

### CHILDREN WHO NEED FAMILIES

We would be happy to tell you more about any of the following children. Some are in China. A few are in Russia. And all the rest are in the Philippines. We have photos, medicals and case studies on most of them. Please contact us about any child in whom you have an interest!

#### The following children are waiting in China through the "Special Focus Program."

**Girl 1013B** - born 8/10/07 – mild cerebral palsy - was picked up at bus on Aug.13 2007. Extroverted, bold, active, restless, have a ready smile, like listening to music, imitating, reading picture books, watching cartoons, playing games, have quick response, energetic, also like outdoor activity such as going to lively and crowded places.

**Boy 1013A** - born 5/20/07 – cleft lip and palate, heart condition - : 1) postoperative harelip repair; 2) HGB and PLT lower than normal low limit; 3) normal results for other physical examination items. He was picked up and reported to the police on a tricycle in Cross Street on May 21 2007. He has normal intelligence, hearing, vision and throat, normal heart, lungs and abdomen. He is recovering after the cleft lip and palate operation. Active, restless, like to imitate, like to watch cartoons, like to play with kids, timid in the street, worry that caretakers do not want him, like toys like building blocks and dolls etc.

**Boy 75A** - born 7/12/10 – under-development of brain -: 1. skull ossification delay; 2. delayed development. moderate hypophrenia. 2/24/11 CT scan results - Impression: no abnormality of CT of skull scan, please combine with the clinical. 2. delayed ossification of skull. On admission he was taken good care by the caretakers. Now he is at the age of 9 months. He has a pair of big bright eyes. He would cry when he is hungry but will calm down when cuddled by the caretaker. He can raise his head lying on stomach and grasp toys near hands. When called by his name, he would turn and seek the sound source. He can follow moving things with his eyes. He would stare at the caretaker if she talks to him. If the caretaker shakes his two hands, he would smile to her. He would be very happy when heard the sound of shaking a toy and would shake again and again.

**Boy 1017C** –boy born 12/10/08 - hematic disease, B Thalassemia, normal physical growth – per report written when he was 22 months old: Now he can walk alone and walk to and fro in his own room at home. Sometimes his foster mother has to do some housework and has not time to play with him. He can play alone for a while. Sometimes, when he wants to get something at high place he will stand on his tiptoes and hold up his hands, if he still cannot succeed in this way he will stand on a chair to get it. He can understand adults' words and simple orders, e.g: if you ask him to deal with rubbish and take something he will be pleasant to do so. When he sees foster mother gathering clothes he will help her put them in order. He likes to tear paper and then scatter the pieces all over the floor, and finally he will put them in the dustbin. He likes outdoor activity. When he wakes up he will hold mother's hand and ask her to take him to play downstairs. When he sees other children playing together he will play with them. Sometimes, when he falls down as running he will not cry but point at where he feels painful, and make sound "yiyiyaya" to tell mother. When other children rob him of a toy he will hold the toy with hands tightly and beat them with the other hand. He likes to play hide-and-seek game with other children and every time when he plays this game he will laugh aloud. When he wants to urinate as playing outside he will crouch to pee, but at home he is unable to go to the toilet to urinate. When he pees on the floor he will see whether mother finds this or not, if she does not find he will clean the floor alone, and if she does find he will scream angrily. Sometimes, when he wants to defecate or urinate he will take out the bed pan and then sit on it to defecate or urinate. When he is hungry he will take a bowl and call "mama", open the pot on his own and take the food inside to eat. He can eat alone with spoon, but drops some food on the table. He likes to eat snacks and fruit. If he eats all snacks in his hands and finds there are still some snacks in mother's hands he will ask her for some food again. When he finds that there are snacks in sister's bag he will open the bag, take them out, strip off their package and eat proudly sitting on the floor. He likes to watch cartoon and listen to songs. When he hears intense music he will move his body with the tempo of music and sing "yiya" following it. He likes to watch "animals' world" program, recognizes cat, dog and so on. Sometimes he is reserved; he is shy when meeting strangers and does not talk to them. After they play with him for minutes he will smile at them, if they stretch out hands he will hold their hands and play with them. When he sees foster mother holding other children he will hold her feet and cry to ask her not to hold them. When he is crying the foster mother will hold him up, tease him and give what he needs, and then he will stop crying. He starts to learn to speak and he can produce some simple phrases and words in Chinese, such as mum, dad, thank you, give, beautiful and beat.

**Girl 1017D** – girl born 8/1/06 – lower limb paralysis - 1. WBC slight; 2. Bilateral nervous equinovarus; 3. Bilateral developmental hip joint dysplasia; 4. Scoliosis; 5. Osteoporosis of left knee, hipbone dislocation. At the age of 4 years she can stand for a moment with hands holding the rails; she can move her legs according to the caretaker's order; she likes to be praised; she would cry quietly when she is criticized; she likes to eat all kinds of fruits and likes pretty dolls. At the age of 4.5 years she is “the leader” of children in the baby department; she would criticize the children who are not obedient; she would help the caretaker to care the young baby; sometimes she would do something what she can do, such as feeding milk to the crying children. At the age of 5 years she likes to be praised pretty; when she meets the staffs in this institute, she would say mother and aunt loudly; she likes to learn, can sing the children's song, such as Mom is the Best, Two Tiger, Small Handkerchief and Hand Washing Song.

**Boy 1017E** – boy born 8/13/06 – congenital heart disease – per report written in 2009, he has had a surgery. Also reported: At the age of 20-26 months, he could run, holding his hands he could go upstairs or downstairs. At the age of 27-33 months, he was able to control the elimination, grab a cup with one hand to drink water, eat rice or congee with spoon without much splash, had the consciousness to pick up a ball and kick away. Per language and emotional development at the age of 12-14 months, he could squat down to pick up things, mastered some pronunciation of words through imitating, could express his wish or mood with different voices. At the age of 15-19 months, he had the feelings of like and dislike, able to express his mood if he didn't like something, had more desire to do something, when something can't develop as his wish, he would be angry, shake hands or cry. At the age of 20-26 months, he could understand his name, fond of playing games, able to say some simple words and imitate to say some phrases. At the age of 27-33 months, could speak with different tones, able to tell his name and answer some common questions, started to learn some easy songs, like playing with others, or play games.

**Boy 1017F** – boy born 8/8/02 - red-green blindness – per report written in 2008: he is a clever boy with good receptivity. At 3 years, he can speak “how are you brother/aunt?”, point out the any parts of human body, such as eye, ear, mouth, and speak sentences with 3-5 words, such as “sister, have a meal.” At 4 years, he can read children's songs loudly and clearly, answer some simple questions, talk with teachers or his cheers actively, express his needs and desire; as regards the cognitive ability, he can classify objects according to their use, count from 1-10 with hands and mouth consistently, tell the total number, recognize and write the numerals of 1-10. He entered a foster home in Sep. 2006. Now he is in grade one in the school near his foster home. He can master what the teacher teaches. He is active and lovely, likes to jump at home. But on seeing strangers coming, he would be timid and not talkative. He should be given more attention and help him to gain more confidence.

**Boy 1017G** – boy born 3/9/07 – Down Syndrome – Since July 2007 he has been with a foster family. Per report written in 2010: At the age of 36-39 months he can walk alone quite steadily, and when he was walking he can stoop down to pick up the toy on ground and then go on walking. At present he can only call “baba”, but he can express his desire in body language, and if he wanted to drink water he will put his hand beside his mouth and look up. When he wanted to defecate or urinate he will make the sound and show actions familiar to his mother. Since he had learned to walk he had been very interested in outdoor activity, and he went to play games with other children in community every evening. He liked pulling his mother to go to the supermarket near to their home, and when they got there he will point at what he liked. He was very close to his father, and when his father came back home he will go out to welcome him. At the age of 40-42 months he was very active, liked going out to play, even in cold days. He still did not speak much, besides father and mother he can say other words unclearly with the help of adults. He had to be fed, but he can drink water alone with cup with suction tubes. 43 months-present it has been too cold and he stays in house for most of the time. He likes to watch TV, and if there are children dancing in the program he will learn from them. He likes eating meat and is not choosy to food. He naps for 1-2 hours and has deep sleep. Sometimes he sleeps with adults, and sometimes he sleeps alone on his own bed. If he wants to go to toilet he will crouch and pull his trousers to tell adults sometimes. If adults remind him of going to toilet he will do so but they have to help him take off the trousers. He is very strong and seldom falls ill.

**Boy 1017H** – born 1/20/02 – albinism – Per report written in June, 2010: After he learned to walk he became active, was talkative and had a ready smile. He was sensible and able to look after younger children than him. He can take an initiative to play with other kids and get along well with all children, all caretakers and children like him very much. Because he is active and restless, when superior leaders pay an inspection visit or loving people come to the institute to

offer love he will communicate with them initiatively and is very polite. Gradually he becomes the little star in the institute. At present he lives in the children's department of this institute, and there are over 20 children who are 0-12 years old living with him. He has breakfast at 7:00 every day, congee and snacks, plays with other children in the activity room after meal and likes to go outside to play in good weather. He eats fruit or snacks at 9:00, washes hands and has lunch at 11:00, and then does some cleaning work after meal, has meat, fish, egg and vegetables. He naps at 12:30, gets up at 13:45, has free activity, plays and does outdoor activity after eating snacks at 16:00. He has supper at 18:30, watches TV at 19:00-20:00, washes up at 20:30 and goes to bed. He has good sleep. Because this child suffers albinism he has not been vaccinated.

**Boy 1017J** – born 7/16/09 – congenital heart disease, post-operative, and missing left ear - from Nov.25 2010 to Dec.6 2010 he was performed heart correction surgery of Method of Fallot, with good results. Per report written March, 2011: Under the excellent love and care of the caretaker, now he is 84cm in height, 12.5kg in weight, 48cm in head size and 56cm in chest size. He likes playing toys alone in particular; he spends most of time in playing toy other than dinner and sleep. Once he takes the toy from the toy box, due to large strength, he make the toy box down, and all the toys are on the floor; he stretches out hands to take a big toy of violin to play; he researches it carefully, and he touches a button, and a small people is standing on a small drum which has a cap, and he goes to touch the small people; because of large strength, and the small people squats down and at the same time the cap is covering well. He looks down and looks at the toys, and he touches the toy with his hand. When he touches a button again, and the small people toy stands up. At this time, he looks at the small people standing up, and is happy to clap his hands. Usually he doesn't cry.

#### Other Girls

**Reference number: 7565 (09-0117)**

**DOB: September 21, 2005**

Child was born out of wedlock. Both of her parents are suffering from mental illness and are out-patients of the National Center for Mental Health (NCMH). She was referred to the child caring institution at 20 days old when her mother was admitted to NCMH for treatment. At present, whereabouts of the child's parents are unknown.

Child has seizure disorder which is controlled with medication. She was also assessed having developmental language disorder- mild, expressive and receptive. At present, the child is attending kinder school. She is able to write her name without help. She can count from one to thirteen (1-13), draw familiar figures without copying and can distinguish different colors. However; she has difficulty associating color names when asked to identify the color of an object. She also knows the different shapes but has difficulty associating shape names to the right object shape.

Child's speech and language is improving. She can speak sentences both in Tagalog and English but prefers Tagalog when conversing. She is reported to be a happy child with lots of energy.

**Girl – 6 ½ years - Ref. No.: 6437 (06-361)** - This little girl has normal hearing in her right ear while her left ear has mild hearing loss. She has also been diagnosed to have Global Developmental Delay and Microcephaly. She was also assessed of Optic Nerve Pallor, Cerebral Palsy, and Spastic Diplegia Secondary to Microcephaly. She underwent tendon lengthening operation in order to help her walk.

**Ref. No.: 8240 (10-0357)**

**DOB/Sex: March 30, 2009/ Female**

The child was left by her birthmother in the hospital. She was born premature. The child was also diagnosed with pneumonitis on her left lower lobe and thus required confinement. When the child was admitted at the center, she was diagnosed with acute pyelonephritis and was given medications. At present, her urinalysis results are normal however continues to take cephalixin drops 0.6 ml once a day at bedtime.

At one year and two months the child was assessed to **have Global Developmental Delay secondary to prematurity**. She has good muscle bulk but with spasticity and hyperflexia on both lower extremities. Her abilities ranged from 2 to 6 months level with significant delays in the motor, communication, cognitive, personal-social and adaptive domains. She was also considered to have **Diplegic type of cerebral palsy**.

At present, the child can stand on her own holding unto her crib bars, take a few steps when held, and coos and gurgles when talked to. She still cannot say distinguishable syllables. She can feed herself with biscuits and transfer object from one hand to the other. She turns her head when her name is called. She can play alone but likes to be near familiar faces. She has the habit of placing her hands in her face.

**Age/Sex: 6 years and 8 months old / Female**

**Ref. No.: 6437 (06-361)**

The child was abandoned by her birth mother in the hospital. She was born premature and was recommended to undergo series of medical examinations. The birthmother was also advised to undergo examinations but she left the hospital and gave insufficient information about herself. Several attempts were made to locate the birthmother but were unsuccessful.

In 2004, the child underwent a hearing test and results showed that her right ear has normal hearing threshold while her left ear has mild hearing loss. When she was transferred to her current child caring agency for proper care, she was diagnosed to have Global Developmental Delay and Microcephaly. She was also assessed of Optic Nerve Pallor that indicates loss of small capillaries within the nerve accounts for the shift from orange pink to white. She also has Cerebral Palsy, Spastic Diplegia Secondary to Microcephaly. She underwent tendon lengthening operation in order to help her walk. Based on her psychological report, the child is estimated to have very low intelligence quotient. Her mental functioning is estimated to be that of a 2 year old. At present, improvements are seen on the child. In terms of her language skills, she can utter familiar words and can express her needs and wants to her caregivers. Physically, she is still underweight. Her walking ability is improving but toeing position of her left foot is still observed. She can tolerate standing for at least 3 minutes without falling. The child's physical therapist reports that the child can follow simple instructions during sessions. She can lift her head while sitting and walking and can don and doff her shoes with assistance. She is also enrolled in a Special Education class wherein she actively participates. She can recognize colors and loves to color books. She can count from 1 to 30 with assistance and can follow instructions which at times need demonstration for her to understand. At home, she can eat and brush her teeth with minimal assistance. She still has difficulty with her toilet needs and still wears disposable diapers especially when she attends outside activities. She can take a bath independently. Her house parents are continuously training her to attend to her personal needs and toilet training is part of her daily routine. She is taking Baclophen 100 mg 1 tablet three times a day for spasticity.

