

I. There are two blind children. There are people who specifically want to adopt such children. The important thing is that both children are with NORMAL physical and neuro-psychical development. These children are:

**ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN  
(as of November 1, 2007)**

6. Male child at 3 years who is with familial laden for glaucoma. In November 2004 the child was diagnosed with: Blepharo-conjunctivitis. Doubting inborn glaucoma. Inborn infection.

Right eye – diameter 11-12 mm with decreased transparency. Does not lighten. Left eye – corneous diameter 12 mm. Decreased transparency. The cornea in the center has grown very thin and protuberant.

The child gets up and walks around static support. He walks leaded for two hands. Eats with feeding bottle, does not drink from a cup. He reaches toys by himself, feels them with his hands and plays with them. When called by his name, listens to the direction of the sound. Reacts with cheers to a contact with an adult. The child doesn't see but hears. He doesn't speak.

9. Female child at 6 years and 9 months with bilateral blindness caused by bilateral inborn cataract – the child has been operated twice. Malformative stigmas are present with the child – beak-like nose, prognatia, Gothic palate. She has normal physical (weight and height within the limits for the age norms) and psycho-motor development. She has well developed gross motorics and good spatial orientation. The child is with well developed active vocabulary and speaks in full and grammatically correct sentences. She is distinguished with good concentration of the attention. The child is communicative, freely communicates with peers and adults. She adapts very well in new environment. She likes to sing and dance. She attends a preparatory class in the school for children with damaged vision. She is with a very good educational capacity.

II. There are some children who are with diseases but they are absolutely adoptable. These children are:

**ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN  
(as of November 1, 2007)**

1. Female child at 2 years and 11 months, born with defect in the lumbosacral region, non-united arches of the vertebrae (*Rahishizis toracolumbalis. Spina Bifida. Contractura flexoadductoria coxe sinistri. Contractura flexoria genus sinistri. Pes equinus. Paresis of the bottom left limb*). During July 2006 a correction of the contracture of the left pelvic joint was carried out by performing *myotomia adductoria coxe sinistri*. During the follow up in May 2007 directions for rehabilitation procedures were given. The left leg of the child is shorter than the right, with flexion in the knee joint. She walks independently and confidently and the left leg is bended at the knee. She tries to run, climbs up and down stairs with support. The child is with good neuro-psychical development, with very good emotional tonus. She plays plot-games and has rich stock of words which she connects in sentences. She asks questions and feeds herself.

**\*\*\* This child is with Spina Bifida (There are families who seek to adopt specifically children with such disease). This child walks and runs and is with NORMAL neuro-psychical development and GOOD emotional tonus!**

7. Male child at 7 years and 3 months of whom after the birth is established poly-malformative syndrome: Atresia of the anus and rectum. Inborn heart malformation: Fallot's tetralogy. Hypoxemic crises. Agenesis of the left kidney. *Pes equinovarus sinistra* (flat feet). Male pseudo-hermaphroditism. Bilateral cryptorchism (currently treatment with Pregnil is being performed)

With respect of the atresia of the anus and rectum surgical correction was carried out on two stages (Abdominoperineal proctoplastic). No further surgical interventions are being planned.

With respect of the heart malformation, at age of 1 year and 7 months radical correction of the heart malformation of the child was carried out. Echo-cardiographic data for pulmonal insufficiency – II-nd degree and electro-cardio graphically established post-surgical right thigh block (October 2006). Good clinical tolerance, there is no data for heart insufficiency, without indications for treatment with medicines. Free regimen. The child is subject to follow up with cardiologist.

The decision of doctors' commission of December 2006 establishes 56% disability, with preserved possibility for social adaptation.

At the moment with the child is present correct neuro-psychical development and good development of the global motorics – he walks

extensively, runs, climbs. He is very well adapted and socialized. He plays subject-role games. Speaks with rich vocabulary, carries out free dialogue, likes to ask questions and tells stories. He has very good communication skills and strives to be a leader. He eats independently but does not regulate his physiological needs.

**\*\*\* Most of the conditions of this child have been surgically corrected. He is with NORMAL neuro-psychical development, VERY WELL adapted and socialized!**

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of January 25, 2008)**

11. Male child at 4 years and 8 months who is with diagnosis: Mucoviscidosis. DNA homozygote for the mutation F508 del. The following treatment needs to be applied to the child:

1. Inhalation with physiological saline solution – three times a day;
2. Inhalation with Pulmosin – once a day;
3. Creon – 4 times a day one capsule of 25 000E;
4. Liposoluble vitamins;
5. ACC – 100 mg daily;
6. It is appropriate to include food supplements;
7. Prophylactic antibiotic treatment is necessary – 3-4 times a year.

