International Adoption Programs TRAINING BUNDLE

This packet contains mandatory documentation required as part of the Prospective Adoptive Parents' (PAPs) pre-adoption training and preparedness. Every document in this packet must be fully completed by the PAPs, and each must be reviewed, discussed, and verified by the home study social worker during the home study process without exception.

Included in this packet:

DOCUMENT	REQUIRED ACTION	
Record of Adoptive Parent	PAPs must initial each specific line item	
Training		
Training Verification Statement	Completed by home study social worker	
	Signed by home study social worker and PAPs	
Parent Preparation Form	Completed by PAPs	
	 Signed by home study social worker and PAPs 	
Discipline Statement	Signed by both home study social worker and PAPs	
Affirmations	Social Worker Affirmation to be signed by home	
	study social worker	
	 Adoptive Parent Affirmation to be signed by PAPs 	

For your home study to move forward, Gladney must receive this packet fully completed. Home Study approval cannot be granted otherwise.

RECORD OF ADOPTIVE PARENT TRAINING

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

FAMILY NAME (PRINT):

have on children, including infants. 96.48(b)		Training Topic		
		The adoptive parents have discussed the impact that institutionalization may have on children, including infants. 96.48(b)		
		The adoptive parents are aware of the developmental delays that may be evident regarding the child's physical, speech, language, emotional, and psychological development - for both the short term and long term. 96.48(b) & 96.48(c)		
		The adoptive parents have received training on the issues of attachment and bonding. The adoptive parents understand how bonding and attachment occur, and know of ways to facilitate bonding. The adoptive parents understand that the child to be adopted may be attachment resistive or be a disordered child, that there is a continuum of severity with attachment disorders, and that infants are not immune from having attachment difficulties. The adoptive parents have a plan to identify and address these issues should they occur with their child, including identifying those who can provide intervention. 96.48(b)		
		The adoptive parents recognize that they are responsible for their behavior and that their ability to attach and bond with the child can impact the behavior of the child. 96.48(b)		
		The adoptive parents have been prepared regarding abandonment, separation, grief, and loss issues for the child as they relate to placement, initial adjustment, behavior, and later stages of the child's development. The adoptive parents understand that grieving has no time limit, may occur at any one or at numerous stages of development, that children grieve in various ways when they are separated from all that is familiar in their life, and that each child will be different in how they may experience loss, as well as everyday events perceived as losses during long-term adjustment. 96.48(b)		
		The adoptive parents have assessed their personal level of self-esteem and their ability to handle rejection in the event that it is an aspect of the child's behavior during the attachment process. 96.48(b)		
		The adoptive parents have been counseled about difficulties and delays associated with international adoptions. They understand that they may not feel in control of the process and must trust the agency professionals to handle situations. 96.48(b)		



The adoptive parents have received education about learning disabilities, both known and unknown, which may be present in the child they adopt. 96.48(b)
The adoptive parents have received education regarding sensory integration.
The adoptive parents have discussed their definition of "special needs" and how this relates to their adoption. They are aware that many post-institutionalized children will need some kind of intervention services. 96.48(b)
The adoptive parents have discussed their attitude regarding the child's culture, heritage, birth parent(s) and they are aware that their attitude towards the child's birth country and birth parents may affect the child. The adoptive parents will provide the child with age-appropriate information about his/her birth country and birth parents. The adoptive parents have a plan to help their child develop an appreciation for his/her cultural heritage and to develop a positive self-identity. The adoptive family is open to establishing communication between the adopted child and the child's birth parents. 96.48(b) and 96.48(c)
The adoptive parents have investigated the transracial issues that may be involved in their adoption. They have examined their own community as an appropriate place to raise a child who may be conspicuous in their family; they plan to ensure that the child has appropriate mentors. 96.48 (b) and 96.48(c)
The adoptive parents know the importance of a "Life Book" for their child and they know how to prepare a Life Book.
The adoptive parents understand that they may be prone to parent as they were parented, including any history of emotional, physical, substance or sexual abuse in the background of the adoptive parents. They have been able to adequately address these issues and if needed, have been professionally evaluated.
The adoptive parents have been educated regarding the prohibition of using physical punishment, including occasional spanking or verbal ridicule to discipline their children. They are in agreement to not use such means with their children.
If the adoptive parents have a history of infertility, they have addressed this issue and their present feelings regarding their infertility.
The adoptive parents have assessed how they cope with crisis and each has been assessed for their ability to handle stress.
The adoptive parents are prepared that adoption is a lifelong process and they have a realistic expectation that regarding the children's adjustment into the family.
The adoptive parents have been counseled about the significance of a will for minor children and they have appointed or considered guardians for their child.



