

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

1. Child at 5 years and 8 months, male, with problems in the neonatal period – left-sided diaphragmatic hernia which has been operated. With good physical development. Sagging of the sternal bone and strabismus are present with the child. He is lagging behind in his neuro-psychical development – moderate to severe degree. There are manifestations of hyperactivity, with unstable attention and tic neurosis – complex tic motions accompanied with exclamations. The child is with specific educational needs – individual educational program is being carried out with him. Positive changes in the development of the child are observed due to the individual classes.

2. Male child, at 6 years, born prematurely II degree from mother with positive Wassermann, in severe depressive state, with data for intraventricular hemorrhage II-III degree and internal hydrocephalus. At the present Hemi paresis to the left and Hypermetropia are present with the child. The anthropometric indicators are uniformly increasing but remain under the norms for the age. The child lags behind in his neuro-psychical development – started walking at the age of 2 years and 6 months. He has well developed rough motorics: walks by himself limping with the left leg, goes up and down stairs with support from an adult. The fine motorics of the child are with moderate degree of development. He eats independently and cleanly, dresses by himself. The child connects 2-3 words in a sentence. He tries to ask questions. He is an emotional and cheery child who shows willingness to do everything by himself. The child is with specific educational needs – individual educational program is being carried out with him. Rehabilitation is carried out too due to which improvement of the motorics and the posture of the body are observed.

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.

4. Male child at age 4 years and 1 month, without problems during the puerperal period, of a mother with idiocy. During the stay in the specialized institution the child has suffered urinary infection – treated, with hydronephrosis I-st degree of the left kidney. At the present the child is with good general health condition with considerable lagging behind in the neuro-psychical development and delay of the weight. He has poor active and passive vocabulary. During training sessions imitative skills are lacking, his attention is hard to be drawn, he does not play with the other children and isolates himself. When awake the child performs stereotype motions – rocks to the sides and back and forth. The child does not have independent skills to feed himself and does not communicate his physiological needs. During November 2005 the child was consulted with psychiatrist whose conclusion was: it concerns mental underdevelopment – debility. As a result of individual work with the child, slow dynamics of his neuro-psychical development are observed.

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. 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 dilatated 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.

7. Child at 7 years, male, with history of clonic-tonic seizure at the 7th day after the birth and febrile cramp at 11 months. The mother is mentally delayed. The child is in good physical condition and is with data for moderate mental delay. The child is with cerebral palsy. Motorics: he moves independently, without support, the motions are jerky and stiff. Speech development: the child speaks but the intonation of the speech is cut, with even tone, unmelodic. He does not possess big vocabulary but uses words freely and connects them into sentences. He is very curios and constantly asks questions. The child understands the speech of the adults but doesn't always react adequately to their explanations. He shows preference to listening to music which calms him down. He helps himself. Eats independently and communicates his physiological needs.

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 legs 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.

9. This child is being adopted.

10. Child at 9 years and 4 months, male with normal parturient period born of a mother with psychical disease. He started walking at age of 2 years and

8 months. At the present the child is clinically healthy with data for converging strabismus due to which he wears glasses. He slightly lags behind in his psycho-motor development. He walks independently, runs and uses his hands accurately when working with different objects. He is calm psycho-motorically. The child doesn't exhibit aggression or auto-aggression. He is with good emotional tonus. He copes with simple tasks. He enters in contact with the others and does not feel uneasy. The boy uses simple phrases and articulates the words correctly. His thinking is concrete and figurative. The thought process is superficial and inconsistent. The child has rich impressions and fantasies. His attention is unstable yet. His concepts are not built up yet. He orients well in a familiar environment and adjusts easily in a new one. He is very curious.

The child recognizes the parts of his body and knows that he is a boy. He likes to sing and dance, says short poems. He is active in all programs organized in the orphanage. He eats independently and uses the cutlery well. The boy has elementary habits and skills built up. He copes on himself with his physiological needs during the day. The child is enrolled in a school for children who lag behind in their development. Provided that enough care and attention are provided to him he could fit in a family environment freely.

11. Child at 5 years and 1 month, male, with problems during the neonatal period (severe depressive condition, seizures). The transfontanel echography, followed in dynamics, shows data for intraventricular hemorrhage and internal hydrocephalus – slight to mild degree. The mother is with mental debility. At the present the child is diagnosed with: Cerebral Palsy. Epilepsy. Gastroesophageal reflex. Strabismus. Hypotrophy. Treatment with Depakine, Midocalm, Nootropil and Motilium is carried out.

The child severely lags behind in his psycho-motor development, has quadriplegic syndrome and psycho-motor retardation that demand special care related to the feeding and daily physical therapy. 100% permanently limited possibility for social adaptation has been established. The child doesn't turn from his back to his stomach, cannot sit and stand, can sit with the help of an adult. Fixed semiflexy of the lower limbs and spontaneous motion activity are present with the child but attempts for passive motions intensify the spasticity. When put on his stomach the child tries to crawl. He laughs when contacted, produces indefinite sounds.

12. Child at 3 years and 2 months, male, born in severe depressive condition, with problems during the period of the newly born. The child is with diagnosis: Hypoxemic-ischemic encephalopathy, spastic quadriparesis,

symptomatic epilepsy. Due to permanent seizure readiness the child is treated with Depakine. The immunizations are postponed.