The child lags behind in his weight and height with more than two standard deflections for the age but is with **normal neuro- psychical development**. He walks steadily and independently, runs, jumps, goes up and down stairs with support. The child is with well exhibited passive vocabulary. He pronounces rationalized words which sometimes he connects in a sentence. He participates in individual and group games and classes. He has built up habits and skills which correspond to his age. He eats on his own and does so cleanly. He already gives signal when he needs to go to the toilet.

**\*\*\* It is a pretty mild disease that is not threatening to the boy's life or to the life of the others and the treatment is pretty easy. Many people live happily all their lives with this disease, have families, etc. He is with NORMAL development!**

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of April 29, 2008)**

7. Female child born on July 22, 2005. Prematurely born 1st degree out of undesired and untraced pregnancy. After the birth the child

was in an unsatisfactory general condition with constant throwing up. X-ray of the abdominal organs was carried out – without data for anomalies in the gastrointestinal tract. During November 2006 trans-fontanel echo-graphy was carried out: Mild dilatation of the lateral ventricles. Electroencephalography was carried out: in the areas free from artefacts there is no data for pathology. With the child are present discrete micrognathia, hypertelorism, convergent strabismus (crossed eyes), severe lagging behind in her neuro-psychical development. She is with good emotional tonus. She can sit independently, stands up when holding to a support and steps to one or another side. She can walk around static support. She tries to walk when hold for both hands and crawls. She manipulates with toys. She hits two cubes one against the other. She pronounces prolonged combinations of sounds. She doesn't imitate sounds. She pronounces syllables. She doesn't carry out orders. The child plays on her own and with the other children. She manipulates with toys for a short time. She is with variable mood. She doesn't yet have built up habits and skills. She eats with help. The child is very communicative with children and adults. She is very affectionate and cheers when contacted and paid attention by an adult. Individual work with rehabilitator and pedagogue is carried out with the child.

9. Male child born on June 11, 2005. The child was born out of undesired and hidden pregnancy, prematurely Ist degree with data for intrauterine hypoxia Ist degree, primary atelectasis of the lungs and hyperbilirubinemia in the period of newly born. With the child are present *strabismus congenital bilateralis* (crossed eyes) and Children's Cerebral Palsy. It is necessary for him to be followed up by ophthalmologist. The child lags behind in his psycho-motor development. He doesn't walk independently. He walks when hold for one hand since age of 2 years and 3 months. He doesn't interact actively with the other children yet. As to the adults, he shows preferences and persistently demands attention from his referent adults. He plays purposefully with toys and shows preferences. During different activities he is concentrated, carries out actions by model. He pronounces rationalized words, carries out orders. The child shows good potential for training. He carries out social gestures and tries to sing. He observes the rules in the group and participates in all group activities. He eats independently and drinks from a cup. He takes his shoes off on his own and puts them on their place. The psycho-motor development of the child is still mildly under the norms for his age, with a tendency to compensation of the lagging behind.

**17.** Female child born on September 30, 2005 in a satisfactory general condition with weight and height within the limits of the norms. The child was found on the street and was placed in the Clinic of Neonatology in Sofia with data for respiratory distress syndrome, early neonatal infection and inborn heart malformation. Instrumental ventilation, surfactant therapy and blood transfusion were carried out. Serological test for Syphilis was carried out on January 13, 2006 with the following result: TPHA +/- positive; micro-reaction -/- negative. In the period of the newly born the child was operated due to the severe inborn heart malformation: total abnormal infusion of the lung veins supracardial type. Radical correction with anastomosis of the collector to the left atrium and closure of the interatrial defect were carried out. The child is being followed up by cardiologist – a very good post-surgical result is being observed. No supporting therapy is necessary. At the end of the first year, during a respiratory infection, the child unlearned Epilepsy which necessitates beginning of anti-convulsive therapy with Convulex according to a scheme. Convergent strabismus (crossed eyes) is present with the child. She is with special needs due to general lagging behind in all spheres of the neuro-psychical development. Coefficient of development – 33. It is worked with the child on individual program for complex influence for overcoming the deficits of her development. The child walks independently since the beginning of December, 2007 but hardly keeps equilibrium. When falling stands up without help. She plays in unvaried way – throws toys, manages to get to them persistently and throws them again or puts them in her mouth. She reproduces simple movements shown by an adult. Frequently changes the toys with which she plays and loses interest quickly. She is fed by an adult with a spoon but can't drink from a cup. She doesn't seek the contact of her peers but with certain adults who respond to her wishes. She takes them by the hand and persistently provokes leaving the room. She answers when called by name. She has frequent exhibitions of psycho-motor agitation, accompanied with cry. She calms down by body contact with an adult. The child pronounces spontaneous combinations of sounds. Recently pronounces the syllables “ma-ma”.

