

The 4-page cover sheet must be completed with each PAR report. Use one report and one cover sheet per child. For sibling groups, multiple reports/cover sheets are required. Refer to emails from Gladney for country-specific information.

REPORT DETAILS
REPORT DATE

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

___ 30 days	___ 12 months	
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REPORT SEQUENCE

___ 04 months	___ 18 months	
___ 08 months	___ 24 months	

DATE OF VISIT

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

CHILD INFORMATION
CHILD NAME (prior to adoption)

CHILD NAME (current)

DATE OF BIRTH

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

CURRENT AGE

CHILDREN'S HOME (prior to adoption)

UTA ZONE NUMBER

PLACEMENT DATE (with current family)

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

SENTENCE DATE

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

COURT

ADOPTIVE BIRTH CERTIFICATE

_____	_____	
<i>Yes</i>	<i>No</i>	

**ADOPTIVE BIRTH CERTIFICATE
REGISTRATION DATE**

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

DATE OF DEPARTURE FROM ECUADOR

_____	_____	_____
<i>day</i>	<i>month</i>	<i>year</i>

DISABILITY

_____	_____	
<i>Yes</i>	<i>No</i>	

IF YES, GRADE

TYPE
CHILD IN HEALTHY STATE

Yes *No*

DIAGNOSED SPECIAL NEEDS

ADOPTIVE FAMILY INFORMATION

MOTHER'S NAME

First name *Surname*

FATHER'S NAME

First name *Surname*

NATIONALITY

Mother *Father*

OCCUPATION

Mother *Father*

WORKPLACE/EMPLOYER NAME

Mother *Father*

EMAIL ADDRESS

Mother

Father

HOME ADDRESS

street

city *state* *country*

HOME PHONE

()

area code *number*

BIOLOGICAL CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF BIRTH

First name *Surname*

day *month* *year*

city *state* *country*

BIOLOGICAL CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF BIRTH

First name *Surname*

day *month* *year*

city *state* *country*

BIOLOGICAL CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF BIRTH

First name *Surname*

day *month* *year*

city *state* *country*

BIOLOGICAL CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF BIRTH

First name *Surname*

day *month* *year*

city *state* *country*

ADOPTED CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF ADOPTION

First name *Surname*

day *month* *year*

city *state* *country*

ADOPTED CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF ADOPTION

First name *Surname*

day *month* *year*

city *state* *country*

ADOPTED CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF ADOPTION

First name *Surname*

day *month* *year*

city *state* *country*

ADOPTED CHILDREN IN THE FAMILY
(repeat for each child, if additional space needed add additional pages)

DATE OF BIRTH

PLACE OF ADOPTION

First name *Surname*

day *month* *year*

city *state* *country*

EVOLUTION / DEVELOPMENT OF CHILD

WEIGHT _____

HEIGHT _____

This section should discuss: sphincter control, if applicable. Sleep, language, food, psychomotor development, and state of health.

Sleep: Sleep routine. Daily routine (weekdays and weekends). Autonomy. Who is in charge of the routine? How many hours? How is child woken up? Are there any resolved sleep issues? If yes, how were they resolved. Are there any unresolved sleep issues?

Language: Development. How is the child doing with English? How are they learning the language? How is speaking and writing developing? List external supports needed. How is language being strengthened? Progress and prognosis? How often is child receiving services?

Food: How is the child responding to dietary changes? Difficulties? List preferred food and rejected foods. When does the child eat? Who is responsible for preparing food? Who participates in meals with the child? What are the family routines?

Psychomotor Development: Progress in relation to their chronological age? What are parents' thoughts on development? Is the child receiving any services or seeing specialists? List diagnosis and prognosis. What is strengthening the child in this area?

State of Health: Process for follow-up. List any vaccinations received and follow-up needed. Development of any medical needs/treatment. Provide name and credentials of doctor(s) and specialist(s). List medications (name, dose, when taken, and why prescribed). List diagnosis and prognosis. Any diagnosis cleared or overcame?

PSYCHOLOGICAL DEVELOPMENT

This section should discuss: behavior, evolution, social development, and recreational activities of the child.