The motor development of the child severely lags behind from the norms for the age – he does not sit, does not stand, does not walk. At age of 36 months the child is with psychical age of 8 months. When seated he would gaze at toys situated in the left side of the range of vision and would show motor activity with the left hand. When lying on his stomach the child transfers by himself to elbow support and for a long time keeps his head well standing. The boy turns from back to stomach. He takes steps with the help of an adult. He persistently gets to a toy. He shows strong interest for the toys and studies them. He does lengthy manipulative motions with his left and right hands. He continually gazes at his appearance in a mirror, makes attempts to touch it. He smiles, laughs and vocalizes as emotional response on self initiative and imitation. He observes the other children with curiosity and tries to establish contact with them. The child is glad when praised and reacts with displeasure to restriction. There is privileged connection with an adult built up.

13. Child at 14 years and 1 month, female who is with problems during the period of newly born. In early child age the child was diagnosed with inborn dislocation of left hip joint. At the present the child is physically healthy, walks with stable gait. She lags behind in her neuro-psychical development to moderate degree (IQ=50). She speaks clearly but is with limited vocabulary. The active attention is easily drawn, the fixation is hard and she is quickly distracted. She remembers after multiple repetitions and the reproduction is not exact. The girl interacts freely with children and adults, both acquaintances and strangers. She goes to school with a great deal of desire. She is in 6th grade of the mass school. The child has a potential to master specific work habits and to be partially socialized.

14. Child at 4 years and 1 month, female, born prematurely II-nd degree. With data for divergent strabismus. The child lags behind slightly in her neuro-psychical development. Her motor development is normal. Frequent exhibitions of aggression toward the other children in the group and auto-aggression are observed with the child. She is irritable, she isolates herself. She prefers to play alone. She says her name and the names of close persons. She doesn't yet use simple sentences. Limited remembering volume is presented with the child. She repeats separate words after lengthy individual work. The child needs special care and individual work for achieving positive results in her development.

15. Child at 6 years, female, with data for hypoxemic-ischemic encephalopathy, epilepsy, autism and strabismus. Hereditary laden with hypotireoidism is present with the child. She is with normal physical development and lags behind in her neuro-psychical development – doesn't speak. The child has mastered the main physical motions – walking, running, jumping.

16. Child at 3 years, male, who lags behind in his physical and neuro-psychical development. At the age of ten months the child was diagnosed with cerebral palsy – quadripyramid syndrome. At the present the child walks independently. He doesn't speak yet, only utters sounds. He interacts with adults and children through touch. When other children play he isolates himself and doesn't show interest for their games. His play is stereotype: draws on the wall with the fingers of his hand, hits the floor with his hand. Stereotype motions are observed when dressed and undressed. He rarely makes visual contact. When an adult tries to engage his attention, his gaze is aside, looking at the fingers of his hand. The child needs special cares.

17. Child at 3 years and 6 months, male, born prematurely with problems during the period of newly born. The mother of the child is a drug addict with Hepatitis C. The child was tested for Hepatitis C and the result was negative. Adenotomzilectomy was performed on the child in August 2006. At the present the child is clinically healthy with adenoid facies. The child severely lags behind in his psycho-motor development. He walks independently, the gait is tilted, the motions are jerky. He goes up and down stairs abruptly lifting his legs, he is unstable. He eats independently but does not control his physiological needs. The child has passive vocabulary but rarely carries out verbal orders. The big deficit in the child is related to insufficient concentration of his attention which is kept for very short time: 1-2 minutes. He loves watching TV and is then calm and smiles. Often he isolates himself from the other children. He seeks contact with an adult to be held but hardly establishes visual contact.

Individual psychotherapeutic work is carried out with the child for the development of his psycho-motor potential.

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 psychological illnesses or deviations with the child. He doesn't need special cares for his bringing up.

19. Child at 5 years and 9 months, male. In October 2006 the child was operated in relation to *hydrocephalus internus oclusiva; tumor foce posterior cranii*. The child significantly lags behind in his physical development, psycho-motor retardation is observed. Due to the main disease, paleocerebral syndrome is available with the child: unstable gait to impossibility for standing and sitting, frequent throwing up. He understands the meaning of some words. He utters some sounds. He carries out some orders. He plays with toys. The child lags behind in his habits and skills. He needs special cares for his upbringing.

20. Female child at 4 years and 3 months with regular form of Down Syndrome. The trans-fontanelle echo-graphy performed in September 2003 showed data for Hydrocephalus interna, cystic formations in the right hemisphere, several smaller in the left one, widened brain ventricles. The child is often ill with catarrh of the upper respiratory tract and bronchitis running severely, with obstructive syndrome. The child has twice been hospitalized with pneumonia. She does not walk independently; support of the legs is missing. Speech: pronounces single vowels and consonants, sometimes – combinations of sounds, but it is spontaneous, not imitating. She can not eat and dress up without help.