**Ref. No.: 7322 (08-0882)**

**DOB/ Sex: January 20, 1999/ Female**

The child was abandoned by her birthmother. She left her to a woman and never came back. She was then referred to a child caring agency.

Upon admission, it was noted that the child has **asymmetrical prominent left frontal forehead** and was observed to have a **microcephalic feature**. She underwent cranial ultra-sound and had a result of normal cranial sonogram with no evident of hydrocephalus. In January 2000, she was diagnosed having **hypothyroidism**. She was prescribed with Thyrax and was discontinued in 2002. In 2008, she was diagnosed as **Hepatitis B positive**. It was suggested to have yearly Hepa B profile and liver function test. She was noted to be small for her age.

The child attends school and has good grades. She was assessed by a psychologist and her intellectual functioning and adaptive skills are within the Average range. She is slow in reading in English but quite good in Tagalog words. She is shy and talks softly but speaks clearly and can communicate her wants and needs. She can also attend to her personal hygiene. She has a good relationship with the other children and is not quarrelsome. When being teased or bullied she no longer cries easily. She always gives a sweet smile and regularly attends church service every Sunday.

**Age/Sex: 9 years and 2 months old/ Female**

**Ref. No.: 8089 (10-0222)**

The child was found roaming in the streets without adult companion. Information gathered revealed that the birth mother is suffering from Schizophrenia, undifferentiated type thus cannot look after her children. The child is responsible and mature. She is currently with her foster family and she performs her tasks diligently and does not need to be reminded. She is polite with older people and relates well with the other children. She is open with her feelings and can reason out and share her opinions. She likes activities such as group singing and dancing. Based on her psychological report, her mental ability is within the Intellectually Deficient level. Though she experiences difficulty with her school work she is eager to learn and sees to it that she finishes all her school assignments.

**Ref. No.: 8121 (10-0238)**

**DOB/Sex: November 28, 1997/ Female**

The child was found by a concerned citizen to be roaming around aimlessly. The child was able to recall her father's name but not her mother and siblings. All she can remember was the physical maltreatment she suffered from her father. Limited information was gathered from the child.

The child assessed to have mental retardation. According to her psychological evaluation, she has a Very Low intellectual functioning that indicates difficulty in accomplishing various cognitive tasks expected of her age. She is currently enrolled in a Special Education class. She can identify and recite the alphabet, numbers 1-10, write her name and copy 2-4 sentences written in a notebook or whiteboard. She can color, cut, paint and replicate an artwork after showing a finished artwork. The child is polite and obedient but sometimes has tantrums when in a bad mood and when her wants were not given. In terms of self-help skills, she is independent in taking a bath, brushing her teeth, in dressing and undressing. She also helps in setting the table and in washing the dishes. Her houseparent continue to provide her with trainings with her self-help skills. To help with her speech, she has daily oral motor exercise. She also participates in cooking lesson as a pre-vocational training program. She is cooperative and likes the selling portion of the session.

**DOB/Sex: January 2, 2001/ Female**

**Ref. No.: 8383 (11-0075)**

The child was voluntarily surrendered by her birthparents. The family has no stable source of income. The birthparents decide to relinquish their parental rights as they cannot provide the needs of the child.

The child was diagnosed with astigmatism and medial rectus palsy of the left eye. At seven years old, she started wearing prescription glasses. At present, the child does not anymore complain of dizziness even without wearing her eyeglasses.

She is described as an assertive girl. She communicates her wants and needs. She usually does not like losing but she recognizes her mistakes when corrected. She is curious and likes to discuss different things with adults. She feels upset when she is teased about her eye condition but she calms down when comforted. At home, she relates well with her co-children. She enjoys playing with them. She also relates well with her caregivers and addresses adults in a polite manner. She is diligent in her assigned household chores but sometimes needs to be reminded.

At school, she is a Grade 4 pupil and is reported to have an average performance. She is doing well in English, Music and Physical Education classes. However, she has difficulty in her Science subject. She is also a Girl Scout member. Based on her psychological report, she has an average intellectual functioning

**Reference number: 7598 (09-0150)**

**DOB/ Sex: August 7, 2003/ Female**

The child is a foundling. Thus no relevant information on her birth history and identity was gathered. Her age was approximated by the center staff based on examinations conducted. The child's record shows that she has global developmental delay. Hearing test suggests that she has moderate hearing loss on the right ear and severe hearing loss on the left ear. The child also has congenital cataract and microcornea on both eyes. Moreover, magnetic resonance imaging suggests delayed myelination with associated mild frontoparietal volume loss and bilateral ethmoid sinusitis.

At her present age, the child can stand with support and imitate sounds made by adults. She currently avails the service of a physical therapist but with little progress.

**Reference number: 7763 (09-0315)**

**DOB/Sex: June 8, 2007/ Female**

The child was born out of wedlock. She was only 11 days old when referred to the child caring institution due to the inability of her parents to look after her. Child's father is reported to be an alcoholic, drug user and abusive. Child's mother on the other hand was assessed suffering from schizophrenia, disorganized type.

Child was diagnosed having global developmental delay secondary to microcephaly, cerebral palsy spastic quadriplegia, moderate hypertonus right and left, cortical blindness and mild hearing loss. Child is undergoing physical therapy to improve her muscle tone. At present, she can move her right and left hand and moves around through crawling and creeping. She lies down most of the time and prefers lying on a prone position. She can hold objects but her grasp is weak. She can turn her head and responds in the same manner when her name is called.

**Reference number: 8384 (11-0076)**

**DOB/Gender: October 23, 2009(F)**

Child is a foundling. She is microcephalic, severely wasted and stunted, with visual impairment, spastic quadriplegia and global developmental delay. At present, she is undergoing therapy. She smiles when talked to and turns her head to movements inside the nursery room. She responds well to therapy. She is said to have developed emotional attachment to her care givers and loves to be cuddled. She communicates hunger through crying. She enjoys playing and moves around her crib while in prone position.

**DOB/Sex: June 26, 1998/ Female**

**Ref. No.: 8403 (11-0095)**

The child was voluntarily surrendered by her birthparents. While both parents are at work, the child was left alone in their house. Her birthparents feared that she might be abused due to her disability. They sought the assistance of their local government. The child was referred to an institution that could provide her special needs.

She is **visually impaired** and was assessed to have **Status Epilepticus, Global Developmental Delay**. She is taking maintenance medicine to control her seizure and to address her sleeping problem. She is usually awake at night and asleep in the morning. She moves slowly and she would only wake up to eat or walk around the dormitory. Daily activities are being carried out with the child with the help of a specialist from Resource for the Blind Inc. She is being trained in toileting but there are times that she wears disposable diaper. She likes to be hugged and habitually embraces the person near her. In term of her daily living activities, she can eat alone with a spoon but needs minimal assistance and can dress and undress on her own. She has a mannerism of twisting her fingers repetitively. When, tires she lies on the floor. She is observed to rock her body. She was previously enrolled in a school for the blind however, it was discontinued as she was always asleep during the class.

**DOB/Sex: July 29, 2001/ Female**

**Ref. No.: 8479 (11-0171)**

The child was rescued from the streets. The child's birthmother was imprisoned and died in 2008. Efforts were exerted to locate other relatives of the child. Her maternal uncle was found however, he refused to take custody of the child. He also has no information with the child's birthfather and the present whereabouts of her siblings. The child was declared legally available for adoption.

She is observed to relate well with her peers. She likes to play doll house, paper dolls, dodge ball, hide and seek and jackstone. She is always the leader in the group. When teased, she just ignores her playmates. If her playmates do not include her she play alone with her dolls. In school, she has difficulty coping with her subjects. Her teacher reports that she does not finish her seat works and rarely participate in class discussion. She is being helped by a tutor. She prefers to study with her peers than studying alone. Based from her psychological evaluation, she has an intellectual functioning within the Borderline range. She aspires to be a teacher someday so that she can teach other children to learn.

**Ref. No.: 8099 (10-0216)**

**DOB/Sex: March 6, 2004/ Female**

The child was found by a concerned citizen in front of a church crying and without adult companion. Efforts were exerted to locate the birth family of the children but were futile.

The child, based on the psychological evaluation, has **oppositional-defiant tendencies, limited attention span and low normal cognitive functioning**. She was not given a test to rule out ADHD as she was only six years during the assessment. She was also described to be hostile, passive-aggressive and irritable. At six years old, she still mispronounces some words (e.g. "ditar" for guitar, "toke" for coke and "jotua" for Joshua). The child was pulled out from regular school as she would not listen in class, would not stay on her seat, she would not do what is asked for her to accomplish, and most of the time stayed outside of their classroom. She is now on home tutorial focusing on building her English vocabulary and speech as well as arts and crafts.

At home, she knows how to deal with her playmates and likes to laugh a lot. She knows how to follow instruction and help in the household chores such as wiping the table, organizing shoes in the show rack and fixing her own bed. When reprimanded, she would respond by giving a loud shout or cry. When she has calmed down behavior modification is implemented. With regards to food, she appears to have insatiable desire to have more than others. When given with food, she eats it right away and gets the other children's portion with or without permission. She enjoys outdoor activities such as biking, walking and playing. She also likes to sing and dance.

**Ref. No.: 8496 (11-0188)**

**DOB/Sex: December 28, 2003/ Female**

The child was left by a certain woman. The woman did not return to get the custody of the child again. Efforts were exerted to locate the birthparents of the child but remained futile.

The child was assessed to have **Congenital Rubella Syndrome with autistic features**, and in functioning within the **Retarded range**. She also has bilateral cataract that have been operated. At present, the child can walk and run without tripping, climb onto furniture without assistance, and manage to walk up and down the stairs without holding in the rails. She is spoon-fed and can eat solid foods. As to her toilet-training, she still uses diapers. She has

normal sleeping pattern. The child is enrolled in occupational and physical therapy every Wednesday. She can follow simple one-step verbal instructions with moderate to maximal verbal and physical guidance. She can remain sitting while doing tabletop activities for 2-5 minutes. She likes playing with bright colored objects and toys that create sounds.

**Ref. No.: 8364 (11-0056)**

**DOB/Sex: January 26, 2003/Female**

The child was voluntarily surrendered by her birthmother. The birthmother was observed not to comprehend simple instructions and often have blank stares. The child was placed in a foster family however it was assessed that the foster parents were not able to adequately look after the child and allegedly physically abused the child. She was removed from the foster family and was placed in the institution.

The child was submitted for developmental assessment as she was observed to be defiant, hyperactive, throwing temper tantrums, bullying her classmates, self-centered and with poor waiting skills. Based from her developmental assessment dated December 2010 the child was assessed to have **Attention Deficit Hyperactivity Disorder, Combined Type with Learning Disability (Dyslexia) and Oppositional Defiant Disorder**. The developmental test reveals "*fair average performance in fine motor and adaptive skills with mild impairments in language and cognitive skills. An academic achievement test reveals delayed academic skills*". She cannot identify the letters of the alphabet or give the corresponding letter sounds. She can write her full name but still cannot write alphabets. In math, she can identify numbers 1-10 with correspondence. She can solve one-digit addition with minimal assistance.

The child is enrolled in an informal type of school and attends occupational therapy twice a week. The center also facilitates behavior modification and counseling with the child to help modify her behavior. She also attends tutorial sessions to develop her writing and reading skills. It is observed that the child's behavior has improved. She respects the elder residents of the center and listens to the instructions and explanations of the staff.

**DOB/Sex: June 12, 2001/ Female**

**Ref. No.: 8337 (11-0029)**

The child was left by her birthmother to their neighbor as she cannot provide the needs of her child. The child's guardian could not appropriately look after the child thus she decided to seek the help of the religious sisters. The child was then referred to an institution for proper case disposition.

When the child was placed with the religious sisters, it was noted that she displayed negative behavior towards her companions in the center. She quarreled with the other children. She would say bad words while aggressively gesturing towards others. She would rationalize when she was reprimanded.

When she was referred to the center, the child was placed with a foster family. With her two years stay with her foster family, the child is described as sweet, friendly and easily associates with children of her age. She performs her household chores. She knows how to respect adults. When reprimanded by her foster parents she listens to them. She relates well with her foster siblings. Petty quarrels happen when the child becomes too inquisitive. At school, she is an average student and understands their lessons. However, she is observed to be talkative in class. When she grows up she dreams to become a nurse so that she can help the children in need.

**Ref. No.: 7881 (09-0432)**

**DOB/Sex: June 23, 2008/ Female**

The child was voluntarily surrendered by her birthfather and was orphaned by her birthmother. The birthmother died when she was giving birth to her due to eclampsia. The birthfather could not provide the needs of the child as he has seven more children to care for.

She was born **premature** and was unconscious for two hours but was revived via a resuscitator. She also had intense therapy for a month. She was discharged from the hospital and was placed to temporary custodians. Under their care, the child had a blood transfusion and was treated for pneumonia. On April 28, 2010 the child was submitted for developmental assessment. She was assessed to have **Global Developmental Delay probably secondary to Cerebral Palsy, Spastic, and Quadriplegic**.

She can lift her head when in prone position, hold and grip object momentarily, and moves her head from side to side following movements and sounds. She mimics sounds that people make through repeating the sound by throat grunting. She smiles when played and talked to. She eats soft solid food in small amounts to prevent choking. When bottled fed she is assisted by her caregiver as she cannot hold her bottle.

**Ref. No.: 8509 (11-0201)**

**DOB/Sex: June 3, 1997/Female**

The child was orphaned by both of her birthparents. The birthparents are of Islam faith. The child was found in the streets. She was involved in petty crime like pick pocketing and sniffing solvents. Efforts were exerted to locate the relatives of the child but remained futile.

Based from her psychological evaluation, the child has an intellectual functioning within the Slow Learner range. The report states that *“Her learning potentials may not have been fully utilized, noted as well in her history of poor academic achievement. Her limited language processing and poor retentive skills can result to problems in learning.”* The child also has feelings of inadequacy and dependency. *“She is fearful, distrustful and withdrawn, which are salient expressions of her need for security and sense of attachment with a family.”*

At the center, she is observed to be physically aggressive when in conflict with other children. She however, accepts her mistakes and accepts the consequences of her action when talked to. At school, she is a fourth grade pupil. She is diligent in her studies. She sometimes has difficulties with her school works and asks the assistance of her caregivers. She dreams of becoming a nurse someday.