Behavior: Discuss personality characteristics, both positive and negative. Describe personality traits of the child (eg. Smiling, extroverted, introverted, affectionate, sensitive, etc.) Discuss behavior in the home versus previously documented behavior. Any tantrums? How are parents handling behaviors? What are the child's responses to parents? How does the child relate to extended family? What activities does the child like or dislike? Describe the child's relationship to his/her peers. To whom is the child closest? Does the child share emotions (such as happiness, joy, sadness, worry, etc.)? Is the child able to verbalize emotions? Provide name and credentials

of doctor(s) and specialist(s). List diagnosis and prognosis. How often is treatment being provided?

Evolution: Discuss the difference between the previous visit and current visit. List all achievements, challenges, and advances in relation to the child's chronological age.

Social Development: How does child describe his/her relationship with peers? With people outside the family? What are the degrees of sociability? Describe the social tools developed. List child's extracurricular activities, hobbies. Is the child involved in the community? What is child's adherence to social spaces?

Recreational Activities: What activities does the child participate in on the weekends? Holidays? Vacations? With whom? Does the child engage in extra classes? If so, how is their performance?

FAMILY DEVELOPMENT

This section should discuss: the child's adoption, family dynamics, process of attachment and affective bonding, general conditions of habitability.

Adoption: How did it go with the child coming into the family? Detail the adoptive process. Describe the family's habits and how they were modified for the adjustment of the child. Were any new family habits generated for the adjustment of the child? List family achievements and how they define the adoptive family relationship. To whom is the child close? Describe the adjustment of the nuclear family and extended family.

Family Dynamics: Describe the family routines during the week and weekends. What are the schedules, activities, responsibilities? Describe any family issues that have arisen between visits. What are family rituals? How is the family adapting?

Process of Attachment & Affective Bonding: Explain how bonding is going since the adoptive child came into the home. How is the attachment with each parent? Siblings? What difficulties are the family facing? How are they working to resolve difficulties? What tools and resources are the family utilizing?

General Conditions of Habitability: Describe the family's neighborhood. What is the community environment like? Is the family engaged in community activities? How is the home organized? Is the family maintaining the care of the home (eg. Cleanliness)? How is the child's room maintained? What are the differences noticed from the country of origin to the current environment?

SOCIAL DEVELOPMENT

This section should discuss: the child's education, development in the social field, and recreational activities of the child.

Education: How was the education/care institution chosen for the child? How much time elapsed from the time the child arrived home to the time he/she entered the education system? How did the child adapt? How is the child doing in his/her academic development? Explain any challenges the child is experiencing related to his/her educational development. Is he/she following school norms? What is the child's relationship with his/her peers and teachers? Does the child complete academic tasks at home? If yes, explain how and the routine associated with homework. How does the child get to and from school? How many hours is the child at school versus how many hours are at home or other activities?

Development in Social Field: Describe the child's relationship with peers and people outside of the home. What is the child's degree of sociability? Is the child developing social tools? Discuss the child's adherence to social spaces. Is the child engaged in any extracurricular activities? Hobbies?

Recreational Activities: What activities does the child engage in on the weekends, holidays, vacations, etc.? With whom?

PROCESS OF REVELATION AND/OR LIFE HISTORY AND ORIGINS

This section should discuss whether or not the child is acknowledging his/her life story and origins, how the child's adoption story is shared with people outside of the family, and any questions the family has regarding the child's biological family and/or adoption process.

Process of Revelation: Detail the family's and child's process.

Life History / Origins: Does the family disclose to others that they have an adoptive child? Does the family answer the child's questions/concerns/doubts about his/her biological family and/or the adoption process? How does the family address the child's feelings about his/her biological family, friends, country and/or the possibility to return? Does the child desire to search for his/her origins? Is the family willing to accompany the child? Does the family encourage the child to keep his/her language of origin?

CONCLUSIONS

This section should summarize the key points of the visit, opinions and observations of the professional who visited the family.

RECOMMENDATIONS

This section should allow for the professional to give his/her recommendations to occur before the next visit, based on the dynamics found.

SIGNATURE

The professional who completed the visit must print and sign their name, list credentials, and state the agency they represent. It is not required that this document is notarized or apostilled.