**20.** Male child born on November 28, 2004. After the birth multiple inborn anomalies were established with the child: *Bilateral cheilognatopalatoschisis. Hypertelorism. Microtia with low location. Phrenulum breve. Hypospadias corona glandis. Ectopia inguinalis testis dextri.* Covered anus. Surgical correction was carried out – *proctoplastica perianalis*. As to the familial load, there is data that the child has a brother with inborn abnormalities. Surgical correction of the wolf-jaw was carried

out on two phases. With the child is present *hypospadia corone glandis, ectopy inguinalis testis dextri*. It is concerned a child who is in satisfactory general condition with multiple inborn abnormalities – wolf jaw and covered anus which have been corrected, facial dysmorphism. Nutrition – passing food with the view of remaining defect of the palate. The child doesn't have psychical diseases and deviations. The motor acts are coordinated and in full volume – he runs, climbs, kicks a ball, rides a bike, carries small chair, sits down and gets down, builds a tower from big modules in the hall of psychomotorics.

The fine manipulations are exact and precise with very good visual-motor coordination.

He answers when called by name. He understands and carries out a wide range of orders: come, give me, take, bring, put, say “bye”, pick up your cup and spoon, etc. He imitates gestures and mimics. He doesn't yet have active speech, pronounces only vocalizations. Abundant salivation is observed while being awake.

The actions and the playing are structured in the time and space. The manipulations are oriented according to their functional purpose – he builds up a tower of 10-12 cubes, takes out and puts in small balls in a bottle, screws and unscrews its cap. The child plays children's piano and xylophone.

Summary: the child compensates in the global motorics and cognitive sphere. The adaptation and social deficits are being gradually overcome but there is serious hindrance of the expressive speech.

**III. A child with Cerebral Palsy who has pretty good physical development (she can walk independently) and is with NORMAL neuro-psychical development and very affectionate! This child is:**

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of January 25, 2008)**

**1.** Female child at 7 years and 10 months who is with normal for the age neuro-psychical development. The child is with diagnosis: *Esotropia congenita aternans. Ambliopia oculi sinistri* (correction with glasses). Child cerebral palsy – spastic quadric-paralysis, hypotrophy of the muscles of the bottom limbs (twofold surgical treatment of the bottom limbs has been carried out – elongation of the sinews). She walks independently but with

difficulty. After surgery carried out in January 2006 the child started walking more steadily and to step on the full feet. She tries to accelerate the tempo. She jumps under persistence. She is a very friendly child who interacts with her peers while playing and easily talks to them. She recognizes and keeps the basic hygienic norms. She can count to 10. She coordinates the fingers of the hands with difficulty and that is the reason to give up quickly the manipulative tasks assigned. She shows preferences toward music.

**IV. There are two older sibling groups. In each of them one of the siblings is with normal physical and psychical development but the other has some problems. These children are:**

**ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN  
(as of February 28, 2008)**

**4.** Male child who was born on August 26, 1994. The child is in a good general health condition. There are no physical disabilities, psychical, psycho-emotional or behavioral deviation. He is with a good emotional tonus. He is very well-balanced. The intellectual development of the child is within the norms.

**5.** Female child born prematurely with weight 1200 gr. on April 5, 1996 – sister of the child #4 above. The child lags behind in her psychical development. The intellectual development of the child is below the norm for her age. She has difficulties in her education and the communication with the others. She possesses limited vocabulary stock. It is difficult for her to pronounce difficult words and combinations of words. She is with a stable emotional tonus. She likes it when there are more people around and they give her attention. She is not conflict. She is very attached to her older brother who is in the same orphanage.

**7.** Male child who was born on April 30, 2002. The child is with good neuro-psychical development and adequate behavior. He lags behind in his weight with one standard diversion and with two in his height. He doesn't need special care in his bringing up.

