

**\*Only one child can be listed on each report.**

**\*\* Reports must be very detailed and should be at least 4 pages long, not including the cover page and no larger than font of 12.**

**\*\*\* There should not be any copying and pasting from report to report in a sibling group. Reports need to be individualized for each child.**

## **PROGRESS REPORT FOR COLOMBIA**

### **AREA OF LIFE AND SURVIVAL**

Please include the following: Weight, size, food habits, and other relevant aspects in the subject, pediatric and/or specialized assessment, recent illnesses, hospitalizations, accidents (number, frequency and follow-up), sphincter control (according to the evolutionary development of the child and adolescent), Sleep: Normal\_\_\_\_\_ Altered\_\_\_\_\_ Because: \_\_\_\_\_, for specific cases in which the child and adolescent has some pathology, it is important to clarify the General State, Diagnosis, Evolution, Prognosis and Treatment.

### **DEVELOPMENT AREA**

Please include the following: Skills and interests, personality development, development of Intelligence, psychomotor development, language development, preferred activities, schooling (performance, extracurricular activities, educational and leveling progress, educational projection according to the type of teaching, name of institution).

### **AREA OF PARTICIPATION AND ADAPTATION**

Please include the following: Permanent state of mind of the child or adolescent, adaptation, adaptation and adjustment of parents to favor the integration of the child or adolescent, dynamics of relationship with their siblings (if any), integration of the child or adolescent in other social contexts, special aspects to take into account during the integration of the child and adolescent into their new family.

### **PROTECTION AREA**

Please include the following: Civil registration, date of nationalization, concerns expressed by the child or adolescent due to their origins and aspects related to their memories, interest or demonstration of the child or adolescent by establishing contact with his biological family, parents' management regarding the status of adoptive child and attitudes of the parents before them, reports of the child and adolescent regarding experiences in the institutional protection stage.



**AREA OF THE LIVING OF THE ADOPTIVE PARENTS**

Please include the following: Parental perception of the adoption, current fears of parents about adoption or some associated issue. Please include statements about the child’s relationship with each family member.

**AREA OF POSSIBLE DIFFICULTIES**

Please include the following: Describe if this is the case, difficulties in the child and adolescent with the parents or in the extended family. Describe crisis situations associated with the adoption of this accompaniment to date. Describe advice or accompaniment provided to the child and adolescent.

**EXTENSIVE FAMILY AREA**

Please include the following: Adaptation and integration of the child or adolescent to the family environment and/or friends. Describe aspects of interaction between the child and adolescents and their families.

Please include a paragraph about the child’s interactions and relationship with extended family members.

**AREA OF CONCERN/BEHAVIORAL/MENTAL HEALTH/EDUCATIONAL ISSUES**

*PAST:* Please include a paragraph/information regarding any past concerns mentioned in previous reports and how the children/family are doing now and any services/therapies that continue as a result. What has been helpful and successful.

*CURRENT:* Please include a paragraph/information on any current concerns regarding the child and their attachment and bonding. What services/therapies are they currently participating in? What are your observations of the relationship?

*PROGNOSIS:* Please include as statement regarding the prognosis of the child and family. What is the plan for the future?

**AREA OF ACCOMPANYING OR ADVICE TO THE FAMILY**

Please include the following: Describe the interventions, suggestions or recommendations made to the child and adolescent, parents or extended family in this session or follow-up visit. It is important to clarify that each case is particular and the time and accompanying actions that the professionals in charge deem appropriate depend on it.

Respectfully submitted by:

\_\_\_\_\_  
Case worker name, credentials  
Organization

State\_\_\_\_\_



County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is:

- personally, known to me.
- produced their \_\_\_\_\_ as identification.

Notary Public \_\_\_\_\_

Commission Expires: \_\_\_\_\_