The adoptive parents are aware of the behaviors or medical issues that may indicate the need to seek counseling, therapies or medical intervention services.
The adoptive parents are aware that they likely will not receive a referral of a "healthy" child, and that the child will likely have some medical and
developmental issues, which may or may not be diagnosed. Children who have been institutionalized will be developmentally delayed and may have additional diagnoses that they must investigate prior to adoption so that they
are prepared to deal with potential issues. 96.48(b)
The adoptive parents have identified international adoption medical experts with whom they may consult prior to accepting a referral. This will help them to understand the potential issues that the child may have and prepare for the types of early interventions they may need.
The applicants have realistic expectations and they understand that an adoption is a permanent, irrevocable and unconditional commitment to care and nurture a child. In the event of the disruption/ dissolution of the
placement, the family understands that they maintain financial responsibility for the child, and their family is prepared to provide any physical, emotional and/or financial assistance needed to ensure child's best interests.
The adoptive parents are aware that they may experience depression post- adoption and they are prepared to seek counseling should this depression be significant enough to warrant therapy.
The adoptive parents have a thorough understanding of the reporting requirements of the country they intend to adopt from, including and post-placement or post-adoption reports required by the expected country of origin. 96.48(b)
Family is requesting to adopt a child with special needs: The adoptive
parents have discussed and researched the particular special needs they are prepared to accept in a child. The family has pre-identified available resources to help them upon bringing their child home.
Family is requesting to adopt a child out of birth order: The adoptive
parents realize that adopting out of birth order can have serious
implications for the younger children in the home. The parents and social
worker have discussion these issues, the identifying behaviors of children in
crisis, and warning signs of potential problems.
Family is requesting to adopt two or more siblings at once: The adoptive parents realize that each child will have their own unique challenges. They have explored possible scenarios and how they would handle them. They have a realistic view on the challenges that may arise.

TRAINING VERIFICATION STATEMENT

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

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

TRAINING VERIFICATION STATEMENT

Please give a description and/or attach completion certificates of the 12 hours of additional training pursuant to Hague Regulation 96.48 (15 hours for families adopting through Colombia), including the manner (seminar, on-line, etc.) provided

study for this family:
Home Study Social Worker
Home Study Agency
Date:
I/We verify that we received the above-described training and had the opportunity to ask questions regarding these issues during our home study process.
Prospective Adoptive Parent
Prospective Adoptive Parent
Date:

I verify that the training described above was completed and discussed as noted in the home

PARENT PREPARATION FORM

"Spectacular achievement is always preceded by unspectacular preparation." Robert H. Schuller

Please complete this form and return a copy of Gladney.

Put your copy somewhere that will be easy to find. Thank you!

Paren	ts N	Names:	
A.	you be	itially, many families experience difficulty bonding with their adopted child. It is on a stablish a positive connection with your child. The sooner you reach out for supposite the results. There are several evidence-based counseling models. Gladney Center Ioption recommends TBRI (Trust-Based Relational Intervention) and Theraplay. Both roven to work.	rt, the er for
	1.	Identify two TBRI practitioners in your area:	
	2.	We strongly recommend that you attend an Empowered to Connect conference or S You can find the schedule here: https://showhope.org/our-work/pre-post-adoption-support/empowered-to-connect/ However, many TBRI Practitioners exist nationwice assist families. Who offers TBRI trainings or seminars in your area?	<u>-</u>
	3.	Identify counselors trained in Theraplay in your area:	
	4.	Identify Counselors and Therapists who specialize in attachment and bonding in you	ır area.
	5.	Which attachment counselors does your home study agency recommend?	
	6.	Which Counselors and Therapists accept your health insurance?	
	7.	Which of any of these treatments above are covered by your insurance?	