**8.** Male child born on November 29, 2000 who is brother of the child #7 above. He is with good physical development and lags behind in his neuro-psychical development. In August 2002 the child was placed in a specialized institution with the syndrome of abused child with diagnosis: State after fracture of the right thigh. Contusion of the brain. State after subdural hematoma. Post-traumatic Child Cerebral Palsy. Shortened after the fracture

right limb. Rachitis. Impediment of the psycho-motor development. Urinary infection with cause enterococcus. Manifestations of protein-enzymatic insufficiency. During March-April 2007 the child was hospitalized in an Emergency Neurosurgery Unit with diagnosis: Hydrocephalus interna, established after Computer axial tomography. A surgery is carried out: Anastomosis ventriculoperitonealis. The child is subject to follow up once a year with respect of the neurosurgical operation performed. At age 14 another surgery is imminent of the ventriculoperitoneal Anastomosis aiming at prolongation of the abdominal tube. At the moment with the child are present: State after subdural hematoma in consequence of trauma. Post-traumatic Cerebral Palsy. Epilepsy. Post-traumatic shortening of the right thigh bone. Impediment in the neuro-psychical development. The child started walking at 2 years and 9 months but he moves slowly, with a limp due to the shortening of the right leg. The equilibrium while walking is improved, he tries to run. He spares efforts of his right hand when performing activities with the hands. He hasn't mastered quickness of the movements, precision and coordination. His perceptions and notions are poor and incomplete and his memory is weak and mechanical. His attention is unstable. The concepts and notions for the age haven't been formed yet. He can't express his thoughts. His active vocabulary is poorly developed. His disease – Child Cerebral Palsy – is the reason for the child to face huge difficulties with adaptation to educational environment. The child attends Day Center for Children and Adults with Disabilities where the special needs of the child are being met. He understands the questions he is asked but answers with only “yes” and “no”. He regulates with difficulties his physiological needs. He needs an adult to take care of him and to help him. The child doesn't have built up social skills. He is friendly and well-disposed. Seems calm and smiling. He is very emotional and easily gets upset. He enjoys the interaction and contacts with the other children. He is not conflict. He doesn't participate in group games due to his undeveloped speech. He likes to play alone. He prefers to draw and color as well as to watch cartoons.

\*\*\* The officials at the MOJ say that child #8 is beautiful!!!

V. Some of the children are physically healthy (or with small medical problems) but lag behind in their neuro-psychical development. All they need is a lot of attention and individual work and they would have all the chances to become normal. These children are:

**LIST OF SPECIAL NEEDS CHILDREN  
(as of July 10, 2007)**

**3.** Male child, at 7 years who is with good physical development, but the intellectual development is below the possibilities for the age, with immaturity of the psychical functions. If raised in a family environment with possibilities for individual stimulations of the intellectual development and training, it is expected that his neuro-psychical development will reach the respective for the calendar age. The child was consulted with psychiatrist who gave the following conclusion: the child is with delay in the development, dyslalia is present due to which sessions with speech therapist are to be carried out. At the end of 2006 new consultation with psychiatrist was carried out and the following conclusion was given: reduced attention and observation are present with the child, he does not reproduce text, does not speak clearly; he is not oriented for time and location. Diagnosis: Oligophrenia, mild mental debility. Dyslalia.

The child is with optical correction with glasses in relation to reduced vision. He has been ill with Hepatitis A – mild form, during August, 2003.

**5.** Child at 3 years and 9 months, male, without problems during the puerperal period. The child is with good physical development and severe lagging behind in the psycho-motor development, especially the speech. Good passive vocabulary is present, the child carries out verbal orders, however, he only vocalizes and imitates sounds. He walks independently and steadily, runs, climbs stairs with support. He eats independently. The child is with a mild facial asymmetry and hypertelorism.

Individual therapeutic work is carried out with the child for the purposes of overcoming the delay in the neuro-psychical development.

**6.** Child at 3 years and 10 months, male, with divergent strabismus (crossed eyes). He has been ill with severe pyelonephritis at age 2 years and 2 months. After the birth meningoencephalocele at the base of the nose was established due to which craniotomy and osteoplasty have been performed. Surgical correction of the nose is imminent. Examination was carried out – scanner of the brain with the following result: cyst of the brain is present with liquor density between the two hemispheres in the fore cranial fossa with dimensions 30/15, connected with the front horn of the left side ventricle which is dilated in the temporal and dorsal part. The child is with normal physical development and legs behind in his neuro-psychical

development – he has been walking independently and steadily since 1 year and 8 months, says some words.

