

International Adoption Program Evaluation Request Form

Before submitting the information listed below, please contact Lisa Meder at the Child Development Center at (262) 432-6618 or e-mail lmeder@mcw.edu to discuss the evaluation timeline. We generally require three business days to complete the assessment and discuss our evaluation with you but may be able to provide feedback more quickly.

Please complete this two-page form (please print) and submit it with copies of the items you would like us to review. Keep the originals and a copy of this form for your records. Below is a checklist of what can be sent:

- Video(s) – Please try to copy multiple videos onto one videotape or DVD or send links via e-mail
- Medical records
- Photographs
- \$300 donation (payable to The Medical College of Wisconsin)

For Guatemala

- \$400 donation (payable to The Medical College of Wisconsin). This includes the initial evaluation and all monthly follow-up medical evaluations.

If possible, please send photos and medical information to us via e-mail. Please direct the materials to Lisa Meder at lmeder@mcw.edu.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ (Where we can reach you within three days of receipt of your materials to discuss our findings. Please include international area codes.)

Please mail this form and the above materials to:

International Adoption Clinic
Child Development Center, MS 744
Children's Hospital of Wisconsin
P.O. Box 1997
Milwaukee, WI 53201-1997

Materials may also be hand-delivered or sent via FedEx/UPS/Overnight Mail to:

International Adoption Clinic/Child Development Center
Lilly Centre
13800 W. North Ave., Suite 120
Brookfield, WI 53005

Please include a pre-paid, self-addressed envelope if items are to be returned. Thank you.

Release for Video and Medical Records Reviews

I/We have asked the staff in the Department of Pediatrics at the Medical College of Wisconsin and the International Adoption Clinic at Children's Hospital of Wisconsin to review the medical history and videos of the child/children whom I/we may adopt.

I/We realize that a review of a brief history and/or video only can identify obvious medical or developmental strengths or weaknesses in a child and can in no way be used to accurately predict his/her medical, developmental, behavioral or psychological outcome. I/We absolve the Medical College of Wisconsin and Children's Hospital of Wisconsin from any legal responsibility for outcomes in this child/children, which were not predicted by reviewing this history and/or video.

Name: _____ Date: _____

Name: _____ Date: _____

Witness: _____ Date: _____

E-mail, mail or fax this from to:

International Adoption Clinic
Child Development Center, MS 744
Children's Hospital of Wisconsin
P.O. Box 1997
Milwaukee, WI 53201-1997
Fax: 262-432-6604
E-mail: lmeder@mcw.edu