21. Male child at 12 years. The child is with Down Syndrome. In 1996 the child has been operated on the occasion of heart malformation: intervalvular and interauricular defect. He walks independently. He pronounces separate words and sounds. He is a favorite among the group and of the personnel, contact and friendly, endearing and sweet, loves to play with toys, to watch TV and listen to music. He understands and carries out orders. He is sensitive and is afraid of strangers. He eats on himself and is messy during the meal. He can't maintain independently his personal hygiene and he cannot dress up without help. Memory and intellect – at the level of severe oligophrenia.

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 pulmonic 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.

25. (This child can't be adopted as she already turned 16 and the INS wouldn't grant her an immigrant visa)

26. Female child at 11 years with Down Syndrome. Hypotrophy II degree, hypotony and hypermobility of the joints are present with the child. She severely lags behind in her neuro-psychical development at the level of oligophrenia – severe degree. The attention of the child is unstable, the thinking is concrete-figurative, and the memory is mechanical, visual-figurative, of short duration. Speech – pronounces separate words and tries to make sentences which are often meaningless. She understands the most part of what she is told. She rarely establishes contact both with children and

adults. The child is independent in eating, dressing on and off but picks up her clothes carelessly and unconsciously. She controls her physiological needs. She can carry out simple orders. She likes to watch TV and listen to music. She is not aggressive. She is reticent and quiet, doesn't play with the other children.

27. Female child at 5 years and 10 months with Down Syndrome and with inborn cardiac malformation – Fallot's tetralogy, for which in 2005 a surgery was performed: radical corrections of the Fallot's tetralogy with valvate conduit contegra 16 mm. Desobstruction of the right valve exit way. Plastic of intervalvular defect with Dacron. Plastic of the two branches of the lungs artery. There is data for chronic conjunctivitis and severe lagging behind in her development. She doesn't walk, sits in the bed. She pronounces accidental combinations of sounds. She is fed with feeding bottle, drinks from a cup, and tries unsuccessfully to eat with a spoon. She is scared of unknown space.

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.

29. Female child at 5 years and 1 month with Down Syndrome born in depressive state through Section Caesarea. There is data for pes equinovarus bilateralis (inborn club feet), inborn cardiac malformation – intervalvular defect II degree, severe lagging behind in her development. She doesn't walk. She sits and tries to get up in the bed. She doesn't speak but reacts positively to communication. She is completely carried for by the personnel.

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)**

1. **(This child is not available anymore)** 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.

2. **(This child is being adopted)** 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.

3. Male child at 3 years and 6 months with Down Syndrome who lags in his physical development and all spheres of his psycho-motor development – Coefficient of development – 19. The child doesn't walk, doesn't sit but when situated passively keeps in a sitting position for a longer time. He turns to his stomach and makes weak attempts to crawl. Manipulates actively with

toys. He picks up toys situated aside, grabs them with two hands and transfers them from one hand to the other. He can keep hold of two cubes and hit them one against the other. He doesn't understand praise and prohibition. He doesn't make communicative gestures. With greater persistence and established good contact the child rejoices, smiles but doesn't cooperate. He doesn't understand and doesn't carry out orders. He pronounces combinations of sounds and long syllables but doesn't pronounce syllables as an imitation. He doesn't seek the contact of the adults. He doesn't interact with the other children. He doesn't imitate the actions of the adults. He needs systematic psycho-pedagogical stimulation and kinesitherapy.

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.

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.

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*. 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 proctoplasty). 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 date 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 present 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.

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.

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.

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 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)**

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-paresis, 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.
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 fonatenelle. 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.
3. Female child at 8 years who lags behind with respect of all indicators of the neuro-psychical development with uncertain etiology, convergent strabismus, horizontal nystagmus, astigmatism, long-sightedness. The anthropometric indicators – weight and height, are within the limits for the age. The child needs special medical care. Motorics – she runs, climbs up and down stairs without support. She runs into difficulties with respect of the skills, activities and habits – she holds the spoon and eats independently. She can hold a pencil and draws spontaneously. She regulates her physiological needs but does not announce them. The child doesn't speak. She pronounces separate words by imitation. She understands the speech of the adults and carries out orders. She can be persuaded with words. She rarely enters into interaction with children and often needs the help from an adult.
 4. Female child at 5 years and 8 months who was born via normal mechanism out of first pregnancy. At the 22nd hour after the birth tonic-clonic seizures were observed. After trans-fontanelle echography internal hydrocephalus was established. Condition after *haemorrhagia cerebri*. Computer tomography of the brain was carried out – data for severe hydrocephalus. As of November 2007 the head circumference is 59 cm, “look of the sun going down” is present with the child. The child is with hypotrophy: weight – 15 kg, height – 101 cm on November 26, 2007. The child lags behind in her neuro-psychical development due to the severe hydrocephalus. The child needs special medical care. The child does not have support of the legs, does not walk and does not sit. Motorics – due to rehabilitation the child can keep the body and the head in sitting position with the legs hanging down and an adult holding her two hands. She turns on her own from back to stomach and vice versa. When positioned on her stomach she lifts her head for a short time. The active movements are intensified but are still uncoordinated. When songs and music are turned on the child vivifies and smiles. She picks up a toy and keeps it for a long time in her hand. She eats well with a spoon (being fed by an adult). She pronounces several syllables. She can distinguish the tone with which is spoken to. She smiles more often when she is pleased with something. She vivifies when a known person appears and when music is turned on.