**8.** Child at 7 years and 1 month, male. On the second day after the birth data for hypoxemic-ischemic encephalopathy was established. At the present the child is with very good physical development. He slightly lags behind in his neuro-psychical development due to the fact that he is raised in an institution. The child interacts well with the adults and other children in the group. He is with good emotional tone. He speaks in simple sentences. He shows vital curiosity to the surrounding world. The following behaviors are observed with the child: hyperactivity, hyper excitement, hyper irritability (shows strong emotional reactions, especially if his desires remain dissatisfied) as well as lesser discipline. For the last two years treatment with Tegretol has been carried out which has led to decrease in the irritability exhibited in the early childhood. He does not need special care for his upbringing.

The child needs a family that is ready to accept his differences and to support him for his more effective adjustment to the surrounding world.

**18.** Child at 6 years and 1 month, male, who is physically healthy. The child lags behind in his psychical development, with unstable attention. In relation to the speech development: connects the words in a sentence. The child is with poor vocabulary and problems with the pronunciation which demand work with a speech therapist. There are no proved psychical illnesses or deviations with the child. He doesn't need special cares for his bringing up.

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of November 1, 2007)**

**8.** Female child at 5 years and 11 months who is in a good physical condition. The mother of the child is with a mild mental retardation and neurotic conditions. The motor development of the child corresponds to her age. She has built up hygiene and life habits and completely serves herself. She has problems focusing on the tasks given and very often denies participating in collective classes. With emotional respect she gets very easily excited, often cries without significant reason and expects special attention. The child prefers to play alone and shows preferences towards the children in the group. She adapts with more difficulties to new surroundings and needs the support of the adults. She has poor vocabulary, communicates with her peers and adults with difficulty and answers the questions asked

with unwillingness. The child needs to be constantly encouraged in order to show more desire for self-expression

With the child is observed lagging behind in the development of the main spheres – mental and psychical. Deficits in the main cognitive functions – thinking, memory and attention – are observed. Informational deficit is present due to the specific conditions of life in an institution. The intellect of the child fluctuates between mild lagging behind and borderline. The child attends preschool in the public school system. The placement of the child in an appropriate family environment would stimulate the lagging behind in the norms for the age which is consequence of the permanent institutionalization. Full compensation is questionable.

**10.** Female child at 6 years and 4 months who lags behind in her physical development – weight and height with one standard diversion. She lags behind in her neuro-psychical development – *Retardatio mentalis moderata*. Convergent strabismus (crossed eyes) is present with the child. There is data for flat feet – *planovalgus*. She doesn't need special treatment. She started walking at age 3 years. Currently the gait of the child is steady, gently swinging and steps inward. She runs, climbs and loves to dance. She has built up skills for self-serving – eats independently and dresses up. For the physiological needs she has to be reminded by an adult. The child is with poor, inaccurate and incomplete perceptions. Concrete and figurative thinking prevails and the attention is unstable. The constructive praxis, psycho-motor coordination and intellectual development are disturbed. The child is with manifested motor alalia; she pronounces words and understands speech stimuli. She is emotionally unstable. She prefers to play alone. With the child is observed intense necessity of attention and positive evaluation to carrying out tasks given.

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of January 25, 2008)**

**2.** Male child at 5 years and 11 months who lags behind in his physical and neuro-psychical development. Moderate backward mentality is present with the child. After the birth aplasia of the skin was established in the area of the abdomen and chest, as well as aplasia of the skin in the area of the big and small fontanelle. At the present moment malformative syndrome is present with the child – encircling cicatrixes in the area of the torso, the skin of the head is not completely epithelized. Long epithelizing therapy has been carried out with the child. He has built up hygienic habits. The active

vocabulary of the child is characterized with the use of poor stock of words which slowly widens; he uses simple sentences, keeps a dialogue. He reproduces texts of songs, poetry and fairy-tells with difficulty. Passive speech – he understands the meaning of the words, answers when called by his name and carries out tasks consisting of two actions. The child is quickly excitable and with unstable emotions. He is very affectionate and endearing with the members of the personnel.

**ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN  
(as of April 29, 2008)**

1. Male child born on July 29, 2000. Inborn heart malformation is present with the child: Interchamber defect. Echo-cardiographic test carried out at 5 years of age gave the following result: shunt at atrium and chamber level is not visualized. It is necessary consultations with children's cardiologist and echo-cardiographic tests to be carried out periodically. The child is in good physical health. He gets tired when physically burdened. Medical rehabilitation prescribed by a physical therapist is carried out with the child. With expert decision of doctors' commission of November 22, 2007 the following diagnosis was established with the child: Limitations of the mental abilities. Lagging behind in the mental development within the limits of mild mental lagging and permanently limited possibility for adaptation – 80%. The child needs help for control and care. He is a student of first grade. His speech is not developed. His active vocabulary is poor. He doesn't have well developed notions and perceptions for objects and activities. He is with a good visual memory, logically underdeveloped. His thinking is incomplete, poor in contents, with undeveloped thought processes. His attention is unstable with poor concentration and delayed switch from one object to another. The child likes to have his way. When interacting with children, he often enters into conflicts. Sometimes he exhibits auto-aggression. He doesn't know the alphabet yet. He answers questions on known topics. He hardly narrates. He recognizes the numbers from 1 to 10. He adds and subtracts with the help of an abacus. He knows the main colors. His fine motorics are not well developed. He likes to watch TV, to listen to music and fairy-tales. He likes to interact with adults, carries out orders and likes to be stimulated with caresses and praises. He has built up certain hygienic habits and skills for self-serving but needs individual work.

6. Female child born on December 12, 2004. She was prematurely born 1st degree, with brief expiratory moan immediately after the birth.

Oxygen therapy was carried out. Familial laden – mother with oligophreny. Atrophy of the optic nerves of both eyes and horizontal nystagmus are present with the child. The child is with good physical development. She severely lags behind in her neuro-psychical development. Mental lagging behind is present with the child. She sits independently without support. She can stand up with support and stands with help. She walks when hold for one hand. She manipulates with the objects. She lags behind in the development of the fine motorics. She doesn't have built up habits and skills appropriate for her age. She prefers to be alone, with difficulties interacts with children and adults. Often she is irritable. She doesn't speak – utters short combinations of sounds. It is necessary to continue the rehabilitation, the sessions with pedagogue and the sessions on psycho-motorics.

**8.** Male child born on July 12, 2005 in a satisfactory general condition. He lags behind in his neuro-psychical development for the age. The following diagnosis was established: Specific disorders in the development of the motor skills. At age 3 years consultation with children's psychiatrist and psychometria are imminent. The child is treated with Nootropyl under the supervision of neurologist. The child is followed up by pediatrician, neurologist, psychologist, pedagogue, physical therapist and speech therapist. At age 1,5 months a waist-leg cast and external fixating devise was placed for 20 days due to sub-trochanter fracture of the left thigh bone, cured without complications. Control X-ray of the thigh – without specifics. The child started walking at age 1 year and 4 months. At age 1 year and 8 months the child was operated due to right inguinal hernia. At the present moment with the child is present adenoid vegetation but surgical treatment is not yet being considered. The child is with good emotional tonus. The motor unrest, stereotypes with hands, rocking in standing position, staring in one point and peripheral vision to an adult are all completely overcome. The child seeks purposeful contact with an adult – follows with eyes, sits down, hugs, gives kisses. The child participates in group activities but for a short time and is more like a passive observer. He pronounces accidental combinations of sounds but doesn't imitate sounds. He carries out simple orders by imitation. He answers when called by name. He is with improved concentration of the attention but still with low level of steadiness. He eats on his own with a spoon with a little help from an adult. He drinks from a cup on his own. He doesn't announce his physiological needs.

**11.** Male child born on April 2, 2000. The child was prematurely born II<sup>nd</sup> degree out of undesired pregnancy with data for immaturity corresponding to 32<sup>nd</sup> gestational week with cardiorespiratory problems in

the period of newly born. At the present the child is with normal somatic status and is clinically healthy. The child lags behind in his physical and mental development at the level of moderate mental lagging behind. IQ-43. The development of the child corresponds to a 3 year old. There are no aberrations in relation to the motorics – he walks independently, runs. He can dress and undress, puts his shoes on and takes them off on his own. He announces his physiological needs. He has a desire to help the personnel with cleaning and putting in order of the premises. His attention could be engaged for a longer time. He tries to sing a melody while pronouncing separate words. He participates in musical-mobile games. He uses various words, often connected in sentences but doesn't have good articulation. He asks simple questions and answers simple questions of the type of everyday life. He tries to learn by heart rhymes but finds it difficult. He is a very contactable child who tries to play with the other children. He reacts very emotionally to all kinds of influence.

