



International Adoption Program Evaluation Request Form

Before submitting the information listed below, please contact the Center for Child Development at (262) 432-6600 or e-mail ChildDevelopmentNurse@childrenswi.org 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 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 send video files or links via e-mail
- Medical records
- Photographs
- \$300 donation (payable to The Medical College of Wisconsin)

If possible, please send photos and medical information to us via e-mail. Please direct the materials to ChildDevelopmentNurse@childrenswi.org.

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
Center for Child Development, MS 744
Children's 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/Center for Child Development
1250 N. 113th St., Suite 200
Wauwatosa, WI 53226

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

Center for Child Development
1250 N. 113th St., Suite 200, Wauwatosa, WI 53226 • P: (262) 432-6600 • F: (262) 432-6604 • childrenswi.org

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 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 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:

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Children's Wisconsin
P.O. Box 1997
Milwaukee, WI 53201-1997
Fax: 262-432-6604
E-mail: ChildDevelopmentNurse@childrenswi.org

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