5. Female child at 7 years and 4 months who was born in depressive state. She cried out after reanimation. In the period of newly born a treatment for edema of the brain and intraventricular haemorrhage was carried out. The trans-fontanelle echo-graphy is with data for internal hydrocephalus. The child is allergic to Penicillin and Gentamicin. Ptosis of the left eyelid is present with the child. She lags behind mentally – moderate to severe degree. IQ-21. She is with mild to moderate degree of hypotrophy: weight – 14 kg, height – 108 cm, head circumference – 47 cm on October 29, 2007. With data for Child Cerebral Palsy – quadri-paretic syndrome. The child started walking at 3 years. She is with good skills for movement. Manipulates well with the objects and has a good coordination hand-hand, eye-hand and strong “pliers” grip. Her speech is poor, in the process of mastering the active vocabulary, with relatively well developed vocabulary stock and underdeveloped expressive speech. The phonematic hearing is disturbed. She recognizes known people from strangers; she is very friendly and initiates contacts with the personnel and the children. She adapts with difficulties to strangers. She is emotional – shows her emotions, often gets angry and reaches aggressiveness. She has built up habits for self-serving. She doesn't always control her physiological needs. She carries out orders. She likes to be paid special attention. She displays as non-formal leader of the group and tries to imitate the adults in organizing and caring for the children who are less mobile and weaker.
6. Male child at 9 years and 11 months who lags behind mentally to moderate degree – IQ-45. The boy is in good health and physical condition. He is very mobile and spry: runs, jumps and plays with a ball. With emotional respect is calm – he gives adequate expression to his emotions. The child has built up elementary habits and skills – eats on his own, goes to the toilet, washes, dresses and undresses. He correctly puts his shoes on. He interacts with children and adults. He prefers to play alone with small objects. He is suspicious and cautious with strangers. His thinking is graphical and active. He pronounces short words. When communicating he uses gestures and mimics. He knows his name and the parts of his body. He carries out well short orders. He also enters role-games. He knows very well what he wants and how he asks for it.
7. Male child at 8 years and 4 months who was prematurely born in severe depressive state with missing breathing. Trans-fontanelle echo-graphy carried out in September 1999 establishes multitude of cysts in

- the brain. The child severely lags behind mentally, Child Cerebral Palsy – spastic quadriplegia, inborn bilateral blindness. The child is served entirely by the personnel. He doesn't walk. The child is not contact, does not seek and does not initiate contacts, does not play with toys and does not participate in games. The boy doesn't speak, does not pronounce words and does not express feelings and emotions.
8. Male child at 7 years and 11 months who was born prematurely IV-th degree in perinatal asphyxia with data for respiratory distress syndrome. He is with good physical development. The child started walking independently at the 20th month. He has good motion skills. Manipulates well with the objects and has a good coordination hand-hand, eye-hand. He lags behind in his neuro-psychical development within the limits of moderate mental lagging behind – Coefficient of development – 43,42%. He has built up scheme for his own body. He shows interest to the surrounding environment, to the objects and toys. He recognizes his image in the mirror and has sex identity built up. He recognizes the directions “up” and “down”. He reacts with displeasure to very loud noise and light irritants. His speech is poor and the expressive speech does not correspond to his age. The child is in the process of mastering the active vocabulary – he pronounces separate words but does not make sentences. He has relatively well developed passive vocabulary. He recognizes known people from strangers. He recognizes his name and the names of the children in the group. He is very friendly and initiates contacts with the other children and the personnel. He adapts easily to strangers. He is emotional and orientates well in known environment while in unknown he does it with difficulty. He has built up habits for self-serving, eats independently with spoon, dresses and undresses on his own, washes his face and hands. He controls his physiological needs. He participates in plot-role and motion games. He carries out elementary orders. He likes to listen to music and to be paid special attention.
 9. Female child at 6 years and 8 months who was prematurely born II-nd degree via Caesarean section with data for early and late neonatal infection. The child severely lags behind mentally. She has Child Cerebral Palsy and moderately lags behind in her physical development: weight – 13,500 kg, height – 104 cm on December 18, 2007. With the child are present high palate, blue scleras and low situated and sticking out ears. The skin is olive with rich hairiness of the body and the limbs without the area in front of the chest.

Protomesosystolic heart murmur 1-2/6 degree with character of accidental was established. The child started walking at 2 years and 6 months, currently walks slightly astride, with the right leg steps on her toes and can't move on her own up and down stairs. Her motions are not coordinated and are unsteady. The child is with movement stereotypes such as rocking of the body and movements of the hands. She pronounces separate sounds but does not pronounce words and doesn't make sentences. She does not imitate sounds and syllables. She reacts to simple orders. She does not control her physiological needs. The child doesn't initiate contacts with children and adults and does not have skills for self-serving. She is most pleased with food. She exhibits aggression and auto-aggression. The child needs special cares.

