REFERENCE WORKSHEET

These are the names of three families who have adopted older children. They have all indicated a willingness to talk to other Cradle families. Please talk to at least two of these families in depth. Please submit a copy of this form to your adoption counselor when it is complete.

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<th>NAME</th>
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SUGGESTED QUESTIONS:

1. How old was your child/children when they first came home?
2. How long have they been home?
3. What was your child like when you first met him/her? Were you aware of any special needs at the time of child referral?
4. What are your children like now? Do they have any special needs that distinguish them from other children their age?
5. Can you tell me some of the best things and some of the hardest things about adopting an older child or sibling pair?
6. What outside resources have you used since adopting your child: medical, dental, psychological, educational, parental support groups, etc.?
7. Have you encountered any difficulties in obtaining services for your child and, if so, what were they?
8. If you work outside of the home, how do you balance work with your child’s needs?
9. If you have other children, how did they adjust to their new sibling?
10. Is there anything else you think I/we should know about adopting an older child or sibling pair?
WHAT DID YOU LEARN FROM THESE FAMILIES THAT MIGHT BE HELPFUL TO YOU IN PLANING FOR YOUR ADOPTED CHILD?

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

5. __________________________________________________________________________