**Ref. No.: 7849 (09-0401)**

**DOB/Sex: October 9, 2006/ Female**

The child was left under the care of her foster parents. However, the foster parents expressed that they were having difficulty to provide the medical needs of the child. She was referred to the institution for proper care and case disposition. The birthmother and other relatives were located and counseled. The birthmother expressed that she plans to give up the child as it may affect her relationship with her husband. The birthmother is also not capable of providing the needs of the child as she is dependent to her husband. The child was voluntarily surrendered by her birthmother on November 12, 2008.

The child was diagnosed to have **Unilateral Open-lip schizencephaly** on the right lobe of her brain. She is currently attending therapy at Stimulation Therapy and Activity Center (STAC) once a week and some improvements can be noted. Her upper and lower extremities are weak and at times would sit quietly and watch other children play. But there are also times when she is being carried so she could mingle with other children. She tries to stand with support on grills for few minutes then sits when tired.

She could stand by herself when leaning or holding hard objects or when being assisted. She can also utter words like mama, papa, kuya, baby, ate, and dede. She can also identify her body parts and sways her body when she hears music. She still wears diapers as she cannot express her needs to go to the bathroom.

**Ref. No.: 8403 (11-0095)**

**DOB/Sex: June 26, 1998/ Female**

The child was voluntarily surrendered by her birthparents. While both parents are at work, the child was left alone in their house. Her birthparents feared that she might be abused due to her disability. They sought the assistance of their local government. The child was referred to an institution that could provide her special needs.

She is **visually impaired** and was assessed to have **Status Epilepticus, Global Developmental Delay**. She is taking maintenance medicine to control her seizure and to address her sleeping problem. She is usually awake at night and asleep in the morning. She moves slowly and she would only wake up to eat or walk around the dormitory. Daily activities are being carried out with the child with the help of a specialist from Resource for the Blind Inc. She is being trained in toileting but there are times that she wears disposable diaper. She likes to be hugged and habitually embraces the person near her. In term of her daily living activities, she can eat alone with a spoon but needs minimal assistance and can dress and undress on her own. She has a mannerism of twisting her fingers repetitively. When, tires she lies on the floor. She is observed to rock her body. She was previously enrolled in a school for the blind however, it was discontinued as she was always asleep during the class.

**Reference number: 8557 (11-0249)**

**DOB/Gender: June 3, 1999/Female**

Child was surrendered by her mother and paternal grandfather. Child's father suffers from schizophrenia apparently due to abuse of prohibited drugs.

Child is reported as healthy and active. She does not have physical deformities or disabilities and has good eating and sleeping habits. Eye examination showed that the child has Error of Refraction but use of eyeglass has not been recommended.

Child's social worker and care givers report that she is affectionate, respectful and diligent not only in doing her assigned chores but in her studies as well. She can attend to her personal needs independently. She is able to form and maintain good relationships with other people.

\*Note: Child for a family where she will have an older sister. Child requests to be the youngest in the family.

**Ref. No.: 8599 (11-0291)**

**DOB/Sex: June 8, 2010/Female**

The child was left by her birthmother in the hospital after giving birth. She was born premature and was diagnosed with sepsis neonatorum.

The child was diagnosed with **Global Developmental Delay, Cerebral Palsy spastic quadriplegia, microcephalic, and epilepsy, partial**. She attends physical therapy twice a week.

The child can roll her body from prone to supine position. She lays flat on her crib and could not support her own body weight. She can turn her head side to side and touches her face with her hands. She can maintain eye contact but downward gaze is still noted. She smiles when being fed or tickled. It was observed that there are times that the child's body stiffens. When irritated, she cries with a high pitch sound. To pacify her, she is given a piece of cloth as her blanket.

#### Other Boys

**Child: Wyne**

**Ref. No.: 7403 (08-0963)**

**DOB/Sex: July 21, 2005/ Male**

The child was referred to the child caring agency by the Philippine General Hospital-Child Protection Unit for protective custody because of their findings that he was a victim of gross neglect of his birthmother that led to his confinement in the hospital.

The child fell from the stairs when his birthmother left him to the care of a relative. He was asleep and when he woke up, he crawled until he reached the stairs. He fell from the 12-steps stairs down to the rough cement flooring. There was no adult left in the house at the time of the incident. From the medical examinations conducted at the Philippine General Hospital, the child was diagnosed to be suffering from "shaken baby syndrome". He had cerebral edema/retinal bleeding supportive to the findings of being a shaken syndrome case.

The child is very active. He runs and walks without direction thus he needs close supervision. Physically he is big for his age but has **delays in all areas of development**. His estimated IQ of 53% placed him within the **mild mentally delayed range**. He points to at least 4 parts of his body and attempts to repeat words heard. For his self-help skills, he can manage to eat using a spoon but with many spillage. He can drink from a cup and can use a straw. He still needs assistance in toileting and washing of hands. For his language skill, he can follow simple instructions and can express one syllable words. When he wants something he would just point to it. His gross motor skill is comparable to 2 and 4 ½ year old while his fine motor skill is equivalent to 1 ½ year old.

**Ref. No.: 8036 (10-0153)**

**DOB/Sex: September 25, 2004/ Male**

The child was abandoned by his birthmother. At three months old, the child was confined in a hospital due to Clinical Sepsis and Pneumonia. At five months old, the child was a gain readmitted at the hospital due to Seizure Disorder secondary to Hypoxic Ischemic Encephalopathy: Septicemia; T/C Thromboembolic Disorder and S/P Below Elbow Amputation Right Secondary to Septic Embolism. The attending physician offered to foster the child to ensure post operation care and management. The center tried to locate the birthmother but was unsuccessful. However, they were able to locate the child's birthfather. He expressed willingness to take custody of the child however, he should prove his paternity. The birthfather did not show up again.

Based on the child's developmental assessment dated April 2010, the child is diagnosed with **Global Developmental Delay functioning in the retarded range, Cerebral Palsy, mixed (Athetoid, Spastic) 2 to Static Encephalopathy, Growth retardation and has feeding problem**. At present, the child has a short stature brought by cerebral palsy. He is often confined in his stroller and his activities of daily living are dependent to his caregiver. He only eats osteorized food as he

could not tolerate solid substance. He still cannot speak and communicates through gestures. The child attends physical therapy and it is noted that he still has difficulty in standing and kneeling but he is progressively improving in sitting and behaving well during his sessions. With his occupational therapy, his fine motor activities are improving and now show good response in holding things. He joins morning exercises and different activities inside and outside the institution to boost his social skills.

**Ref. No.: 7710 (09-0262)**

**DOB/Sex: July 4, 1996/ Male**

The child was left by his birthmother to certain couple. The couple claimed that the child was left to them and when more than two weeks have passed they were alarmed and referred to child to DSWD. However, the child claimed that the couple “adopted” him when he was still young. Efforts were exerted locate the birthparents and relative of the child but all are futile.

The child is a first year high school student and is observed by his class adviser as diligent, kind and honest. He is active with school activities and has many friends. He is with his foster parents and he respects them. He is responsible with his household chores and loves taking care of younger children. He acts as the older brother to his younger foster siblings. Being an adolescent, he started to have crushes and is aware of the changes with his body. The child dreams of becoming a scientist and to have a permanent family someday. He is being prepared by his foster parents and he always include in his prayers that he be given a chance to have a family.

**DOB/Sex: August 9, 1999 / Male**

**Ref. No.: RegXII-A**

The child was found by a concerned citizen behind a fruit stall. The child was found in plastic bag and was wrapped in a flour sack. The child was then referred to the child caring agency. Efforts were done to locate his relatives but no one claimed the child in the center.

Upon admission, the pediatrician noticed that the child was thin and malnourished. He was found to be a pre-mature baby and also has jaundice. In 2007, the child was assessed to exhibit **delays in all areas of development except for gross motor skills and his weakest area is in language skills**. His level of functioning is highly suggestive of **Mental Retardation**. After attending therapy, the child was found to be educable and can do basic independent skills. He is presently enrolled in Special Education Program to simulate his delays in language and other areas.

At present, he can now utter simple words and the names of his caregivers. His social skills have improved as well as his daily grooming at school. He sometimes does not participate in activities with his peers and prefer to stay in the kitchen or ward and help his house parents in their chores. He is respectful and obedient to adults. At school, he can follow simple instructions but does not have patience in performing activities that require mental effort. He enjoys going to school and is always excited to dress himself with his school uniform and prepare his snacks.

**Ref. No.: 7956 (10-0074)**

**DOB/Sex: January 23, 2003/ Male**

The child was abandoned by her birthmother in the hospital. The child was confined at the hospital due to severe pneumonia. Efforts were done to locate the birthmother, however, local authorities stated that the birthmother have not returned in the area and is allegedly suffering from mental illness. A maternal uncle was found but expressed his inability to take care of the child. The child was declared abandoned in court.

In October 2009, the child was diagnosed with **Global Developmental Delay (MR) and macrocephaly**. He was also noted to have drooling of saliva, is hyperactive with poor sitting span and with tendency to grab things.

At present, the child has a good relationship with the other children and likes to play with them. He can tell stories in short sentences and can sing one line of a song. He imitates words he hears and can sing the songs of tv commercials. The child performs good personal hygiene. He can brush his teeth, take a bath on his own and use the comfort room properly.

**Reference number: 6994 (08-464)**

**DOB/Sex: April 12, 2001/ Male**

The child was rescued from his abusive mother and was referred to the child caring institution for custody and shelter. He was voluntarily surrendered to the care of the state by his mother.

Child was born out of wedlock. Child’s biological father abandoned them when his mother was pregnant with him. Child’s mother had another relationship which was problematic. Child became the recipient of his mother’s anger towards her live-in partner thus he suffered both physical and emotional abuse. Child also suffered sexual abuses from his mother’s stepfather.

Child's psychological evaluation reveals that he has limited abstract and logical reasoning. His tests suggests that he is in the slow learner/dull category implying dependence on others for assistance to learn what most other children his age learn independently. Initial speech and language evaluation also revealed that child has mild speech and language disorder secondary to mental retardation. Child attends a home school program and is currently working on most subjects in the first grade level.

At the center, he is said to be responsible in attending to his personal needs and is doing assigned chores. When frustrated or angry, he displays aggressive behaviors and at times, utters undesirable words. Behavior modifications helped lessen his behavior aggressiveness.

**7969 (10-0087) – Asian boy born 9/98** - The child was surrendered by his birthparents due to their incapability to provide for the needs of the child. The child is in good health condition but is observed to have strabismus. He loves to play basketball, run races, and play toy cars with other children. He sometimes engages in fights but can admit his mistakes and ask for apology. In school, he has good relationship with his teachers and classmates. When he does not understand his assignments he approaches his caregivers to explain it to him. His intellectual ability falls within the Average level.

**DOB/Sex: May 6, 1997 / Male**

**Ref. No.: RegXII-B**

The child was left by his birthmother to a certain man who then gave the child to another man. The child was then given to a day care worker who eventually referred the child to the Department of Social Welfare and Development.

Upon admission, the child was observed to be skinny. During his stay, delays in his growth and development were observed. Head banging was also manifested but stopped when he reached 5 years old. He was assessed by a developmental pediatrician and his behaviors are highly suggestive of **Autism Spectrum Disorder**. He exhibited delays in all areas of development except for gross motor skills. His weakest area is in his language skills. He also showed inconsistent social interaction and responses.

At present, his basic language skill and cognitive development has improved. He can utter simple words and can communicate with his house parents. It was also observed that the child feels ashamed with boys of his age while he likes to mingle with girls of his age. The child has fascination with insects. He likes to roam around the center's vicinity and look for insects. At school, he is cooperative and performs tasks given to him. He is doing well in writing and other social activities. He has less interest in the center's tutorial as he prefers to roam looking for insects. He is recommended to continue in his Special Education Program.

**Ref. No.: 6341 (06-265)**

**DOB/Sex: September 9, 1997/ Male**

The child was abandoned by her birth mother in the hospital after giving birth. Efforts were exerted to locate his birthmother but all remained futile.

The child has **speech and hearing impairment**. In 2005 his BAER exam has an assessment of **moderate hearing loss sharply falling towards high frequency AS profound hearing loss sharply falling towards high frequency AD**. His BOA (Play Audiometry) has a result of **mild hearing loss in left ear and severe hearing loss in right ear**. He also started using a hearing aid but opted to not wear it. He feels more comfortable without the hearing aid and can still communicate without it.

Based on his psychological report, it revealed that the child is intellectually deficient which attributed to his hearing problem. During her third grade in Pasay School for the Deaf he got a general average of 83% and was recommended for Grade IV for the next school year. He knows the sign language alphabet and the number sign. His teachers commented that he is courteous, attentive, and can be trained as a leader. In 2008, he was awarded as "Magalang na Bata" (respectful child) during the culminating activity of the celebration of National Children's Month.

He is physically health and active. He likes playing sports like basketball, running, and dancing. During sports fest he actively participated and won several games. Also during the school year of 2005-2006, he received certificates of recognition for winning the 2nd place in Running and 3rd place in Softball throw in the Division level during the Manila Youth Games for Special Children.

He has good relationship with the other children and can relate well with them. He is affectionate, thoughtful, and courteous. He never forgets to keep something for his friends after attending activities and parties. He goes to Church on weekends and sometimes volunteers to play one of the musical instruments in the church.

**Ref. No.: 7956 (10-0074)**

**Age/Sex: 7 years and 5 months old/Male**

The child was abandoned by his birthmother in the hospital after he was confined due to severe pneumonia. Efforts were done to locate the birthmother, however, local authorities stated that the birthmother has not returned in the area and is allegedly suffering from mental illness. A maternal uncle was found but expressed inability to take care of the child. The child was declared abandoned in court. In October 2009, the child was diagnosed with Global Developmental Delay (MR) and macrocephaly. He was also noted to have drooling of saliva, is hyperactive with poor sitting span and with tendency to grab things. At present, the child has a good relationship with the other children and likes to play with them. He can tell stories in short sentences and can sing one line of a song. He imitates words he hears and can sing the songs of TV commercials. The child observes personal hygiene. He can brush his teeth, take a bath on his own and use the comfort room properly.

**Reference number: 7415 (08-0975)**

**DOB: June 7, 1998**

The child was born out of wedlock. The child was one year old when his father abandoned them and made his mother angry. His mother's anger was displaced to him resulting to neglect and maltreatment. The physical abuses inflicted by the mother prompted the child's older half-sister to refer him to a child caring institution for custody and temporary shelter. The child was admitted together with his older half-sister who also currently resides at the center.