- 10.** Male child at 4 years and 6 months who severely lags behind mentally and lags behind in his physical development: weight – 13,480 kg, height – 93 cm on December 11, 2007. The child was diagnosed with: Severe mental retardation – IQ-5. Alalia. Microcephalia. Oligophrenia. Gastroesophageal reflux disease. Computer tomography (2006) gives data for normally developed brain parenchyma. E.E.G. test (2006) establishes diffusial changes in the main activity. The test of the eye grounds (2005) is without specifics. The child has been repeatedly treated in Children' Ward with frequent exhibitions of auto-aggression. He doesn't speak and does not walk independently. Currently treatment with Tioridazin and Diazepam is being carried out with respect of the exhibits of severe irritability because of contact with adults and children, as well as disturbances of the sleep, apathy and emotional instability.
- 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- psychological 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.
- 12.**This child is being adopted.
- 13.**This child is being adopted.
- 14.**Female child at 12 years and 2 months who was post-maturely born via Caesarean section. The child is diagnosed with: Retardatio mentalis. Child Cerebral Palsy. Severe quadripyramidal syndrome. Symptomatic epilepsy. Severe degree of lagging behind mentally. 100% disability has been determined. The mother of the child is with Epilepsy. The child lags behind in her physical and neuro-psychical development. She is with supporting anti-convulsant therapy. The child is with exhibited motion deficit. Increased muscle tonus of the limbs is present, which leads to serious restriction of the movements of all big joints. Decreased muscle strength. She needs help in bathing, changing clothes, feeding. She can't self-serve even at elementary level. She doesn't initiate social contacts. She concentrates with difficulty, she is nervous, cries, moans and is irritable without obvious reason. She can not carry out simple instructions. Speech activity is missing. Non-verbal contact is difficult too. She likes to sit on the floor, rock and comforts herself with rhythmical-melodious combinations of sounds. Her emotional reactions are scarce. Her eating instinct is strongly exhibited.
- 15.**These children (three brothers) are being adopted.
- 16.**Male child at 3 years and 4 months who is brother of the children listed under #15. The child is with inborn hydrocephalus – condition after surgery. Child Cerebral Palsy. Bilateral dislocation of the pelvic joints. The child is in poor general condition. Specialized medical care is necessary as well as permanent follow up by a pediatrician, regular follow up by a neurologist and daily rehabilitation. The child is with positive emotional tonus. He insistently seeks the attention of an adult and reacts very emotionally when he receives it. He delights in a nice person, distinguishes the voice and the tone of the speech. He orientates by the direction of the sound. He pronounces syllables by imitation, picks a toy and plays with it for a long time, sits in a chair, controls his head well, tries to crawl, a good support of the legs is yet

missing but he stands in a walker. Pushes out with his legs but the movement is not directed.

17. Male child at 7 years and 7 months who is in a good general health condition. The child moderately lags behind mentally – IQ=35. Motorics – good for the age. Mobile, graceful, he has satisfactory coordination of the movements, runs, jumps, climbs, throws and kicks ball clumsily. Habits – he eats on his own. Sometimes he needs help when dressing and undressing. He controls his physiological needs, announces and uses the toilet himself. The child talks in short sentences and has a limited vocabulary stock. He asks questions, often repeatedly after receiving the answer. Long verbal contact on the same subject can be established with difficulty. Most often he asks questions but doesn't answer if he himself is asked ones. Some echolalia is present. He doesn't participate actively in structured classes and doesn't carry out the tasks assigned. He usually maintains ineffective and not always corresponding to the situation verbal contact. He doesn't play with the other children and stays aside with the finger in his mouth. Sometimes when walking he turns around his axis once. He shows slow progress when someone works systematically with him.

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

1. Male child born on July 19, 2004 born in severe depressive state, small for the gestational age, edema of the brain, inborn laryngeal stridor. The child was positioned in a couveuse under oxygen tent, with clonuses on the limbs due to which sedative therapy was applied. It is established that the child is a carrier of HBsAg/+/positive; anti HBc IgM/-/negative; HBeAh/+/positive. Inferiority of the connective tissue is present, hyper flexibility of the ankle joints, mildly exhibited hypogenitalism with missing testicles in the scrotum and iniquinal channels (*criptorchismus abdominalis*). With respect of the limbs the following is established: the feet are in the position of varus (*pes varus*) and the child often steps on the feet. In relation to that the child was consulted with orthopedist in June 2006 who recommended surgical intervention for prolonging the Achilles' tendons. The child is with borderline neuro-psychical development with tendency to slow (Coefficient of development = 78). The child doesn't walk without