**12.** Female child born on April 5, 1999. After the birth with the child was established inborn cleft of the upper lip and part of the palate (wolf-jaw) – operated at the age of 6 months. The child is with good physical development, lags behind in her neuro-psychical development at the level of moderate mental lagging behind. The child speaks with difficulties but when contacted exhibits understanding or disagreement and reacts when given a task. She is a student in the first grade at a specialized school for children who lag behind in their development but her grades are low. Her speech is still undeveloped. She has very good ear for music and pronounces in a sing-song manner some separate words, as well as her name. With the child is observed progress in relation to her hygienic habits during the last months. She is independent in every day life. She is emotionally unstable, timid, curious, friendly, often screams when scared. Her attention is unstable, her thinking is visual-active. The psychologist of the specialized institution works with the child.

**16.** Male child born on June 22, 2003. After the birth with the child was established *meningocele frontonazoetmoidalis*. Surgical treatment on two phases was carried out. With the child is present chronic festering conjunctivitis. The physical development of the child corresponds to the age of the child. He lags behind in his neuro- psychical development at the level of mild to moderate mental lagging behind. He has stable independent gait. The child eats independently and neatly, he has built up elementary hygienic habits – brushes his teeth, washes his face and hands, all on his own. He likes to keep himself occupied on his own. His thinking is concrete-visual. His attention is unstable and quickly passes from one activity to another. He

seeks the contact of children and adults. He has manifestations of hyperactivity. He goes to kindergarten. His is extremely inquisitive. His emotions and feelings are mature. He is cheerful, extremely communicative with children and strangers. He participates in different kinds of activities with willingness – he draws, makes appliqués, moulds. He is with well developed ear for music. He likes musical and mechanic toys. He easily learns by heart songs and rhymes, likes to sing and recite. He watches with interest books with illustrations and likes to color.

**VI. There are many Down Syndrome children. There are many families out there who specifically want to adopt such children. These children are:**

**LIST OF SPECIAL NEEDS CHILDREN  
(as of July 10, 2007)**

**22.** Male child at 2 years and 4 months with Down Syndrome and problems in the neonatal period. Hereditary laden with the Down Syndrome on the line of the father. Cytogenetic analysis: Trisomia 21 – translocational form. Inborn heart malformation is present with the child: full atrioventricular septal defect, type III according to Rasstely – shared atrium. Undervalue aortic stenosis. Mild valve pulmonal stenosis. Persisting atrioventricular channel. Chronic cardiac insufficiency. Palliative cardiac surgery was performed in May-June 2006. The child is often ill with acute infections of the respiratory tract – rhinopharyngitis, bronchiolitis, and pneumonia. In June-July 2006 the child was hospitalized on the occasion of pyothorax and fistula of the right lung. The child can't sit and walk independently. The speech development is related to throaty sounds and accidental combinations of sounds. He does not react to his name. He expresses his main necessities with crying. He does not seek and demand the presence of an adult but in a play and tease laughs loud. He establishes a good visual contact and follows with a gaze the movements of an adult. He reaches and picks up a toy, manipulates with both hands, transfers an object from one to another hand. With a good gripping reflex characterized by palmar grip. The visual motor coordination has reached level hand-hand, eye-hand, and mouth-hand. The child is fed with a feeding bottle – slowly but with appetite.

**24.** Male child at 4 years and 6 months with Down Syndrome with manifestations of cardiac insufficiency in the neonatal period. There is data for inborn cardiac malformation: intervalvular defect – tubercular. He started walking at 2 years. At the present the child walks steadily, tries to run but is

slow and unstable. He climbs up stairs slowly with support. The manipulations with objects do not correspond to his age; his motions are not well coordinated. Very good imitative abilities are present with the child. Throughout activities he is with good concentration of the attention. He uses more than 10 words reasonably. Reacts to his name and carries out simple orders. Sometimes aggressive behavior toward the other children is observed. The child feeds himself independently. The child lags behind in his neuro-psychical development at the level of severe mental weakness.

**28.** Female child at 4 years with Down Syndrome born with signs of infection. There is echo graphic data for Hemangioma hepatitis established in 2005. She is often ill with infection of the upper respiratory tract. She lags behind in her neuro-psychical development. The child doesn't walk. She crawls on herself, sits on herself, gets up in the bed on herself (up to immovable position). She sits in a walker and moves around with it. She pronounces accidental combination of sounds. She eats with a spoon, drinks from a cup.