The child is reported to have good relationship with the other children in the center. Except when provoked, he does not initiate fights or arguments. He has initiative and is responsible in doing his assigned chores at their dormitory. He is also reported to be independent in terms of attending to his personal needs. He is on the third grade level in school. He wants to be a soldier someday.

The child wants to be adopted. He attended a one month summer camp in the US in 2009 and his experiences has deepened his desire to have a family through adoption. Though he has an older sister, he agrees to be adopted apart from her. (Info also in 2011 Camp File)

**Ref. No.: 7861 (09-0413)**

**DOB/Sex: August 4, 2000/ Male**

The child was found loitering around in Makati City. He cannot remember his family's whereabouts and can only utter his full name. Efforts were done to locate his parents but all remained futile.

The child was assessed to have **Global Developmental Delay** and has a Full Scale IQ within **Extremely Low range**. He is currently enrolled under SPED class and according to his teachers he is very cooperative and follows instruction given to him. However, short attention span is still noted. He was also observed to have difficulty moving his neck. He underwent X-ray test and there are no osseous or joint pathology seen. No fracture or dislocation was also noted. His hearing test showed that the child has **mild hearing loss on both ears**.

He can follow simple instructions and loves to sing. He can easily memorize songs that are familiar to him and also enjoys doing beat and rhythm through clapping. He can also attend to his personal needs and can perform simple household chores. He also has positive relationship with other children inside the center. He also attends to structured activities at the center. It was observed that the child has difficulty in expressing himself but can comprehend basic instructions. Though he could not speak well, he has the motivation to learn.

**Age/Sex: 11 years old/ Male**

**Ref. No.: 8195 (10-0312)**

The child was a foundling. The child was observed by the physician to have some visual difficulties. The child was recommended for eye check-up, provided with corrective eye glasses and was observed that he can now attend to his school works and assignments much better. At present, the child is enrolled as a Grade 3 student. He shows interest in his studies and enjoys being in school. At home, he can perform household chores and respects his caregivers. He speaks in a slow and soft voice that is somehow slurred but coherent. He acknowledges his mistakes and listens to his caregivers.

**Age/Sex: 9 years and 9 months old/ Male**

**Ref. No.: 7985 (10-0103)**

The child was voluntarily surrendered by his maternal grandmother. The child is now a Grade 4 student. He is observed by his teacher to have difficulty to sit still and be attentive to lessons but he is polite and obeys when corrected. At home, he is sweet, cheerful, and active. He volunteers to do tasks and gets along well with the other children. He is a curious child and likes to roam around the home and discover new things. When frustrated, it was observed that

the child rocks himself and hums/sing songs. The caregivers are trying to solve this behavior through talking to the child and teaching him on how to handle his frustrations properly. Spiritually, the child is raised with Christian beliefs. He prays before meals and before sleeping, he reads the Bible and attends Sunday school.

**Ref. No.: 7415 (08-0975)**

**DOB/Sex: June 7, 1998/ male**

The child was voluntarily surrendered by his birthmother. The birthmother neglected and **physically abused** the child. The birthmother first placed the child for temporary placement but she always asked for extension of the temporary custody and later on decided to surrender the children as she will not be able to provide their needs.

The child had a psychological evaluation and was assessed to be generally intellectually functioning within the Slow Learner range. He is currently a Grade 3 student and according to his teacher he has good academic performance in school. He participates in class activities and shows eagerness to learn. He can read Filipino and simple English words. He knows how to add, subtract and multiply five to ten digits. At the dormitory, he performs his assigned tasks and manifests a sense of independence in meeting his needs. He does not initiate fights but would defend himself when provoked. He relates well with the other children and likes to play hide and seek, basketball and ride his bike. He has been more open about his family and shares that he did not hate his birthmother but does not like to return to her custody. He remains firm with his decision to be adopted. He aspires to become a soldier in the future.

**Boy – 6 years - Ref. No.: 7680 (09-0232)** - The child was assessed to fall under the Slow Learner category with an overall IQ score of 73. He also observed to have problems with his speech development. He is currently under occupational therapy to improve his speech and gross motor skills. . His emotional control and social skills are normal for his age. He is also reasonable open to express his concerns. The child was assessed to have Global Developmental Delay. He is interested in storytelling and books. He is a cheerful and affectionate child who loves to greet, kiss and hug his caregivers.

**Ref. No.: 7629 (09-0181)**

**DOB/Sex: October 2, 2003/ Male**

The child was voluntarily surrendered by his birth mother because she cannot provide the needs of the child especially his milk. When the social worker tried to find the birth mother for the notarization of the deed of voluntary commitment, the family has moved and there were no information about their whereabouts. He was declared, abandoned, neglected, and dependent on January 26, 2007.

The child was assessed with **Global Developmental Delay**. He is also observed to be hyperactive and this is secondary to the developmental delay in his social and adaptive skills. He was also diagnosed to be positive for **chronic active HEPA B, High Infectivity**.

At present, he is a very active and playful child. He can attend to his personal hygiene and is helpful around the center. Socially, he relates well with the other children and has gained friends. He is affectionate and likes to be cuddled by his caregivers. He is not enrolled in the Day Care as the center was understaffed. His houseparent however continues to conduct developmental activities suited to the needs of the children. He can count but cannot identify the numbers. He can sing the alphabet song but cannot identify all of the letters. He can identify shapes and fruits and can draw simple things. He is interested in puzzles, toy cars and building blocks but was observed to have short attention span. In giving instructions and questions, it should be repeated before he was able to understand. In terms of his language skills, he can speak in short sentences and can be shy to unfamiliar persons. He can relate his experiences using 5 to 6 word sentences and communicates effectively.

**Ref. No.: 8195 (10-0312)**

**DOB/Sex: July 16, 1999/ Male**

The child was found wandering around a bus and jeepney terminal. The child disclosed that his father instructed him to ride a passenger jeepney and promised to follow later. The father did not come and nowhere to go the child begged for food at the terminal. Efforts were exerted to locate the birth family of the child but all remained futile.

The child was observed by the physician to have some visual difficulties. The child was recommended for eye check-up and was diagnosed to have **Anisometropia**, error in refraction (right eye 2.75 – 1.00x90; left eye 3.50 – 1.50x 90). He was provided with corrective eye glasses and was observed that he can now attend to his school works and assignments much better.

At present, the child is enrolled as a Grade 3 student. He shows interest in his studies and enjoys being in school. At home, he can perform household chores and respects his caregivers. He speaks in a slow and soft voice that is somehow slurred but coherent. He is sometimes

reported to hurt small children because he reasons that the children are bad to him. He however acknowledges his mistakes and listens to his caregivers.

**Ref. No.: 8254 (10-0371)**

**Age/Sex: January 23, 1998/ Male**

The child was rescued from the streets. He was found loitering and begging. The child also disclosed that he has been exposed to substances like contact cement and solvent. He cannot provide any information with regards to his family. He was declared abandoned in court.

The child is observed to have **mild mental retardation and speech impairment**. Based on his psychological report, the child has delays with his development. His communication skills are the most deficient and learning would be difficult for him since he writes most letter and numbers resembling those with dyslexia. His referral to a Neurodevelopmental Pediatrician is still in process.

At the center, the child is observed to manifest some behaviors when having tantrums. He uses profane words to his caregivers, threatens anyone with a stone and throws it to anyone or into a window glass. He also fights other children when he is being teased. All these behaviors are being addressed by the center and the behaviors have lessened through positive reinforcements. Though with these behaviors, the child is also thoughtful to his caregivers and the other children. He likes to crack jokes but the children oftentimes cannot understand him. He is enrolled in Special Education class and he can write letter and numbers but shows signs of dyslexia. In sports, he is very competitive and likes to play ballgames. He is very good in basketball and track and field.

**Boy – 12 ½ years - Ref. No.: 6983 (08-453)** - The child was a son of a Filipina Overseas Contractual Worker in Kuwait who has since died. He has prominent Kuwaiti features. He is assessed to have Average Intelligence but could function at a higher level possibly. He is diligent in his studies and performs well in school. He is also fond of reading books available in the center's library. He is currently in Grade 5 and maintains his good performance. He is observed to be respectful, friendly, and articulate and can initiate conversation with other people. He is also a good performer. He can sing and dance well. During his free times he likes to draw things he sees around the institution. The child is fond and has passion in airplanes. He has high hopes of becoming a pilot someday.

**Age/Sex: 7 years and 8 months old/ Male**

**Ref. No.: 8115 (10-0232)**

The child was found loitering by a police officer. Efforts were exerted to locate the child's birthparents but to no avail. The child was assessed to have an intelligence capability within the Extremely Low level. He may also be experiencing Learning Disorder Not Otherwise Specified (NOS). It was also observed that the child manifests signs of Attention Deficit Hyperactivity Disorder. The child shows independence in attending to his needs. He requires minimal supervision. He can speak in sentences but stutters. He can follow instructions and can answer questions asked of him. He knows simple subtraction and addition.

**Age/Sex: 1 year and 3 months old/ Male**

**Ref. No.: 8298 (10-0415)**

The child was voluntarily surrendered by his birthmother. The birthmother believes that her pregnancy will not be accepted by her family and opted to relinquish the child for adoption.

The child is macrocephalic and was diagnosed with partial epilepsy. He takes Phenobarbital 15mg 1 ½ tab every 12 hours and Valporic Acid 2.3 ml 2x a day and 2.5 ml at night time. He was also prescribed with Baclofen 10 mg ½ tablet once a day as additional maintenance medicine. He has physical therapy twice a week in the hospital and home therapy session.

The child has stiff lower extremities and can walk with the help of a walker. He recognizes familiar faces and cries when his caregivers leave. He likes to grab different toys, however, he cannot open his fists completely. He can utter unintelligible sounds when he is played with or when he is happy. Drooling of saliva is sometimes observed. He likes to stroll around and enjoys seeing different faces and moving objects. He is bottle-fed and consumes 6 ounces per demand feeding. He still cannot hold his feeding bottle. He can also tolerate mashed vegetable and fruits. He likes biscuits and fruit juices.

**Age/Sex: 8 years and 1 month old/ Male**

**Ref. No.: 8217 (10-0334)**

The child was left by his birthmother in the custody of their neighbor who in turn gave the child to his daughter. However, she cannot provide the needs of the child and referred him to the institution. The child was diagnosed to have Chronic Hepatitis B infection. He was recommended for yearly liver function test. Based on his psychological evaluation, his

intellectual functioning is classified within the Average range. He is enrolled as a Grade 1 student and is diligent in attending his classes. He can write numbers from 1-50 and read vowels and simple Tagalog words. He participates in their class activities and is active in asking questions. At the center, he responsibly performs his assigned chores and is courteous towards his caregivers. When provoked, he controls his anger by being silent, teary eyed, and with closed fists. When reprimanded, he will keep silent and cry in the corner. He has a good relationship with the other children and enjoys playing with them. He is aware of adoption and expresses his desire to have his own family.

**Age/Sex: 3 years old/ Male**

**Ref. No.: 7897 (10-0015)**

The child was voluntarily surrendered by his birthparents. They believe that surrendering their child for adoption will give him a better future. Upon admission, it was noted that the child has low set of ears. He was also assessed by a neurodevelopmental pediatrician to have Global Developmental Delay. During the assessment, his neurodevelopmental abilities ranged from 6 to 11 months old with significant delays in the fine motor and expressive domains (He was 1 year old during the assessment). He was recommended to be seen by a genetics specialist to determine the etiology of his facial dysmorphism. The child was scheduled to be seen by a geneticist and is waiting for the results. He enjoys playing with the other children and moves around with good balance. He can go up and down the stairs with support, climb up and down the bed, feed himself using spoon with spillage, and drink from a cup without help. He can follow simple instructions and imitate gestures. He recognizes his caregiver and is hesitant to unfamiliar persons.

**Age/Sex: 2 years old/ Male**

**Ref. No.: 7998 (10-0116)**

The child was voluntarily surrendered by his birthmother. Being a teenage mother she expressed that she cannot provide the needs of the child. The child was assessed with Global Developmental Delay. During the assessment (he was 1 year and 10 months old), his locomotor development was equivalent to 18 and  $\frac{3}{4}$  months old, personal and social at 16 months old, hearing and language at 10 and  $\frac{1}{2}$  months, eye and hand coordination at 16 and  $\frac{1}{2}$  months and performance was equivalent to a 16 and  $\frac{3}{4}$  months old child. He showed significant receptive and expressive language delays. To rule out hearing impairment he was recommended for play audiometry or brainstem auditory evoked response (BAER). Results are not yet available.

At present, he is very active and loves playing with other children and his toys. He can push and pull his bed and chairs, and run around the room with ease. He needs motivation in learning to speak, in proper eating habits, and further toilet training. He tends to be closely attached to his caregivers and cries when left alone or not given attention.

**Ref. No.: 7035 (08-505)**

**DOB/Sex: October 19, 2005/ Male**

The child was legally declared abandoned because his birth parents failed to give up their vices and neglected their children. During the birth mother's pregnancy, she smoked, drank alcohol and used methamphetamine. When Alex was under the custody of his birth mother, he was breastfed for two months and was fed with any available milk. When milk is not available, he was fed with condensed milk mixed with coffee.

He was born **premature with 28 weeks of gestation**. He was also diagnosed to have Renal Tubular Acidosis (RTA) and was medicated with Sodium Bicarbonate. Since July 2009, he has been cleared from RTA. Recent CBC and CO2 test showed normal findings. He underwent neurodevelopmental evaluation in 2008. The findings showed significant delays in all domains except for his gross motor skills and highly suggested **Global Development Delay**. At present, the child can follow and respond to verbal and gestural commands. He can utter single words, use variation in his voice, and initiate sounds, gesture or words associated with what he sees around. He can utter 2 to 3 word phrases and can speak two English words (eat and no). He still cannot say his name but will respond when his name is called. He remembers the names of his caregivers but cannot utter them clearly. He can obtain water from a tap without assistance and can feed himself with minimal supervision. He can express his need to go to the bathroom and can be requested to do simple errands. He is a very curious child and likes to be physically active. Now he can stay put in one place for a longer period of time. The child will be submitted for follow-up assessment of a developmental pediatrician on August 2010.