- support. He sits independently, stands up in his bed and walks around it. He pronounces by imitation separate words. He carries out simple orders. He plays with different toys for a short time.
2. Male child born on August 29, 2000. The mother of the child is with thyrotoxicosis. The child was prematurely born with weight 2000 gr. via Caesarea section. Febrile seizure at 2 years and 4 months. The child was diagnosed with: Lagging behind mentally – moderate to severe degree. Child Cerebral Palsy. Hypotrophy. Convergent strabismus. With respect of the kidneys echo graphically is established hydronephrosis I-st degree, small kidney to the left. Allergy to some antibiotics is present. Motor development – limited motor activity. He walks independently but is unstable. Normal muscle tone of the four limbs. *Pes planovalgus* – he uses special orthopedic shoes. The child doesn't speak, doesn't eat independently, doesn't react when called by name, doesn't establish eye contact, rocks the upper part of his body stereotypically and doesn't control his physiological needs. The child needs help when bathing, dressing and undressing. He doesn't initiate social contacts with children and adults. With frequent episodes of motor restlessness, auto-aggressive behavior and inversion of the vessel.
 3. Female child born on March 21, 2002. The parents are close relatives. The child was prematurely born with weight 1800 gr. With the child is present *erithrodermia ihtioziformis congenita* – treated. Hypotrophy III-IV degree. The child lags behind in her physical and neuro-psychical development. She stands up on her own but doesn't walk, doesn't talk, pronounces separate sounds. During the most part of the time is in lying position.
 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.
6. Male child born on April 17, 2003 via Caesarea section, with data for intrapartal asfixion with a good cardio-pulmonal adaptation. With respect of established haemo-concentration, infusion of AB native plasma was applied. On the second day after the birth conjunctivitis is established and from an eye secretion *Staphylococcus epidermidis* was isolated. The child lags behind in his physical and psychical development, obviously hypotrophic, lags behind in his height and weight and in his motor development. The child started walking at 2 years. Serious lagging behind in the motor development is observed with the child – he walks independently but can not run or to go up and down stairs without help. The child doesn't speak and tries to pronounce separate sounds and one-syllable words. He smiles and listens to the speech of the adults. He can't draw and refuses to hold a pencil. His attention is very unstable, he quickly gets distracted and tired. He can't dress and undress on his own. He doesn't announce his physiological needs in any way. He can't eat independently and can't use the cutlery. He expresses his need for food through shouts and cry. He needs active rehabilitation to compensate the lagging behind. He needs more attention, work with him, walks. Individual work with speech therapist is necessary for development of the speech and stimulation of his memory and attention.
 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.

9. Male child born on August 5, 2001. He is with disability certificate dated January 11, 2008. The child has been diagnosed with: Moderate mental lagging behind. Considerate disturbance in the behavior that demands attention and treatment. Epilepsy – generalized tonic-clonic seizures. Treatment with Depakote is being applied. 78% permanently decreased social adaptation was established in the child, with help from an adult. The child is with normal physical development and lags behind in his psychical development. He is with well developed gross motor skills. He is emotionally unstable, easily starts crying if the toy is taken away from him. Sometimes he is aggressive. He is with well developed memory. His attention is unstable and his thinking is graphical and figurative. He has poor vocabulary stock. He

communicates with simple sentences. He formulates and asks his questions with difficulty. He finds it difficult to compose a story. He has disturbances in the articulation. He is included in a program for resource help from a speech therapist.

10. Male child born on August 6, 2000 who is brother of the child #9 above with whom they are being brought up in the same group. There is emotional connection built up between the two children. He lags behind in his physical and neuro-psychical development. He needs individual work with a teacher and speech therapist due to disturbances in the articulation. He has relatively low speech activity for his age – communicates with simple sentences, can ask questions and answer ones. With guiding questions he can formulate a short story. He strives to remember poetry. He participates in plot-role games. He is communicative, follows the instructions of the adults but is with unstable attention. In individual classes his attention is fixed for longer time. He is included in individual music and art classes. He shows inquisitiveness and watches children's movies with interest. He is emotionally stable. He has built up habits for self-serving. He abides by the common rules of the group with difficulties and unwillingness. He attends preparatory group for school due to diagnosis dated June 2007: Mental lagging behind – mild degree.

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.

2. Male child born on January 28, 1996. The child was prematurely born – IVth degree. The child is with data for inborn bilateral blindness. Children's Cerebral Palsy – spastic paresis of the limbs, deformation of the skull, lagging behind in the neuro-psychical development since birth. Severe mental lagging behind is present with the child. He is hardly contact. He doesn't speak, utters separate sounds. He is served entirely by the personnel. He can sit, moves with the support of an adult. Individual rehabilitation program is being carried out, including: moving, massage, walks, strengthening procedures, as well as constant service and monitoring.

3. Male child born on October 27, 2001. Born at home, prematurely Ist degree with kefal-hematoma. During November 2001 transfontanel echo-graphy was carried out: Mildly stationed ventricular dilatation. With expert decision of doctors' commission of September 13, 2006 the following diagnosis was established: Severe mental lagging behind. Malformative Syndrome. Hypotrophy. Symptomatic epilepsy. Intellectual-mnestic underdevelopment is present with the child, accidents with bowel movements and urinating, inability for self-serving, disturbance of the attention and concentration which determine 100% permanently disturbed possibility for social adaptation with help. He doesn't walk and doesn't talk. He stands up to static support with some difficulty. He stands up in his bed. When put in a walker feels good in it. He is fed with a spoon. He catches a toy and keeps it for some time. Reacts to sounds. He turns his head to the direction of the sound. He stares in a person leaning over him. Follows moving objects with head. He utters accidental combinations of sounds. When teased he laughs.

