



Madison Adoption Associates

RECORD OF ADOPTIVE PARENT TRAINING

It is critical that adoptive parents be prepared and knowledgeable about the parenting issues involved in international adoption. By signing the *Social Worker Affirmation Statement*, the home study agency and/or social worker certifies that these specific issues have been discussed and that relevant training has been satisfactorily completed. *The adoptive parents must initial each specific issue.*

FAMILY NAME (PRINT): _____

<i>Husband</i>	<i>Wife</i>	<i>Training Topic</i>
		The adoptive parents have discussed the impact that institutionalization may have on children, including infants.
		The adoptive parents are aware of the developmental delays that may be evident regarding the child's physical, speech, language, emotional, and psychological development - for both the short term and long term.
		The adoptive parents have received training on the issues of attachment and bonding. The adoptive parents understand how bonding and attachment occur, and know of ways to facilitate bonding. The adoptive parents understand that the child to be adopted may be attachment resistive or be a disordered child, that there is a continuum of severity with attachment disorders, and that infants are not immune from having attachment difficulties. The adoptive parents have a plan to identify and address these issues should they occur with their child, including identifying those who can provide intervention.
		The adoptive parents recognize that they are responsible for their behavior and that their ability to attach and bond with the child can impact the behavior of the child.
		The adoptive parents have been prepared regarding abandonment, separation, grief, and loss issues for the child as they relate to placement, initial adjustment, behavior, and later stages of the child's development. The adoptive parents understand that grieving has no time limit, may occur at any one or at numerous stages of development, that children grieve in various ways when they are separated from all that is familiar in their life, and that each child will be different in how they may experience loss, as well as everyday events perceived as losses during long-term adjustment.
		The adoptive parents have assessed their personal level of self-esteem and their ability to handle rejection in the event that it is an aspect of the child's behavior during the attachment process.
		The adoptive parents know that international social and medical information may be sparse, exaggerated, misrepresented or inaccurate and may not correlate with understood American terms.

<i>Husband</i>	<i>Wife</i>	<i>Training Topic</i>
		The adoptive parents have been counseled about difficulties and delays associated with international adoptions. They understand that they may not feel in control of the process and must trust the agency professionals to handle situations.
		The adoptive parents have received education about learning disabilities, both known and unknown, which may be present in the child they adopt.
		The adoptive parents have received education regarding sensory integration.
		The adoptive parents have discussed their definition of "special needs" and how this relates to their adoption. They are aware that many post-institutionalized children will need some kind of intervention services.
		The adoptive parents have discussed their attitude regarding the child's culture, heritage, birth parent(s) and they are aware that their attitude towards the child's birth country and birth parents may affect the child. The adoptive parents will provide the child with age-appropriate information about his/her birth country and birth parents. The adoptive parents have a plan to help their child develop an appreciation for his/her cultural heritage and to develop a positive self-identity. The adoptive family is open to establishing communication between the adopted child and the child's birth parents.
		The adoptive parents have investigated the transracial issues that may be involved in their adoption. They have examined their own community as an appropriate place to raise a child who may be conspicuous in their family; they plan to ensure that the child has appropriate mentors.
		The adoptive parents know the importance of a "Life Book" for their child and they know how to prepare a Life Book.
		The adoptive parents understand that they may be prone to parent as they were parented, including any history of emotional, physical, substance or sexual abuse in the background of the adoptive parents. They have been able to adequately address these issues and if needed, have been professionally evaluated.
		The adoptive parents have been educated regarding the prohibition of using physical punishment, including occasional spanking or verbal ridicule to discipline their children. They are in agreement to not use such means with their children.
		If the adoptive parents have a history of infertility, they have addressed this issue and their present feelings regarding their infertility.
		The adoptive parents have assessed how they cope with crisis and each has been assessed for their ability to handle stress.
		The adoptive parents are prepared that adoption is a lifelong process and they have a realistic expectation that regarding the children's adjustment into the family.
		The adoptive parents have been counseled about the significance of a will for minor children and they have appointed or considered guardians for their child.