**DOB/Sex: May 25, 2002/ Male**

**Ref. No.: 7967 (10-0085)**

The child was rescued from the streets. He was found begging and without adult companion. The child cannot recall where he lives and the names of his parents. Efforts were exerted to

locate the relatives of the child but were futile. The child was assessed to have a mental functioning within the Retarded level. Based from his psychological report, the lack of intellectual stimulation, his low tolerance for frustration, as well as possible developmental delay can be attributed for his present cognitive limitations. At present, he is a Grade 1 pupil. He can read in Filipino and simple words in English. He can perform addition and subtraction. He is also starting to learn multiplication. He can count from 1 to 100. At home, he relates well with the other children. He can easily establish friendship and does not show extreme emotional outbursts. He does not engage in petty quarrels except when teased by the other children. He also has the tendency to be swayed easily by his co-residents. In terms of self-help tasks, he takes a bath on his own and decides on what to wear. He practices good hygiene.

**DOB/Sex: August 5, 1998/ Male**

**Ref. No.: 8377 (11-0069)**

The child was voluntarily surrendered by his maternal grandmother. He is an orphan to both parents. The child has an eleven year old brother also cleared for inter-country adoption staying in another institution. The child is currently a Grade 2 pupil. Based from his psychological report, he has high self-concept and superior emotional intelligence. His teacher reports that he can read simple sentences and do basic mathematics. He also has tutorials in the center to help him with his studies. At the center, he has a smooth relationship with his co-residents. He is responsible in his assigned tasks and assists the younger children with their chores. He enjoys playing basketball and badminton. He has a good appetite and maintains good hygiene. He dreams of becoming a soldier in the future.

**Reference number: 8344 (11-0036)**

**Date of Birth: August 11, 2009**

Child was voluntarily surrendered by his mother to the care of the state when he was only 6 days old. Child was born to a single mother with no financial means to support the needs of the child. Child's father is unknown. Child was assessed to have global developmental delay with emphasis on his fine and gross motor skills. He was 1 year and 1 month old at the time of assessment. Through physical and occupational therapy, child's motor skills improved. At his current age, he can move from side to side and into prone position on his own. He is able to hold his milk bottle and also has a firm grasp on toys. He can crawl and bring himself into standing position while holding on to his crib. Child responds when his name is called by turning his head. Child was also assessed to have Klippel-Feil syndrome.

**8214 – boy born May, 2009** – he was relinquished by his mother about six months after his birth. He has developmental delays for which he has received therapy. He is suspected of having some hearing deficit as well, since he has had left ear infections and has language delays.

**Reference number: 8102 (10-0219)**

**DOB: December 4, 2007**

Child was born out of wedlock. He was left by his mother at the hospital and never returned to claim him back. Child was assessed to have global developmental delay with emphasis on his expressive language. He was also noted to have difficult temperament. He displays tantrums when redirected. Frequent salivation was also noted. At his age, the child has good motor coordination. He can run and climb with balance. He can feed himself using spoon and fork and can also attend to simple self-help skills such as dressing and bathing. He can follow simple instructions. He utters two syllable words. Child's foster parents report that he is thoughtful. He would offer help even in very simple ways to her foster mother. He loves to be cuddled. He enjoys playing with the children of his foster mother's neighbor.

**DOB/Sex: February 4, 2008/ Male**

**Ref. No.: 8257 (10-0374)**

The child was left by his birthmother in the hospital. He was confined in the hospital due to sepsis neonatorum, late onset and conjunctivitis with eye discharges. Efforts were exerted to locate the birthmother but proved futile. The child was assessed to have Bilateral Corneal Opacity which has to be operated for possible corneal transplant by the time he reaches eight or nine years old. He was also observed to have head lag and spasticity of the lower legs. His EEG result is normal sleep EEG recording. His Cranial Ct scan is also normal. The child was recommended to attend physical therapy sessions. Since August 2009, he has therapy sessions once a week. At present, the child can sit alone, stand and walk. He still cannot pronounce words but responds by producing sounds. He has the mannerism of tapping his chin with his clenched fist. At times, he throws tantrums when he is hungry, sleepy and wants attention. He cries aloud and bangs his head on the wall to get the attention of his caregivers. His caregivers observe that he turns his head towards the direction of bright colors and moving objects. He love playing with a rattle and other things that produce sounds.

**Reference number: 6354 (06-278)**

**DOB: February 12, 2000**

Child and his three younger brothers were surrendered by their biological mother to the child caring institution in view of her incapacity to care and provide for the needs of the children. Child is half-orphaned by his father. While at the center, behaviors problems had been noted on the child. The latter concerns prompted the child caring institution and ICAB to decide to explore the possibility of placing the child separately from his two younger brothers. Child and his younger brothers agree with the arrangement.

Child is physically healthy and active. He loves the outdoors and actively involves himself in activities done at the center. At home, he is noted to have mood swings. When in a good mood, he initiates to help out in doing chores. When frustrated, he can resort to throwing tantrums and displaying disruptive behaviors. The latter is observed both at the center and in school.

His scholastic achievement at present is third grade. His psychological evaluation revealed that his intellectual functioning is within the extremely low level but has average rating in the processing speed and working memory. He also lags behind other children his age in written language. Socio-emotional evaluation revealed that his past experiences of witnessing the death of his father and their mother's decision to surrender them to the child caring institution has caused him deep emotional wounds. His past experiences led him to acquire defense mechanisms to hide his true feelings and vulnerabilities.

**Reference number: 6786 (07-256)**

**DOB: July 5, 2005**

Child was admitted to the child caring institution at one (1) year and four (4) months old. He has an older brother who was assessed to be mentally retarded and suspected having autism. Child's mother is suffering from chronic schizophrenia.

Child is reported to be physically active and sociable. He actively joins activities with the other children in his foster family's neighborhood, is talkative and loves to ask questions. He can also initiate conversation with other people. At his age, he can already attend to his personal needs with minimal supervision from his foster parents.

Child's psycho-developmental evaluation revealed that he is intellectually functioning within the slow learner level. His developmental skills are slightly delayed.

**Reference number: 6994 (08-464)**

**DOB: April 12, 2001**

The child was rescued from his abusive mother and was referred to the child caring institution for custody and shelter. He was voluntarily surrendered to the care of the state by his mother.

Child was born out of wedlock. Child's biological father abandoned them when his mother was pregnant with him. Child's mother had another relationship which was problematic. Child became the recipient of his mother's anger towards her live-in partner thus he suffered both physical and emotional abuse. Child also suffered sexual abuses from his mother's stepfather.

Child's psychological evaluation reveals that he has limited abstract and logical reasoning. His tests suggests that he is in the slow learner/dull category implying dependence on others for assistance to learn what most other children his age learn independently. Initial speech and language evaluation also revealed that child has mild speech and language disorder secondary to mental retardation. Child attends a home school program and is currently working on most subjects in the first grade level.

At the center, he is said to be responsible in attending to his personal needs and is doing assigned chores. When frustrated or angry, he displays aggressive behaviors and at times, utters undesirable words. Behavior modifications helped lessen his behavior aggressiveness.

**Reference number: 8413 (11-0105)**

**DOB/Gender: July 15, 2000(M)**

Child was surrendered by his mother to the care of the state with the desire for the child to have a brighter future.

Child is described as healthy and active. He enjoys many physical activities with the other children in the center. He gets along with the other children but prefers the company of some selected friends. He actively participates in activities done in the center and especially enjoys dancing.

Child attends a non-formal education (ACE curriculum) at the center. He is excited to go to school and shows eagerness to learn. His teacher reports that he finishes his school works on time. He has good attitude and relates well with his classmates and teachers

**Reference number: 7044 (08-514)**

**DOB/Gender: May 25, 2006(M)**

Child is a product of incest-rape (father-daughter). Child was voluntarily surrendered by his mother to the care of the state.

Child is globally delayed with emphasis on his fine motor and language domains. Pediatric developmental assessment revealed hyperactivity and inattention problem. He also has features suggestive of Down's syndrome.

Child is physically active and especially loves running thus cannot be left attended. At his age, he is potty trained and can go to the bathroom alone but has to be supervised as he sometimes takes a bath and wash his clothes. He can dress himself.

Child attends SPED school. He can sing songs, identify different shapes and colors, some letters of the alphabet and can count from one to ten.

**DOB/Sex: November 13, 2008/ Male**

**Ref. No.: 8379 (11-0071)**

The child's birthmother was assessed to have mental retardation. The birthmother often roamed the streets and was exposed to abuse. Physical changes were observed and she was found out to be pregnant with the child.

The child was diagnosed to have **Autism Spectrum Disorder**. He was observed to have short attention span, no eye contact, and has unusual repetitive mannerisms like head banging and rubbing his back on the wall.

At present, he still dependent on milk. He can eat oatmeal and mashed foods. He is very energetic and showed varying interest in objects. He can walk and run but with occasional falls. He is responsive to people and eye contact was noted but still brief. He has problem sleeping at night and sleep during the day. He also tends to play on his own. He is encouraged to play with the other children. He mingles with them but in a short span of time. He is undergoing frequent conversation with eye to eye contact. Information talk is also used to increase his vocabulary.

**DOB/Sex: August 10, 1998/ Male**

**Ref. No.: 8438 (11-0130)**

The child was left in front of the residence of a certain resident. The child was taken cared by the said resident until he died of severe anemia. The child was in his custody for seven years. The child's case was reported to the local government as no one would take care of him. He was then referred to an institution for proper case management.

The child has a strong attachment with his guardian. At first, he was hesitant to the idea of adoption. Counseling was provided to the child to help him cope with his longing for his guardian.

He is now a grade 6 pupil. He is observed to be responsible in his school works but still needs supervision. At the center, he elates well with the children and is polite towards the adults. When he has done something wrong he is willing to ask for an apology. He likes to play basketball and rap music. He is also a drummer in the church band. Based from his recent psychological evaluation, he wishes to have his own family.

**Ref. No.: 8402 (11-0094)**

**DOB/Sex: June 10, 2002/ Male**

The child was found loitering in the vicinity of a church. He was able to tell his name but he cannot recall the names of his parents and their address. Efforts were exerted to locate the birthparents of the child but were futile.

The child was submitted for psychological evaluation and was assessed to have **mild mental retardation**. At present, he can relate and interact well with the other children in the center but he prefers to play alone. He can express himself though sometimes some of his words are mispronounced. He cries when his wants are not given. He continues to attend the tutorial lessons in the center. He can write the alphabet and numbers. He is good in coloring and can identify the objects in the picture. He can count from 1 to 25 and can copy shapes. He likes to participate in group singing, dancing and sports. He is encouraged to speak and his caregivers are teaching him to identify the objects around him. Improvements were noted on his speech.

**DOB/Sex: February 17, 2004/ Male**

**Ref. No.: 8184 (10-0301)**

The child was found roaming around by a police officer without an adult companion. The child's case was reported. He was referred to an institution for proper case management.

The child was assessed to have **Extremely Low intelligence quotient**. He is in Grade 1. His teacher reports that he has the potential to improve through constant monitoring. He is also attending tutorial lessons in comprehension and mathematics. He loves doing art works. At the

center, he has a good relationship with the other children. He plays well with his peers and he is respectful towards his caregivers. He can attend to his needs with minimal assistance. Since the child is a foundling. He was given an estimated age of 4 years old when found. However, it was not consistent with the bone scanning. Based from his bone age when found he is 3 years old. It is suspected that the disparity in the age is due to diet, illness, hormonal imbalance or emotional deprivation that the child might have experienced.

**Ref. No.: 7660 (09-0212)**

**DOB/Sex: June 9, 2008/ Male**

The child was voluntarily surrendered by his birthmother. The birthmother was observed to have child-like behaviors and acted younger than her age.

The child was assessed to have **Global Developmental Delay**. He was previously diagnosed to have Patent Ductus Arteriosus (PDA) which spontaneously closed and **Communicating Hydrocele** for which the surgeon suggested close observation. He also underwent physical and occupational therapy sessions. Based from the reports, as to his motor skills, improvements were seen in kneeling, half-kneeling B/T and in ambulation. He can assume standing position without assistance. He has age-appropriate play level and behaviors and could follow simple instructions.

The child babbles and can utter simple words. He can locate sources of sounds and turns his head when his name is called. He greets visitors by smiling but he is sometimes anxious towards strangers. He shows tantrums when he wants to be cuddled.

(Based from the CSR dated May 8, 2009)

**Ref. No.: 8343 (11-0035)**

**DOB/Sex: November 7, 2009/ Male**

The child was voluntarily surrendered for adoption. The birthfather who was the bread winner of the family was afflicted with tuberculosis. The family became financially drained and the birthparents could not support the needs of their children.

The child was assessed to have **Global Developmental Delay**. **MRI done in March 2011 reveals that he has Congenital Brain Malformation: Agenesis of the Corpus Callosum Colcephaly Absent Cingulate Gyrum**. The child was recommended to have physical therapy. The therapy has been discontinued as he is already walking by himself. He is further recommended to have Occupational and Speech therapy.

The child can walk with good balance. When he falls he will stand immediately and continue walking. He interacts well with the children of his age. He likes picking up toys and throwing it outside their play pen. He can feed himself with biscuits. He recognizes his name. He squeals to get the attention of his caregivers. He enjoys listening to musical rhymes and sways his body to the tune. He is attentive when being talked to.

**Ref. No.: 7958 (10-0076)**

**DOB/Sex: October 20, 2006/ Male**

The child was allegedly left by an unidentified old woman to certain person with the assurance that the old woman will return in the afternoon. However, the old woman did not return and the case was reported and referred to an institution. Efforts were exerted to locate the birthparents and relatives of the child but all remained futile.

The child was diagnosed to have **Cerebral Palsy, Quadriplegia, cortical blindness and Seizure Disorder**. He had his speech therapy and was observed to have limited skills for language learning, has difficulty maintaining lip seal, and has limited oral peripheral mechanism movements and strength. He also had his physical therapy and was observed to have delays in his gross motor skills, has absence of mobility skills and increased plasticity 2 degree.

At present, the child can move his feet and hands as if he is stretching and is lying on his back most of the time. He would cry out loud to get the attention of his caregiver. He is observed to be asleep most of the time but has no definite sleeping pattern. He is awake the whole night and sleeps during the day. Per neurologist's advice this may be the result of his maintenance medicines. It was recommended that the child have Percutaneous Esophago Gastronomy (PEG) for him to receive his nutrients. The recommendation was on hold since he was responding to a special diet. The child attends physical therapy sessions. The therapist is having difficulty in conducting the session with the child as he is mostly asleep during the therapy.