4. Male child born on June 4, 2003. Prematurely born IInd degree. With doctors' commission of September 13, 2006 the following diagnosis was established: Severe mental lagging behind. Malformative syndrome. Hypotrophy. Intellectually-mnemonic underdevelopment is present with the child, accidents with the bowel movements and urinating, inability for self-serving, disturbance in the attention and the concentration which determine 100% permanently disturbed possibility for social adaptation with help. IQ: 22. The child doesn't have developed speech – utters sounds and some syllables. He shows emotions. His attention is instable. He knows his name and answers when called. He can turn from back to stomach and vice versa, he can sit, crawl, stand up and walk with help and around stable support. He loves to be hugged and talked to. The boy interacts with the other children in the group, plays with toys. He is being fed with a spoon and can drink from a cup. He is learning to hold the spoon and the cup.

5. Female child born on September 28, 2003. The child is on a dispensary follow up with diagnosis: Hydrocephalus (consultation with neurologist was carried out, therapy with Convulex was prescribed). Hydronephrosis. Hypotrophy IIIrd degree. Malformative syndrome is present with the child, condition after surgical correction of *rahishisis toracolumbalis*. There is data for persisting arterial channel with dynamic insignificant left-right shunt. Due to infection of the urinary channels the respective therapy was carried out. The child considerably lags behind with respect of all indicators of the neuro-psychical development. She reacts to the presence of an adult, utters indefinite sounds and shouts and turns her head to the direction of the sound. She stares at a person leaning over her. She is fed with feeding-bottle.

6. Female child born on December 12, 2004. She was prematurely born Ist 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.

7. Female child born on July 22, 2005. Prematurely born Ist 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.

8. **(This child is being adopted)** 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.

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.

10. Male child born on February 25, 2002. The child was prematurely born IVth degree, in severe depressive condition, with data for fetal immaturity, atelectasis of the lungs and pneumonia, hypotony and hyporeflexy. At the end of the first month – data for anemia of the prematurely born. At the age of 2 years febrile seizure was observed with the child. At the present the following diagnosis was established: Retrolental fibroplasia. Amaurosis (the child is sightless). Condition after Hypoxemic-ischemic encephalopathy IInd degree. The child considerably lags behind for his age in his neuro-psychical development. He needs special care in his bringing up. The child doesn't walk independently. Usually sits or lies and rocks back and forth (stereotype rocking) and each attempt to change the posture of his body is accompanied with auto-aggression. He does manual stereotypes almost constantly and systematically exhibits signs of hospitalization. He does have support in the legs but doesn't allow an adult

to stand him up and doesn't want to walk with help. In relation to the fine motorics his actions are uncoordinated and unproductive. He does have formed partial coordination – takes and holds an object for a short period of time. He doesn't speak – his verbalization is suppressed and undeveloped, consisting of his own undifferentiated produce of sounds, momentarily presented or fragmentary shouts. It is difficult to establish a contact with him. He is easily irritable. Sometimes exhibits auto-aggression. He likes to seclude himself. He cannot eat independently.

11. Male child born on April 2, 2000. The child was prematurely born IInd degree out of undesired pregnancy with data for immaturity corresponding to 32nd 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 law. 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.

13. Male child born on April 20, 2003 with severe lagging behind in his neuro-psychical development. The following diagnoses are established with the child: Perinatal asphyxia. Hypoxemic-ischemic encephalopathy IIIrd degree. Multi-cystic encephalomalacia. Early neonatal infection. Children's Cerebral Palsy – spastic quadriplegia. Epi-symptoms (with seizure manifestations in the period of newly born). The child has daily need of doctor's observation due to the frequent infections of the respiratory tract, specific medical care, physical therapist and pedagogue. He is on a dispensary follow up with neurologist and takes supporting therapy with Depakote – no seizure equivalents are observed. The child takes forceful lying position in the bed with a head tossed to the right. The active movements are severely limited in volume and force. He can sit only with support in an appropriate chair. He is completely dependant on the cares of the adults. Expressive speech is missing; he doesn't understand the speech of an adult but smiles to a tender voice. Despite the individual program on which pedagogue and psychologist work, no progress has been made. Springing massage is carried out for overcoming the contractures in the four limbs.

14. Male child prematurely born Ist degree on May 25, 2001. During 2001 the child was diagnosed with epilepsy due to which he is on a dispensary follow up with a children's neurologist. Supporting treatment with Depakote is being carried out. Delayed neuro-psychical development is observed with the child. He walks but doesn't speak, doesn't understand the speech of the others and can't self-serve himself. The child doesn't cover the indicators for his age.

15. Male child born on July 28, 2000. The child was prematurely born IIInd degree. At the age of 1 year the following diagnosis was established with the child: Children's Cerebral Palsy – diplegic syndrome. During October, 2005 the child was operated due to manifested equinus of the both feet (club feet). At the present the child moves independently with tottering gait. According to decision of doctors' commission with the child is present Children's Cerebral Palsy. Spastic bottom paraparesis – moderate degree and upper paraparesis – mild degree; 80% decreased working capacity with help. The child is on an individual program for education and development and at the present is a student in first grade. The child has underdeveloped phonematic hearing. He understands and uses words of known objects and occurrences from the surrounding environment. He has poor active vocabulary and masters new concepts with difficulties. His

memory is mechanic, his thinking is incomplete, and his attention is unstable, with low concentration. His imagination is situational. The child gets easily upset and sometimes refuses to carry out certain activity. He prefers contacts with adults. He likes to be paid attention. He shows curiosity. He shows interest toward arts – he draws, colors, cuts. He likes to watch children's TV programs and to listen to music. He has built up some hygienic habits and skills for self-serving but needs more additional work.