**30.** Male child at 1 year and 5 months with Down Syndrome born in depressive state and with functional heart murmur. He straightens up by holding on to a support and makes steps when up. The child can walk when holding on to hands. When put in knee support he can crawl independently for some time. He performs object-manipulative movements with toys put in front of him. He is emotional in his contacts with the adults. He distinguishes strangers from known people. He is happy when praised with "bravo". He reacts with displeasure to prohibitions. He laughs loud and teases. He approaches with trust and curiosity in his contacts with children and adults. The child has established emotional connection with an adult and demonstrates expectations from her. He experiences emotionally the separation after individual activities. The child pronounces prolonged combinations of sounds and syllables when imitating adults. He eats with good appetite. When awake he is active and always finds something to attract his attention to. He seeks contact with the adults and the children – teases with them, tries to take away toys left to some distance from him. He carries out social gestures – gives his hand for "hello", does pick-a-boo. He looks in the mirror with interest. He enjoys his image, touches it and smiles.

**31.** Male child at 2 years and 3 months with Down Syndrome born with inborn cardiac malformation – full atrioventricular septal defect. Atrioventricular insufficiency of high degree. Persisting arterial channel.

Debit lung hypertonia. Cardiac insufficiency. A surgery was performed in September 2005 – radical correction-plastic of the intervalvular defect with PTFE. Plastic of intervalvular defect, type I with pericardium. Plastic of mitral valve. Ligature of persisting arterial channel. Remaining small intervalvular defect. Moderate atrioventricular insufficiency. The child severely lags behind in his neuro-psychical development. He can lie on his belly while leaning on his hands and can sit with support. He straightens up by unmoving support and can walk sideways. He crawls and reaches desired objects with which to manipulate. He reaches out and picks up hanging toys and everything in his range. The coordination is developed. He shows interest to rings, rubber toys and toys with sounds. The child pronounces multiple sounds. He reacts to his name and smiles. He is very happy and charming. He enjoys tease and contact and laughs loud. He is fed with a spoon while sitting. He especially enjoys showers and baths. He doesn't control his physiological needs. While awake the child is calm among the other children and observes them without entering in contact with them. He prefers the presence of an adult in different moments.

**32.** Female child at 6 years and 2 months with Down Syndrome. There is data for hypotrophy and lagging behind in her neuro-psychical development. She started walking independently at the age of 2 years and 6 months. She plays with toys. The child doesn't speak but understands and carries out some orders.

### **ADDITION TO THE LIST OF SPECIAL NEEDS CHILDREN (as of November 1, 2007)**

**2.** Male child at 7 years with Down Syndrome who is in a good health condition, good motor skills – moves independently, steadily and confidently, runs, climbs, goes down and up stairs without support, makes “forward roll”. Lagging behind to moderate degree in his psychical development is present with the child. He understands the speech of the adults and carries out orders. He makes attempts to pronounce one-syllable short words without connecting them in a sentence. He communicates in gestures and mimics with the surrounding people. He could be persuaded with words. Draws within the limits of the paper. Recognizes the parts of his body. When listening to music he joins with rhythmical movements of the hands and legs. He is communicative. He enters easily in communications with adults and strangers, as well as with the children in the group. He feeds himself with the regular food. He can't keep himself clean. Drinks on his

own from a cup. He announces his physiological needs with gestures. He doesn't control his physiological needs during sleep.

**4.** Male child at 4 years and 4 months with Down Syndrome, regular form, who was prematurely born I-st degree. The child lags behind in his psychical development – Coefficient of development – 52. He was ill with Tuberculosis of tracheobronchial lymph knots for which he was hospitalized and treated since April 2006 till July 2007. Since June 2007 the tuberculostatic treatment has been stopped. He walks steadily, rarely falls. He climbs up steps with support but is afraid to go down them. He runs pretty well, climbs. He performs imitative movements in imitational games. He can hold a pen and draws horizontal and vertical lines within the limits of the paper. He carries out simple orders. He is very emotional and seeks the contact with adults and other children. Laughs and teases. He pronounces 4-5 rationalized words. Understands and carries out orders according to verbal directions. Eats independently. Drinks from cup. Regulates but doesn't tell his physiological needs. Takes his clothes and shoes off on his own.

**5.** Male child at 3 years and 7 months with Down Syndrome. Inborn heart malformation (operated big intervalvular defect with excellent post-surgical result, without manifestations of decompensation, without residual murmur find. He needs dispensary observance after the surgical correction of the inborn heart malformation). Atresia of the anus – corrected successfully surgically on three phases. Currently the child is with neoanus and restored passage. The child lags behind in his intellectual development at the level of severe degree.