**Ref. No.: 7828 (09-0380)**

**DOB/Sex: April 30, 2008/ Male**

The child was voluntarily surrendered by his birthmother. The birthmother has a very meager income and could not provide the needs of the child.

The child's developmental assessment was suggestive of **Global Developmental Delay** however, Autism Spectrum Disorder is not yet ruled out. He also has **microcephaly, intermittent esotropia of the left eye, and mild hearing loss on the left ear.**

He can perform finger sweeping movements in manipulating toys and utilizes cause and effect properties of toys. He is observed to do play activities without association and apparent awareness to other people and toys in the room. He can follow simple instructions and needs minimal assistance in bottle and finger feeding. He utters simple words and laughs aloud when tickled. He knows his primary caregiver and turns his head when his name is called.

(Based from CSR dated September 18, 2009)

**Ref. No.: 8499 (11-0191)**

**DOB/Sex: March 26, 2000/ Male**

The child was rescued from the streets. Efforts were exerted to locate his birth family. When the birthparents were found, counseling was provided to them with regards to their plan for the child. The birthparents have been separated and they stated that they could not properly take care and supervise the child. The birthparents relinquished their parental rights in view of the adoption of the child.

He is a healthy and active child. He likes running and climbing. He is also found of assembling toys like robots. During playtime, he has the tendency to start a fight when accidentally hurt by his playmates. He also fights back when teased or provoked. His house parents are teaching him how to express his anger in acceptable ways. He has learned to say sorry and accept apologies. At the center, when doing chores he still needs supervision as he tends to play or chat with the other children. At school, he understands his lessons well but tends to be noisy at times. He can read Filipino words and English. Based from his psychological evaluation, he falls within the Low Average range of intelligence. He may encounter difficulty in coping with learning situations relative to his age peers.

It is recommended that the child be placed to a family who has older children than him. He relates well with adults and older children. He has the tendency to tease younger children. He also wants to have an older brother who could guide him with his activities.

**Ref. No.: 7872 (09-0424)**

**DOB/Sex: April 2, 2000/ Male**

The child was abandoned by his birthmother. John was then admitted to an institution for temporary shelter and proper case management. He was declared abandoned in court on August 28, 2008.

He was observed that he was not a fast learner and is lagging behind his lessons as compared to his classmates. Based on his psychological evaluation his cognitive functioning is within the Below Average range. Though with difficulty, he tries his best to learn when he wants to. He goes to remedial class and a volunteer teacher reviews him in the evenings. He can write well and read simple words up to 4 syllable Filipino words and 2 syllable English words. He can distinguish vowels and its sounds but gets confused when mixed with consonant letters. He enjoys doing arts and crafts and enjoys singing with other children.

he is a respectful and industrious boy. He performs his household tasks and can attend to his personal needs. He is playful and takes the role of an older brother to the younger boys. He is respectful and always greets the visitors and staff. He is outspoken and very active. He likes to show his achievements and tell stories of good things he has done. He sometimes causes fight with other children but he can admit his fault and say sorry.

**Ref. No.: 7944 (10-0062)**

**Age/Sex: October 17, 2000/ Male**

The child is a foundling. During his admission in the center, he looked pale and has many scars on his face and body.

The child was assessed to have **Attention Deficit Hyperactivity Disorder with intellectual and social functioning under the classification of Moderate Mental Retardation.** He is undergoing occupational therapy and special education.

He is a thoughtful, sweet and polite child. He is courteous to adults and has good relationship with the other children at home. He relates well with them but sometimes throw tantrums when hurt, bullied or teased. He is currently being taught by the staff to be assertive in dealing with his problems. He performs his tasks but needs constant reminders as he has tendency to leave his tasks unaccomplished. He can attend to his personal hygiene but also needs supervision. He is enrolled in SpED-Kinder and attends his class regularly. He complies with school assignments and participates in class discussion. He has good retention if he is interested in a topic and can remember the colors as he likes to draw. It is observed that his attention span is only 10-15 minutes.

**Ref. No.: 7879 (09-0431)**

**DOB/Sex: January 10, 2002/ Male**

The child was found roaming and crying by a concerned citizen. His case was reported to local officials and efforts were exerted to locate his relatives.

It was also observed that the child is suffering from **Hernia**. He was referred to a pediatrician and on 2007, he underwent a successful operation. The child also experienced asthma attacks but are resolved after medication. The child was subjected to dental aging to have an estimate of his age. Based on his dental aging he is approximately 8 years old. However, from the bone aging, it was estimated that he was approximately 6 years old. The child was also submitted for neurodevelopmental assessment and it was found out that he was functioning at the 2 year 10 month to 6 years 10 month level in the various domains assessed with skills clustering at the 5.9-5.8 year level. The presence of significant language delays with adequate social interactions is highly suggestive of **Mixed Receptive-Expressive Language Disorder**. The child also underwent Play Audiometry and was found to have **mild hearing loss on the left ear**.

At present, the child has established positive relationship with the children at the center though sometimes he likes to tease other children that results to petty quarrels. He likes to be hugged and cuddled by his caregivers and can vocally express his needs. He likes to dance, color, watch educational cartoons, and join games. He is a Grade 1 student and can already copy and write sentences but need to further enhance his reading skills. Based on his psychological report, the child has an intellectual functioning within the Below Average range. The child has a positive attitude about adoption and is excited to meet his family. In the future, the child wants to become a soldier.

**Ref. No.: 8064 (10-0181)**

**DOB/Sex: February 28, 2002 / Male**

The child was left by his birthmother to the care of her cousin. The child's father already left them and the birthmother never returned to get back the custody of the child. The maternal aunt could not support the medicines of the child and eventually referred him to a child caring agency.

The child was diagnosed with **Cerebral Palsy Quadripastic Type and Global Developmental Delay**. At present, the child can sit with support and can stand with a walker or with support. He vocalizes and shouts to get the attention of his caregivers. He also laughs loud and squeals. In terms of eating, he can eat osteorized food well and can suck milk from a feeding bottle with assistance. The child smiles in response to a caregiver. He stops crying when caregivers pick him up.

**Ref. No.: 8543 (11-0235)**

**DOB/Sex: March 7, 2001/Male**

The child was voluntarily surrendered by his birthmother. The birthmother suffered physical and emotional abuse from the birthfather during her pregnancy to with the child. In 2001, the birthfather was involved in a crime and was incarcerated. The incident greatly affected the birthmother and thus she had a hard time raising the child.

The child was tested **positive for Cytomegalo Virus** in 2002. The doctors have stated that the virus can be excreted within three years through urine. In 2002, he was assessed to have **microcephaly, global neurodevelopmental delay, and epilepsy**. In 2003, he has assessed to have **communication disorder to consider mental retardation or autistic spectrum disorder**. He has an eye grade of +10.23-1.50x33 20/ 60 516 for the right eye and +9.25-1.50 x 177 20/ 60 516 for the left eye. He is found to have mild hearing loss in the right ear and moderate hearing loss on the left ear.

At present, in terms of motor development, he can jump but has difficulty if there is an object in front of him. He is attending therapy to gain more strength in his left leg. He likes to play basketball and has strong upper arm. He can kick a soccer ball with his right leg. He uses his left leg only when asked. With his fine motor skills, he can hold the pencil correctly with his right hand. He uses palmar grasp when holding an object with his left hand. At home, he can attend to his personal needs but still needs minimal assistance in dressing. He is friendly and likes to hug his playmates. When frustrated, he cries, whines or stomp his feet. He can speak in English and Cebuano. He can understand simple commands and instructions. He can say three to four word sentences.

**Reference number: 8498 (11-0190)**

**DOB/Gender: May 13, 2002 (M)**

Child is a foundling. He was judicially declared abandoned and legally available for adoption when efforts to locate his parents and relatives served futile.

Child was assessed suffering from seizure disorder which is being treated with medication. Evaluations also revealed that child performs in the mild to moderate mental retardation level

intellectually. Despite his intellectual ability, he is reported to be educable. He also has speech delay. difficulty.

**Reference number: 6774 (07-244)**

**DOB/Gender: October 9, 1996/M**

Child is a foundling. He was found roaming on the streets and was referred to his child caring agency for proper intervention.

Child is described as kind, helpful and responsible. He is also respectful and obedient to his caregivers and the staff of the center. He also has good relationship with his co-wards.

Child takes medication for asthma. Despite his health condition, he is able to compete in physical activities.

Emotionally, child has low self-esteem, negative self-image and low frustration tolerance. He has high aspirations and positive outlook in life but is easily discouraged. He has limited cognitive skills and abilities thus he has difficulty in coping with complex learning tasks.

**Ref. No.: 8089 (10-0215)**

**DOB/Sex: February 15, 2002/ Male**

The child was declared abandoned after his birthmother left him in the hospital. The birthfather was killed and left the birthmother to take care of their three children. She became a vagrant and depended on the help of other people. The present whereabouts of the older siblings and the birthmother remains unknown.

The child was diagnosed with **cerebral palsy, right spastic and left flaccid hemiparesis**, and has **right mastoiditis and hearing impairment**. Based on his psychological report, the child has a trainable level of intellect and may need consistent support although not on a daily basis. He may pass grade levels as long as there is consistent guidance and tutorials.

At present, the child is living with his foster parents. He is active and loves to play with other children. He has difficulty speaking and can only say "ate", "ya", "ma", and "pa". He can follow simple instructions and tries to seek assistance if he cannot perform what he needs to do. He can count his fingers and can show his age through holding up his fingers. He can eat, bathe, and change his clothes on his own.

**Ref. No.: 8571 (11-0263)**

**DOB/Sex: May 19, 2000/Male**

The child was declared legally available for adoption. The birthmother was only 15 years old when she gave birth to the child. The child was born premature. It was also reported that the birthmother started to use methamphetamine when she was 12 years old. After giving birth to the child, the birthmother was restless and displayed depressed behavior. She was referred to the center for mental health for proper intervention.

The child was assessed to have an intellectual functioning within the **Slow Learner** range. At school, he has difficulty in mathematics and English. He is observed to be talkative during class as well as in the institution. He had tutorial classes to address his difficulty in English. He likes to play sports especially group sports like basketball and volleyball. He has a good relationship with the other children and likes to tell funny. He attends Sunday school and likes to hear bible stories and to recite memory verses.

**Ref. No.: 8576 (11-0268)**

**DOB/Sex: July 18, 2002/Male**

The child was declared legally available for adoption. The child grew up with a couple whom he considered as his parents. The couple has no information on the birthparents of the child as he was referred from one relative to another. Efforts were exerted to locate the birthparents but were futile.

The child was assessed to below average cognitive ability. He shows mild to moderate feelings of inferiority in academic performance mainly in reading and reading comprehension. In school, the child is observed to have difficulty in reading. To address this, the child has a specifically designed intervention program implemented by his school teacher, tutor, and house parents. Improvements were noted in the child. He can now read English and Filipino words. He is improving with constant practice.

At home, he acts as the leader for the other children. He always volunteers in the center's activities. He relates well with the other children but sometimes has misunderstandings with children he is not quite close with. When not in good terms with another child, he tells his houseparent or cry in one corner. He feels motivated when praised and encouraged. He attends church every Sunday and likes to hear Bible stories before going to sleep. He dreams of becoming a soldier some day.

**Ref. No.: 8559 (11-0251)**

**DOB/Sex: September 17, 2005/Male**

The child was voluntarily surrendered by his birthmother. The birthmother had no regular income. Other relatives also have financial difficulty and could not provide their assistance to the child.

The child was assessed by a developmental pediatrician to have **Developmental Language Disorder, Mixed Type with articulation problem**. He is recommended to have speech and language therapy.

The child is described as affectionate and sweet. When reprimanded for his wrongdoings, he smiles and kisses his foster mother to compensate for his mistakes. He has tantrums when the show he is watching in the television is changed. When in good mood, he likes to play, color, scribbles, and draw. He can identify colors and shapes and copy the letters of his name. He can express his needs but has problems with pronunciation. He has difficulty pronouncing the letters /r/ and /s/. He can eat by himself without spillage. He is toilet-trained and can take a bath on his own.

**Ref. No.: 8263 (10-0380)**

**DOB/Sex: April 1, 2007/Male**

The child was voluntarily surrendered by his birthmother. The birthmother is a single mother and has no financial means to raise her child. The child was diagnosed has **congenital aural atresia (left ear), and moderate hearing loss bilateral**. Despite his condition, the child is described by his foster family as affectionate and loving child. He loves to be cuddled. He calls his foster parents "mama" and "papa". He relates well with anyone and at home. He speaks the Visayan dialect and can speak more than 5 word sentences. He likes to dance and sing. He can count 1-5. He loves to watch cartoon shows. The child is toilet trained but needs adult assistance.

**DOB/Sex: May 10, 2002/Male**

**Ref. No.: 7904 (10-0022)**

The child was declared abandoned, neglected and dependent by the court. He was left with a family when he was about 5 months old. No information on the child's birth family was provided to the custodian. The custodian took good care of him for three years. However, they referred him to the orphanage when they started to experience financial difficulty and could no longer afford to

give him good education. The child was assessed to have a general **intellectual functioning within the Low Range** implying possible difficulty in performing age expected cognitive tasks. He has limited ability in carrying out cognitive tasks that require verbal skills and comprehension but he showed better skills in solving purely numerical concepts. He receives tutorial sessions from the staff so he could cope from school. He is now closely monitored by the staff and has noted improvement since then. He is more diligent in doing his homework and improved in reading skills. In the home, he loves to play with blocks and toy cars.

**DOB/Sex: June 16, 2005/Male**

**Ref. No.: 8055 (10-0172)**

The child was declared legally available for adoption. The child's birthmother is deaf, mute and was assessed to have intellectual level comparable to 5 and half years old and with an IQ to moderate retardation. The child was assessed to have a poor cognitive ability and may encounter difficulty performing age-appropriate academic tasks. His audiometric test showed normal hearing threshold on the left ear and severe to profound sensorineural hearing loss on the right ear. The child is not using hearing aid at this time. He has atopic dermatitis. He is currently attending a day care at the center with 3-5 years old children. He can comprehend and follow instructions if well explained to him like write your name, copy letters etc. He can count 1-50. He can memorize nursery rhymes. He could write his full name and all the letters of the alphabets. His attention span is 30 minutes.