<i>Husband</i>	<i>Wife</i>	<i>Training Topic</i>
		The adoptive parents have developed a list of local resources for various early intervention programs. They are aware of the behaviors or medical issues that may indicate the need to seek counseling, therapies or medical intervention services.
		The adoptive parents are aware that they likely will not receive a referral of a “healthy” child, and that the child will likely have some medical and developmental issues, which may or may not be diagnosed. Children who have been institutionalized will be developmentally delayed and may have additional diagnoses that they must investigate prior to adoption so that they are prepared to deal with potential issues.
		The adoptive parents have identified international adoption medical experts with whom they may consult prior to accepting a referral. This will help them to understand the potential issues that the child may have and prepare for the types of early interventions they may need.
		The applicants have realistic expectations and they understand that an adoption is a permanent, irrevocable and unconditional commitment to care and nurture a child. In the event of the disruption/ dissolution of the placement, the family understands that they maintain financial responsibility for the child, and their family is prepared to provide any physical, emotional and/or financial assistance needed to ensure child’s best interests.
		The adoptive parents are aware that they may experience depression post-adoption and they are prepared to seek counseling should this depression be significant enough to warrant therapy.
		<u>Family has identified a waiting child:</u> They have had child’s file reviewed by a MD. In addition, the adoptive parents has had pre-adoptive training that includes individualized counseling and preparation to meet the needs of the particular child and any other training needed in light of the child’s background study/referral.
		<u>Family is adopting a child with special needs:</u> The adoptive parents have discussed and researched the particular special needs they are prepared to accept in a child. The family has pre-identified available resources to help them upon bringing their child home.
		<u>Family is adopting a child out of birth order:</u> The adoptive parents realize that adopting out of birth order can have serious implications for the younger children in the home. The parents and social worker have discussion these issues, the identifying behaviors of children in crisis, and warning signs of potential problems.
		<u>Family is adopting two children at once:</u> The adoptive parents realize that each child will have their own unique challenges. They have explored possible scenarios and how they would handle them. They have a realistic view on the challenges that may arise.



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Social Worker Affirmation

I hereby affirm that _____ (Adoptive Parents) have received counseling and education on each of the above adoption issues and have been advised of the risks relating to post institutionalized children as well as the possible difficulties during the process of international adoption. They have prepared a list of specialists for various issues relating to adoption. They also have developed a plan on how to preserve the culture and heritage of the child.

Social Worker Signature

Date

Adoptive Parent Affirmation

We/I, hereby affirm that we have received counseling and education on the outlined adoption issues and have been advised of the risks for post institutionalized children as well as the possible difficulties during the process of international adoption. Our list of resources for intervention services is attached as well as our plan to preserve the culture and heritage of the child.

Adoptive Parent Signature

Adoptive Parent Signature

Date



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TRAINING VERIFICATION STATEMENT

In compliance with **Hague Regulation 96.48 (b) and 96.48 (c)** training has been provided to prospective adoptive parents. This Statement verifies the following information was provided:

- Information provided by the Primary Provider;
 - Issued discussed during the home study process; and
 - Twelve hours of additional training (15 hours for families adopting through Colombia)
1. Intercountry adoption process, the general characteristics and needs of children waiting adoption, and intercountry conditions that affect children in the Convention country from which the prospective adoptive parent(s) plan to adopt;
 2. Effects of malnutrition, relevant environmental toxins, maternal substance abuse, and any other known genetic, health, emotional, and developmental risk factors associated with children from the expected country of origin;
 3. Information concerning the impact of a child leaving familiar ties and surroundings, as appropriate to the expected age of the child;
 4. Data on institutionalized children and the impact of institutionalization on children, including the effects on children due to the length of time spent in an institution and of the type of care provided in the expected country of origin;
 5. Information on attachment disorders and other emotional problems that result from abuse, neglect, multiple caregivers, or institutionalization including the impact of trauma on the child's development;
 6. Information on the laws and adoption process of the expected country of origin, including foreseeable delays and impediments to finalization of an adoption;
 7. Information on the long-term implications for a family that has become multicultural through international adoption; and
 8. An explanation of any reporting requirements associated with Convention adoptions, including any post-placement or post-adoption reports required by the expected country of origin.
 9. Information about the child's history, culture, race/ethnicity, religious and linguistic background; the known health risks specific to my child's nation of origin; and all other medical, social, background, birth history, educational data, developmental history, or another known information about my specific child.

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TRAINING VERIFICATION STATEMENT

Please give a description of the 12 hours of additional training (15 hours for families adopting through Colombia), including the manner (seminar, on-line, etc.) provided:

I verify that the training described above was in addition to the home study for this family:

Home Study Social Worker _____

Home Study Agency _____

Date: _____

I/We verify that we received the above-described training and had the opportunity to ask questions regarding these issues during our home study process.

Prospective Adoptive Parent _____

Prospective Adoptive Parent _____

Date: _____