16. (This child is being adopted) 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. He 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 appliquéés, 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.

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 unlatched 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 neuropsychical 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”.

18. Male child born on December 14, 2005 with delayed cardio-pulmonary adaptation, moderate asphyxia, cerebral depression. As to the familial laden, there are data that the mother is with Epilepsy and during the pregnancy was treated with anti-convulsants. The child is with diagnosis: Polymalformative Syndrome – facial-skull asymmetry (the head is plagiocephal). Condition after surgery due to sclerosis of the neck of the urinary bladder. Vesicoureteral reflux – bilateral. Chronic pyelonephritis. Two trans-fontanel echo-graphies were carried out with the child with the following result: moderate dilatation of the lateral and third ventricle. With the child is present malformative chest with deformation of the 3rd and 4th thoracal vertebrae, bifurcated 3rd and 4th left ribs, thickened 5th rib. Heart – rhythmical heart activity, clear tones, protomesistolic murmur 1-2/6 degree of the heart base, established cardiographically on December 21, 2005 as open *foramen ovale*. It is concerned a child with delays in the physical and all spheres of the psychical development. Coefficient of development – 40. The child needs medical care – consultations with children's nephrologist and urologist, systematic psycho-pedagogical stimulation and physical therapy. Motorics: age of development 11 months. He walks steadily when hold with two hands, already walks when hold with one hand and after mobile support. Sense activity: age of development 11 months. He shows certain insistence to get to a distant toy, cheers when sees new toys. He

carries out separate specific manipulations with different toys, sometimes with differentiating the pointing finger. He can hold two cubes and to hit them one against the other by imitation. Emotional-social development: age of development 11 months. He cheers when paid attention, makes difference between known adults and strangers. He carries out some gestures with hand only after shown how to do it. He reacts to prohibition and praise. Speech development: age of development 9 months. He pronounces different syllables, sometimes repeats after an adult. Characteristic of the behavior: He eats with delight with spoon, drinks from a cup with help. He plays with toys and seeks the attention of the adults. He manipulates mainly non-specifically with toys and objects, he cannot establish a good object-activity contact.

19. Female child born on November 7, 2002. On January 6, 2003 from a home environment the child was admitted in a hospital with diagnosis: syndrome of beaten and neglected child. Atrophy IVth degree. Bilateral pneumonia. Anemia. The child was in a severe general condition. She was in a couveuse for 50 days. Treatment with antibiotics, corticosteroids, imunovenin, humanalbumin and thrombocyte mass was carried out.

During the stay in the specialized institutions the child has been repeatedly admitted in hospitals:

- In December, 2004 the child was hospitalized in a children's clinic in Sofia. The following diagnosis was established: *Coagulopathy – afibrinogenemia*.
- In February-March, 2005 the child was hospitalized in a Neuro-surgical clinic with diagnosis: Subdural hematoma in the left. Osteoplastic trepanation. Evacuation of the hematoma. Four times was carried out plasmotransfusion, antibiotics, corticosteroids.
- In September, 2005 the child was hospitalized in a Neuro-surgical clinic with diagnosis: *Hematoma subduralis subacuta fronto – parietalis sinistra*. Second trepanation and evacuation of the hematoma was carried out.
- In August, 2007 the child was hospitalized due to bleeding in traumas on the bottom limbs and small painful hematoma in a stage of resorption in the right gluteal area. Twice was carried out plasmotransfusion, corticosteroids.

At the present the child has small cicatrices of the two ears with dimensions 3-4 mm, as well as small cicatrix alterations of the bottom lip with dimensions 4-5 cm. The skin of the child is olive without visible

hematomas at the moment. Cicatrixes paravertebrally and in the lumbal area – 3-4 cm.

The following diagnoses have been established with the child: Coagulopathy – afibrinogenemia. Discrete bottom right hemiparesis. Lagging behind in her neuro-psychical development to considerable degree. Calendar age 5 years and 2 months, the motorics of the child correspond to 2 years, the speech development to 1 year, her cognitive and social-personal development – 2 years. The child covers the norms for height and weight. She moves around independently clumsily and unsteadily. She can go up and down stairs with support and help of an adult. The child started walking at the age of 3 years and 6 months. She doesn't speak. She pronounces combinations of sounds. The verbal production is characterized with syllable doubling without attempts for imitating sounds or pronouncing of words. She hums melodies from children's songs. She reacts to her name. She carries out simple orders. She shows cognitive interest to objects and toys. The manipulations with them are unspecific and poor for the age – she looks at them, tries to knock with them on hard surfaces. She is calm in the main regimen moments. She is emotionally unstable. She is being fed by an adult. She hasn't mastered the skills for independent dressing, undressing and regulating her physiological needs. She shows her main needs with cry. She establishes emotional contact with an adult and she likes to be paid tactile and verbal attention. She cries when the adult leaves her alone. The communications with the other children are limited to exchange of toys.

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 laden, 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 *hypospadias 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.