**Date of Birth: January 13, 2008/ 3 years old/ Male**

**Ref. No. : 7896 (10- 0104)**

The child was born out of wedlock. His birth mother had to work so that she could support the child's needs. He was three (3) weeks old when local community officials reported the child's case to social service as the child was said to be neglected. The social worker immediately rescued the baby. The child has cleft lip which has been corrected. He was brought to a developmental pediatrician at 34 months old due to language delay. Based on the standard developmental tests, other domains of development are also delayed. He has Global Developmental Delays. Hearing test was done and revealed severe hearing loss on both ears. He would need hearing aid. His right tympanic membrane is perforated. He can utter single words

with nasal sound. He loves looking at colorful books. He can turn its pages one at a time. He is able to follow simple commands and may point to some body parts correctly when asked. He uses spoon and fork when eating. The child is friendly and enjoys playing with other children.

**Ref. No.: 8642 (11-0334)**

**DOB/Sex: September 1, 2001/Male**

The child was left by his birthmother in the hospital after giving birth. Efforts were exerted to locate the child's relatives but were futile.

The child was assessed to be intellectually functioning within the Slow Learner level. Emotionally, "he has tendencies to be evasive and withdrawn in dealing with people and different situations. He has a strong need for nurturance but can also be impulsive."

The child has a good relationship with his co-children and caregivers. He Loves to play especially soccer and dodge ball. He displays confidence when playing and he easily accepts when their tem losses the game. At school, he is observed to have good performance. He needs improvement in reading and comprehension, vocabulary and in mathematics. He attends home class to help him improve with his studies. He shows interest and listens to their teacher. At the center, he is responsible with his assigned household chores. He does not need to be reminded by his caregivers.

It is recommended that the child be placed with a family with one or two children as the child is used to living with other children.

**Ref. No.: 8341 (11-0033)**

**DOB/Sex: May 22, 2010/ Male**

The child was voluntarily surrendered by his birthmother for adoption as she did not have the resources to provide for her child's medical needs. The child was assessed to have Congenital Keratectasia with veal prolapse, OD. The child underwent eye surgery on September 2010 and the operation was successfully done. The child was discharged from the hospital and home medication (eye ointment) was prescribed. The child walks and runs with good balance. He can imitate gestures like waving his hand for goodbye and shaking his head for no. He can follow instructions. He can say several single words and communicates his needs through gestures. He attends Early Childhood Care classes. He participates in singing, dancing and scribbling activities.

**Ref. No.: 8641 (11-0333)**

**DOB/Sex: September 26, 2006/Male**

The child was left by his birthmother in the hospital after giving birth. The child was born premature. Efforts were exerted to locate the child's relatives but were futile.

The child was assessed to have **Global Developmental Delay**. At five months old, the child was admitted at the hospital due to respiratory distress and vomiting of blood. Tests showed the presence of candida fungi at the main pulmonary artery. The child as provided with medication. At present, abnormalities are no longer found in his heart and blood. The child attended physical therapy and was discharged as he can already walk and run independently. He also had occupational therapy. His occupational therapy ended on June 2011 as he is deemed to be ready for pre-school. He still has ongoing speech therapy for three times a week. The child is active and affectionate. He likes to walk around their neighborhood, work on simple puzzles, and play with his toys. He is affectionate towards his caregivers and visitors of their center. He can now say the name of the things he want and can repeat words said to him. Before he would point or make a grunting sound to make his needs known. He likes to repeat Bible verses and sing praise songs. He can follow simple instructions and can accomplish simple chores without being reminded.

**Sibling Groups**

**Kristina and Karina** are Caucasian sisters born March, 2003 and January, 2005. They are ready for a family.

**Miss I. and Master I.** are a Caucasian sister and brother born May, 2003. They are eager for a family.

**Twin seven-year-old boys** – These Caucasian brothers are healthy with only the typical "delay of psychic and speech development" that can be expected in children who are raised in an orphanage.

<b>Child</b>	<b>DOB/Sex</b>	<b>Ref. No.</b>
<b>A</b>	<b>February 7, 1999/ Male</b>	<b>7244 (08-0804)</b>
<b>B</b>	<b>October 3, 2000/ Male</b>	<b>7245 (08-0805)</b>

The children were surrendered by their mother to the child caring institution due to her incapability to provide for their needs. Children were half-orphaned by their father who died of heart attack. The children have two siblings (one older and one younger), the older now under the care of another institution and the younger died of asphyxiation ten months after admission to the center.

The children adjusted well to the lifestyle and environment of the center. They have good relationship with each other and to their co-wards and the staff of the center. Child A's psychological evaluation revealed that he has poor intellectual functioning and scholastic achievement. On the other hand, he has average social adaptive functioning which enables him to independently perform age expected skills. His psychological valuation further reveals that his early separation from his parents has affected him emotionally making him feel insecure of himself and to his environment. He seeks social approval, attention and belongingness.

Child B's psychological evaluation revealed that he has poor intellectual functioning but has adequate social adaptive skills. He has low frustration tolerance in difficult situations and may engage in acting out behaviors. His psychological evaluation further revealed that his cognitive skills are affected by his tendency to be hyperactive, inattentive and impulsive.

	<b>16 years and 5 months old</b>	<b>7061 (08-531)</b>
	<b>/ Male</b>	
<b>B</b>	<b>14 years and 11 months old/ Male</b>	<b>7062 (08-532)</b>
<b>C</b>	<b>13 years and 1 month old/ Female</b>	<b>7063 (08-533)</b>
<b>D</b>	<b>10 years and 6 months old/ Female</b>	<b>7064 (08-534)</b>

The siblings were orphaned by their birthmother. Due to the death of their mother, their father worked the whole day to sustain the needs of his family. The children were left alone at home and were neglected. The children did not go to school, were sick and malnourished. The children's plight reached the knowledge of the municipal social worker who, for concern on the children's safety, facilitated their referral to the institution. The birthfather eventually voluntarily surrendered the children since he cannot provide their need.

<b>Child</b>	<b>Age/Sex</b>	<b>Ref. No.</b>
<b>A</b>	<b>15 years and 8 months / Female</b>	<b>8155 (10-0272)</b>
<b>B</b>	<b>10 years and 7 months old/ Female</b>	<b>8154 (10-0271)</b>

The siblings were voluntarily surrendered by their birthfather.

A is responsible and industrious. At the orphanage, she acts as the big sister and has a good relationship with the other children. She is now a first year high school student and has an average performance. She actively participates in extracurricular activities and loves to play volleyball. She is jolly and can sometimes be talkative. Based on her psychological evaluation, she has an Above Average social intelligence.

B is soft spoken, sweet and lovable child. She is sensitive to the needs of others and relates well with other children. She sometimes has misunderstandings with the other children but she can accept her mistakes. She is enrolled n Grade 4 and is an average student. She tries her best to cope with her lessons and actively participates in extracurricular activities and sports. Based on her psychological evaluation, she has an Above Average social intelligence.

**Child A Reference number: 6353 (06-277)**

**DOB: November 5, 2002**

**Child B Reference number: 6352 (06-276)**

**DOB: April 10, 2004**

Children and their older brother were surrendered by their mother to the child caring institution due to her incapacity to care and provide for their needs. Children and their brother

are in the same center. The possibility of placing them apart from their older brother had been discussed with them and they agree to the arrangement.

Child A is described as jolly and sociable. He is independent in attending to his personal needs and can be relied to accomplish his assigned tasks with minimal supervision. He loves physical activities and playing with the other children in the center. He is reported to have good relationship with his siblings and the other children though at times, he engages in petty squabbles with his playmates. When redirected, he easily asks for apology.

Child A's psychological evaluation revealed that his intellectual functioning is within the borderline level. Compared to other children his age, he will have difficulty accomplishing cognitive tasks. Socio-emotional evaluation revealed that child has learned to cope with the setbacks he and his brothers experienced in the past. When faced with a stressful situation, his defense mechanism is to laugh or to instantly criticize himself or his work. There are times that he can behave impulsively and aggressively but the level is within the normal expectations of his age.

Child B is described as physically active and loves the outdoors. He loves playing with the other children including his older brothers. He is said to

be independent in attending to his personal needs and in doing his assigned chores.

Child B's psychological evaluation revealed that his intellectual functioning is within the moderately impaired level. Despite this, he demonstrates agility in identifying objects and in making practical solutions to tasks presented to him. He also demonstrates ability to self-correct when faced with the realization that he made a mistake. Given a more stimulating environment, the child's cognitive functioning is likely to improve

**Reference numbers: 8410(11-0102), 8411 (11-0103), 8412 (11-0104)**

**DOB/Gender: 10/29/01 (F), 7/19/03 (M), 4/12/05 (F)**

The children were half-orphaned by their birth father who died in his sleep. Their birthmother cannot afford to provide for their basic needs having no stable source of income thus their admission to the child caring agency.

The children have adjusted well to the lifestyle and environment of the child caring agency. They have good relationships with the other children and the staff of the center. They respond to reprimands better when given in a soft and gentle manner.

Child A is said to be active and athletic. She loves swimming, climbing, jumping and playing soccer. She has the tendency to boss over children her age and older but is observed to be gentle and caring to younger ones. Child loves the sea, boats, crafts and has interest in astronomy. She attends a public school and has recently finished first grade. Her teachers report that she is responsible with her school works and is also helpful.

Child B is said to be physically active and healthy. He loves to swim and play table tennis. He is also said to be creative and loves cutting and doing puzzles. Sensitivity towards the feelings of others is also noted on the child. At his age, he is starting to be conscious of how he looks and is very particular about the clothes he is wearing. He attends a non-formal education at the center.

Child C is an active child. She is said to be very expressive and prefers speaking in English. She currently attends non-formal education at the center. She loves reading and writing short words. She loves to sing and listen to music.

\*Note: Family to be recruited for the children should be English speaking, of Western culture and Born-Again Christians.

**Reference numbers: 8424 (11-0116) and 8425 (11-0117)**

**DOB/Gender: October 30, 1999(M)/June 8, 2002 (F)**

The children were born out of wedlock to parents who have no means to properly provide for their basic needs. Children's parents have been sent to prison due to illegal drugs and pick-pocketing. Known relatives of the children claimed incapability to take custody due to financial difficulties. They were voluntarily surrendered to the care of the State by their mother.

Having come from the streets, the children initially presented behavioral concerns such as uttering foul words and physical aggressiveness. Proper interventions by their child caring agency yielded positive improvements on the children as the behavioral concerns were lessened. The children reportedly have adjusted well to the structured activities of the center and were also able to build good relationships with the other children and the staff of the center. They actively participate in activities done at the center.

Child A openly expresses desire to be adopted while child B has ambivalence towards getting adopted. Their social worker continues to prepare them for eventual placement to an adoptive family. The children wish to be adopted by one family.

**Reference numbers: 8428 (11-0120), 8429 (11-0121), 8430 (11-0122), 8431 (11-0123)**  
**DOB/Gender: May 13, 2000 (F), May 20, 2003 (M), November 14, 2004 (M), November 17, 2005 (M)**

The children were rescued from the streets and referred to their current residence by the DSWD. They were later surrendered by their birth mother to the care of the state.

Initially after admission, the children manifested behaviors learned from the streets such as uttering foul words and being aggressive. Through intervention and the love and care of the staff of the center, the children soon learned to behave properly. They are reported to have adjusted well and have good relationship with the other children and the staff of the center. They are also close as siblings, and when adopted they would like to be adopted by one family so they could stay together.

Child A is said to be affectionate and caring to her younger siblings. She understands and follows instructions and complies when asked to do a task. She can be relied upon to assist her younger siblings during mealtime and in cleaning their rooms. She can also attend to her personal needs and hygiene with minimal assistance. She just finished second grade in school. She loves going to school and learns the lessons fairly well.

Child B is a well-adjusted child. He has good relationships with and loves playing with the other children in the center. At times, he misbehaves or gets involved in petty quarrels with the other children but is easily redirected. He knows when to approach the staff. He just finished second grade in school. He loves going to school but is sometimes lazy to copy their lesson. He is provided with tutorial services to help him cope with the demands of his school. Child B has clubbed fingers in his right hand.

Child C is a well-adjusted and playful child. He loves the outdoors and exploring his surroundings. He has the tendency to tease his playmates and knows how to defend himself when he perceives that he is being taken advantage of. He is observed to have short attention span and loves distracting the other children during activities. He also does not put effort in tasks given to him when he does not know how to do it. At the center, child can be relied to do simple chores and could attend to his personal needs and hygiene with less supervision. In terms of food, he prefers meat over vegetables.

Child D is energetic and one who loves to play outside. He loves to play with the other children but mostly prefers to play by himself. He is said to have short attention span and is easily bored especially with structured activities such as tutorial or singing time. He is articulate and can express himself well. He can manage to eat alone but needs supervision in terms of hygiene and grooming. He has good sleeping pattern but there are times that he bed wets.

The children are close to each other. They desire to be adopted but would like to have one family so they could all stay together.

<b>Child</b>	<b>DOB/Sex</b>	<b>Ref. No.</b>
<b>A</b>	<b>March 16, 2000/ Male</b>	<b>8452 (11-0144)</b>
<b>B</b>	<b>September 9,</b>	<b>8453 (11-0145)</b>
<b>C</b>	<b>2001/ Female November 6, 2003/ Male</b>	<b>8454 (11-0146)</b>

The children were voluntarily surrendered by their birthmother. The birthfather abandoned his family living the birthmother raising the three children on her own. She has no regular job thus she had a hard time providing the needs of the children. The birthmother sought the assistance of an institution and placed her children for adoption.

A is a grade 4 pupil. He is observed to cope up easily with his subjects. He got high grades to almost all of his subjects. At the center, his house parents report that he is obedient and helpful. He respects the adults and gets along well with the other children. He shares his toys and things with the other children. He participates in the center's spiritual activities and he loves to sing praise and worship songs. With his relationship with his siblings, he is affectionate towards his sister and brother.

B is a grade 3 student. She can easily cope up with her lessons and listens to her teacher. She can read both English and Tagalog. She can finish her home work with minimal assistance from her house parents. At the center, she plays well with the other children. She sometimes teases and fights with other children. She likes to draw as a way of expressing herself. She has a good singing voice.

C is a grade 1 pupil. He can read English and Tagalog words. He is also observed to be coping well with his studies. He can attend to his personal needs and maintain his hygiene. He is active in joining the spiritual activities in the center. He likes singing praise songs and leading the prayer. He relates well with the other children in the center.

