age \_\_\_\_\_

The child sits without support from age \_\_\_\_\_

The child crawls/moves forwards from age \_\_\_\_\_

The child walks with support from furniture from age \_\_\_\_\_

The child walks alone from age \_\_\_\_\_

The child walks up and down stairs with support from age \_\_\_\_\_

The child walks up and down stairs without support from age \_\_\_\_\_

The child rides a bicycle without support from age \_\_\_\_\_

**Contact with adults:**

The child smiles in contact with known caregiver \_\_\_\_\_

The child is more easily soothed when held by known caregiver \_\_\_\_\_

The child cries/follows known caregiver, when the caregiver leaves the room \_\_\_\_\_

The child actively seeks known caregiver when they are upset or have hurt themselves  
\_\_\_\_\_

The child seeks physical contact with all adults, that come into the ward \_\_\_\_\_

The child communicates his feeling in words to caregivers \_\_\_\_\_

**Contact with other children:**

The child shows interest in other children by looking or smiling at their activity \_\_\_\_\_

The child enjoys playing beside other children \_\_\_\_\_

The child engages actively in activities with other children \_\_\_\_\_

**General level of activity:**

Passive \_\_\_\_\_

Active \_\_\_\_\_

Overactive \_\_\_\_\_

**General mood:**

Sober, serious \_\_\_\_\_

Emotionally indifferent \_\_\_\_\_

Fussy, difficult to soothe \_\_\_\_\_

Happy, content \_\_\_\_\_

Any additional comments? \_\_\_\_\_

Name, occupation, signature and stamp of the examining person: \_\_\_\_\_

Date: \_\_\_\_\_

## HCCH - Permanent Bureau

Churchillplein 6b  
2517 JW The Hague  
Netherlands

Tel.: +31 70 363 3303  
Fax: +31 70 360 4867  
secretariat@hcch.net  
www.hcch.net



Hague Conference on Private International Law  
Conférence de La Haye de droit internationa privé  
Conferencia de La Haya de Derecho Internacional Privado