

Adoptive Preplacement Evaluation Registry

I understand that by signing this I am requesting an adoptive preplacement evaluation from _____ (name of agency) and that the results will be shared with the Vermont Department for Children and Families.

Applicant Name

Signature

Date

Applicant Name

Signature

Date

Agency Name

Signature

Date

Results of Adoptive Preplacement Evaluation:

- Positive
- Applicant/s withdrew
- Negative – signed evaluation must be provided to the Department with this form