Child	DOB/Sex	Ref. No.
A	October 30, 1997 / Male	8327 (11-0019)
B	June 21, 2001/ Female	8328 (11-0020)
C	February 24, 2007	8326 (11-0018)
D	/ Female February 24, 2007 / Male	8325 (11-0017)

The siblings were voluntarily surrendered by their birthmother. The birthfather's whereabouts has been unknown since the birth of the youngest child.

A was assessed to have **mild hearing loss** on his left ear. He was diagnosed with obliterated middle ear, complications of recurrent acute otitis media infection secondary to conductive hearing loss. The problem was permanent and the doctor recommended necessary preventive measures to avoid infection that could cause further damage on his left ear. He was assessed to have an Average cognitive functioning. He is described as a bright and inquisitive child. He learns quickly but sometimes can be uncooperative with his teacher. He can speak in Cebuano and in English. He shows respect and follows the rules in the center. He has a good relationship with his siblings.

B is an active girl. She likes jump rope activities and playground games. She also enjoys learning dances at school. Academically, she is working hard to learn her school lessons. She sometimes need reminder to listen to her teacher and to do things in appropriate sequence. She asks many questions and seeks answer in appropriate ways. She prefers to speak in Cebuano but can also converse in English

C likes to color and scribble. She can hold a crayon in a pincer grasp. She takes pride in feeding herself. She likes choosing her clothes and can dress herself with minimal assistance. She can take a bath, brush her teeth and use the toilet with minimal assistance. She loves to be cuddled and enjoys sitting in one's lap while having a conversation or when reading a book. She both has good understanding of Cebuano and English. She can speak in full sentences and is asking many questions.

D likes to scribble with crayons and draw long lines on the cement using chalk. He enjoys feeding himself but sometimes allow adult to feed him. He still needs help in bathing, brushing his teeth and using the toilet. He likes to imitate the actions of his caregivers and to watch the activities around him. He is also showing imaginative play. He can understand both English and Cebuano language. His vocabulary continues to grow.

Child	DOB/Sex	Ref. No.
A	January 24, 2001/ Female	7884 (10-0002)
B	February 18, 2002/ Female	7885 (10-0003)

The children were abandoned by their birthfather. The children were referred to the center since their relatives have difficulty in providing the needs of the children.

The children are active girls that like to play with their friends. They are positively growing in their foster family and had a positive relationship with them. Both girls were assessed to function cognitively within the **Mild Retardation range** and are having poor performance at school. The girls also experienced **physical maltreatment** when they were in the custody of their birthfather.

Child A has poor interest to learn. She cannot pronounce words clearly and interchanges some of the letters when pronounced. She can write letters but cannot recognize them when asked. When given with instructions she sometimes stares blankly and as if she heard nothing. The school principal recommended that she be transferred to Preparatory where her academic skills will suit her.

Child B shows interest in learning. She participates in class discussions and during tutorial lessons. She can follow instructions and advices easily but would usually follow her older sister in misbehavior.

<b>Child</b>	<b>DOB/Sex</b>	<b>Ref. No.</b>
<b>A</b>	<b>December 26, 1998/ Female</b>	<b>7888 (10-0006)</b>
<b>B</b>	<b>June 26, 2000/ Male</b>	<b>7889 (10-0007)</b>

The children were abandoned by their birthmother. The children were declared abandoned in court.

Child A is a smart and beautiful girl. She is sociable and gets along well with the other girls in the home. She is sweet but sometimes shy to other people. While in the center, she showed some unpleasant behavior and is quarrelsome. In October 2007, she was diagnosed having **Oppositional Deficit (Defiant) Disorder**. She was recommended for behavior modification and to take Tofranil 25 mg. at bedtime. She showed improvement in terms of her inter-personal relationship. She is now obedient to his caregivers and has outgrown being quarrelsome and throwing tantrums to seek attention.

Child B is shy and always quiet. He later on learned to mingle and to play with other children. He is active in participating in play and learning activities in the cottage. He has improved a lot in his academic performance. He can now read Filipino words and does simple addition and subtraction. He performs his household chores and can attend to his personal needs.

<b>Ref. No.</b>	<b>Age/Sex</b>
<b>A 8332 (11-0024)</b>	<b>January 30, 2000 / Female</b>
<b>B 8333 (11-0025)</b>	<b>July 16, 2001/ Female</b>

The children were voluntarily surrendered by their birthmother. The children were rescued from their birthfather due to the alleged sexual abuse to his older daughter.

A was allegedly **inappropriately touched** by her birthfather at the age of two years old. Based from her psychological report, she posses Average intellectual functioning. She appears to have positive and realistic outlook in life. At the center, she can perform her assigned tasks. She also relates well with the other children. Academically, she is diligent in her studies and does fairly in school. She can converse in Ilonggo and English.

B is a sweet girl. She is happy to be in school and enjoys having new friends. She excels in her subjects and likes English most. She belongs to the top 3 of her class. At the center, she performs her assigned tasks. She can attend to her personal needs. She can converse in Ilonggo and English.

<b>Child</b>	<b>DOB/Sex</b>	<b>Ref. No.</b>
<b>A</b>	<b>September 1, 2000/ Male</b>	<b>8159 (10-0276)</b>
<b>B</b>	<b>August 16, 2002/ Male</b>	<b>8160 (10-0277)</b>

The children are orphaned by their birthmother. When the birthmother died the children were left in the custody of relatives while the birthfather worked. Until such time, the birthfather had another relationship and left the children. The grandparents sought the help of the government as they could not provide the needs of the children. The birthfather showed in the center and he decided that it is the best interest of the children if they will be placed for adoption.

A is assessed to have average intellectual capability. In school, he has satisfactory grades. He can read and express himself in Filipino and simple English words. At home, he is active and energetic. He likes to climb, jump and run a lot. He is affectionate to person he is lose with. However, when reprimanded or when mad, he tends to be alone and lock himself in his room. He also has the tendency to be aggressive and violent. The child is recommended to engage in music and art to better express himself.

B is assessed to have average intellectual capability. He can read well in Filipino and simple English but stutters at times. He behaves well and is attentive to his teachers. At home, he is diligent in his chores and needs not to be reminded. He relates well with the other children. He can at times be aggressive when provoked.

<b>Ref. No.</b>	<b>DOB/Sex</b>
<b>A 8573 (11-0265)</b>	<b>October 1, 1996/ Female</b>
<b>B 8574 (11-0266)</b>	<b>October 1, 2004/ Male</b>
<b>C 8575 (11-0267)</b>	<b>October 1, 2002/ Male</b>

The children were declared legally available for adoption. Their birthfather died in 2006 and left their birthmother to raise her children. The birthmother looked for the relatives of the birthfather to sought assistance. However, she was not able to locate them. She left her

children to a certain lady and promised to get the custody of her children once she finds a job. However, the birthmother did not return and the case of the children was reported to the authorities. The children were placed in the institution for proper care and case management.

A is a girl that always has a smile on her face. She likes to dress in comfortable clothes. She is being taught on how to dress appropriately for her age. She related well with the other children in the center. She expresses herself through writing and talking to her friends. She is diligent in performing her tasks and is helpful to others. She is observed to be loving and caring to her siblings. The child is assessed to have low level intellectual capacity and has very low self esteem. She is currently enrolled in the home program to have individualized teaching. She is also exposed to different activities to increase her self esteem. She aspires to become a teacher someday.

B is an active child. He is assessed to have very short attention span and is hyperactive which makes him more out of focus. He is also observed to have low self esteem. He is now a Grade 1 pupil and his teacher reports that understand his lessons and follows simple instructions. He however gets distracted easily. He participates in the Filipino Martial Arts training where he is a yellow belt holder. His instructor shares that he has good attitude and behavior. He has the potential to become a good master. He wants to become a soldier in the future.

C is described as a jolly and friendly child. He likes to be cuddled and embraced. He is a grade pupil. He can identify the alphabet and pronounce it well. He likes playing with cars and trains. He is a fan of Spiderman, Batman and Ben 10. Based from his psychological report, he has delays on his socio-emotional and communication scale and is below his expected cognitive performance. He is engaged in different activities to develop his interpersonal skills and joins the daily tutorial to help him with his lessons. He dreams of being a soldier someday.

**A 8567 (11-0259) January 24, 2004 / Female**

**B 8568 (11-0260) July 26, 2008/ Male**

The children were voluntarily surrendered by their birthmother because she has no job and could not provide the needs of her children. Her extended families could not also extend support due to financial difficulty. A was diagnosed to have **Iris and retinal coloboma, both eye seeing things more clearly if she looks downward**. The child was advised to undergo possible squint surgery. At home, she takes a bath, change clothes, shoes and eats by herself. She can also do chores like preparing the table, folding her clothes etc. She is a loving and caring sister to B. She would always find time to play and help him in any way she can. A attends school everyday and participates in

their classroom activities like drawing and coloring activities. B was diagnosed to have **congenital heart disease, tetralogy of fallot (severe), pulmonary stenosis**. B has metoprolol 6mg/papertab as his maintenance. B is advised to be separated from children who are suffering from illnesses because he has low immunity. At home, B can walk on his own and interacts with other children. He can use spoon and fork when eating. B cries when his caregiver leaves him and rolls over the floor when he is not given attention. He could be pacified when he is carried and given food.

**Child A**

**DOB/Sex: February 16, 2004/7 years old/ Female**

**Ref. No.: 8579 (11-0271)**

**Child: B**

**DOB/Sex: July 2, 2006/ 5 years old/ male**

**Ref. No.: 8580 (11-0272)**

These children were one (1) month old and two (2) years old when concerned individuals reported their situation to the local authorities. Their parents were neglectful of their needs. The birth mother was alleged to have psychological problem and was physically abusive to child A. The birth father was unemployed and used drugs. Based on child A's psychological evaluation she lags behind

in cognitive functioning. The Standford- Binet Intelligence Scale yielded a composite score of 75 which places the child in the Slow Learner category. She enjoys the role of a big sister. She sometimes volunteers to feed younger children. She can write her name and usually completes the tasks assigned to her by her teacher Child B obtained an estimated Binet IQ score of 87, placing

his present cognitive functioning within the Low Average Level. His attention span is rather short and cannot keep still. His vocabulary is improving. Both children are eagerly looking forward to being adopted.

**A 11 years old/ F 8178 (10-0295)**

**B 9 years old / F 8179 (10-0296)**

The children were voluntarily surrendered by their birthmother after their birthfather died in a vehicular accident. A is a Grade 3 student. She studies well and is given with continues tutorial lesson to develop proper study habit. The child is jolly and talkative. She has established good relationship with other children and is protective of her sister. She and her sister occasionally have conflict but both can accept their mistakes. At home, she can perform household chores and has the initiative to help others. She desires to have an adoptive family. B is in Preparatory and was observed to have improvements in her studies. She can now read simple sentences and recognize the alphabet, numbers, and colors. She has developed her sense of responsibility and has the initiative to do her assignments. She is friendly and always smiles. At home, she performs her household chores diligently and shows respect with adults. Spiritually, she participates in their daily prayer. She regularly attends Sunday Eucharistic Mass Celebration. She desires to be placed for adoption together with her sister.

**Siblings A 9573 (11-0265) born 7/17/98 - female; B 8574(11-0266) born 9/29/99 - female; C 8575 (11-0267) born 6/4/00 - male.** The children were voluntarily surrendered by their birthmother. The birthmother felt that she cannot provide for the needs of the children especially the medical attention needed for child C. Child A is described as joyful, obedient, lovable and respectful. She is always smiling and can mingle with other children, staff and guests of the center. She avoids conflict by walking away or relaying any issues to her caregivers. At school, she is focused and is active in class activities. She reviews her notes and finishes her assignments. She can write legibly and read English and Filipino words. She needs practice in her reading and writing. She tries her best to speak English as she is inspired by her teacher who speaks English well. She is active in church and loves to read the Bible and memorize verses. She aspires to become a nurse in the future. Child B is sweet, jolly and softspoken. She likes to hug and say "I love you." She has many friends in the center and likes to play with them. At school, she is an average study and she works hard to understand their lessons. She can read Filipino and English words and solve simple mathematics problems. She likes to sing and dance worship songs. She participates in devotions as well as in Sunday school. She is now trying to memorize Bible verses. She dreams of becoming a teacher someday. Child C has atopic dermatitis and skin asthma. He is prescribed to apply lotion and use mild soap. He avoids eating chicken, egg and seafood. His skin condition does not hinder him to play sports and participate in activities. He enjoys reading books, stories in the Bible and playing with action figures. He interacts well with the other children and is sensitive to the feelings of others. At school he is doing well. He is good in math but needs efforts in reading and phonics. He loves to go to church every Sunday and actively participates in Sunday School. He dreams of becoming a city mayor to serve the people.

**Brothers - A 8137(10-0254) born 9/22/98; B 8138 (10-0255) born 9/22/98; C 8136(10-0253) born 3/27/00** – The siblings were voluntarily surrendered by their older siblings. They were orphaned by their birthmother and birthfather. The older siblings stood as their parents but they cannot provide the needs of the children. A is a healthy and active boy. He is always excited to attend his classes. He can read simple sentences in English but still has problems in reading and understanding long paragraphs and stories in English. He can cope up with all of his lessons. He also likes to dance, draw, and play sports such as basketball, volleyball and badminton. He also likes to read and spends time reading books and comics at the library. At home, he is responsible and performs his assigned tasks. He has good relationships with his roommates and his siblings. He offers his help to others when needed. In terms of personal cleanliness, he keeps good hygiene and is organized with his personal belongings. The child dreams of becoming a doctor and giving free medical services to needy people. B is the twin brother of child A. He is performing well at school. He can read will in Filipino but is slow in reading English. He listens well to his teachers and participates in class discussions. At home he is responsible and can do all his household chores very well. He likes to dance and performs during activities at the center. He also likes to play badminton, volleyball, and basketball. He is now conscious of his looks and maintains good hygiene. He is organized with his things and dos not like when others play with his toys without permission. He has a good relationship with other children and respects adults. He also maintains a good relationship with his brothers and is caring towards them. He dreams of becoming a policeman someday and protecting people from harm. C is noted to be a fast learner compared to his classmates. He can easily understand his lessons and is very participative in class discussions. Like his older brothers, he likes to dance and is good at it. At home, he is responsible and helps the younger children. He can perform his tasks without supervision and has the initiative in performing tasks. The child likes to spend time with his brothers and feels secure when he is with them. C

dreams to be a carpenter and build houses for different people. (Based from September 2010 Child Study Report.)