8.	If none, what therapies or services will your insurance cover?
9.	What is your plan if services are needed?
weekly su empower	Th and Attachment and Trauma Network offers year-round support and resources including apport calls, private Facebook page, and online trainings. The cost is \$75.00/year. Families find ment and healing through connections with parents and professionals. Though not required, commend that you join!
https://w	ww.attach.org/for-parents/
C. Identi	fy at least two adoption family support groups in your area that you would be open to attending:
family vis	states offer post permanency services for adoptive families at no cost. Services can include its with a social worker, respite care, crisis intervention and support groups. option support services does your state of residence offer?
Contact i	nformation for these services:

E. Ear	ly warning signs are the subtle signs of changes in our thoughts, f	eelings, or behavior, which
indica	ite that you are under stress and that you may need to take action	to avoid a worsening of the
situati	ion. Recognition: What changes occur for me when I am under st	ress? What are my early warning
signs?	?	
	t #1:	
	t #2:	
ones. is imp	f-care and daily maintenance. Adoption is stressful. You want to defende and daily maintenance. Adoption is stressful. You want to defende and the substraction and that you may find that you that you have a list of go-to activities that keep you centered also be self-care strategies. List your top five self-care strategies.	you are ignoring your own needs. It ed and feeling well. In the long-
Paren	t #1:	
	1	
	2	
	3	
	4	
	5	
Paren	t #2:	
	1	
	2	
	3	
	4	



G. Parenting is stressful. Research demonstrates that social connections boost your health and your

offers of assistance and asking for help. Sis evidence of courage, self-awareness, a	ablish your support system now, by being prepared to accept Sometimes, asking for help is the bravest move you can make. It and strength. Don't go it alone. List five family members, friends, all them today and ask them to help and plan a visit during your
child's first 6 weeks at home.	
1	Contacted
2	Contacted
3	Contacted
4	Contacted
5	Contacted
My Primary Go-To Support Person is:	
Parent #1:	
Parent #2:	
child. You will also want to help your chil	el, you will want to spend time connecting and bonding with your d learn your family's routine and help him or her feel lease describe your plans for carving time out of your schedule r new family and environment.
How many weeks/months will each pare	nt take off from work?

Other Plans to Support Bonding and Att	tachment	
Completed by:		
Parent #1	Parent #2	
Date:	Date:	
Discussed with:		
Home study social worker signature	 Date	



DISCIPLINE STATEMENT

I/We, (Print Adoptive Parent names) of physical punishment such as spanking, slapping, funacceptable means of discipline, considered abusiv ridicule are also unacceptable means of discipline.	.	d other such method	
It is highly likely that an adopted child has suffered varecommend and require alternative methods of disciple behavioral modification strategies include positive reof privileges, time-ins, re-do's and redirection.	pline when parenting	g an adopted child.	Suggested
Discipline was discussed with the case worker du	ring the home study	y process.	
Home Study Social Worker	Date		
By signing this statement, I/we agree to not use any ty adopted child.	pe of physical or un	acceptable punish	ment with our
Adoptive Parent Signature	- [Date	
Adoptive Parent Signature	- [Date	

12 8.25.2025

If you do not agree to these conditions, please contact your adoption case worker immediately so we may

further educate and discuss alternatives to physical discipline.

SOCIAL WORKER AFFIRMATION

I hereby affirm that	(Adoptive Parents) have		
received counseling and education on each of the above adoption issues and have been advised of the risks relating to post institutionalized children as well as the possible difficulties during the process of international adoption. I verify that they have an understanding of the topics as outlined in Hague Regulation 96.48 (b) and 96.48 (c). I further affirm that I have discussed the			
			• •
		Parents	ADOPTIVE PARENT AFFIRMATION ADOPTIVE PARENT AFFIRMATION ADOPTIVE PARENT AFFIRMATION Above as outlined in Hague Regulations 96.48 (b) and 96.48 (c), and have been advised as as outlined in Hague Regulations 96.48 (b) and 96.48 (c) and 96.48 (c) and 96.48 (c). I further affirm that I have discussed the ing topics, the Parent Preparation Form, and the Discipline Statement with the Adoptive ints ADOPTIVE PARENT AFFIRMATION ADDPTIVE PARENT AFFIRMA
	very part of the above adoption issues and have been advised nalized children as well as the possible difficulties during the I verify that they have an understanding of the topics as (b) and 96.48 (c). I further affirm that I have discussed the tion Form, and the Discipline Statement with the Adoptive statement with the Adoptive decived counseling and education on the outlined adoption ons 96.48(b) and 96.48(c), and have been advised of the risks as well as the possible difficulties during the process of affirm that we have discussed the training, the Parent Statement with our home study social worker.		
Social Worker Signature			
g .	ADOPTIVE PARENT AFFIRMATION The resignature ADOPTIVE PARENT AFFIRMATION The resignature ADOPTIVE PARENT AFFIRMATION The resignature ADOPTIVE PARENT AFFIRMATION The resignature of the secured counseling and education on the outlined adoption attituded in Hague Regulations 96.48 (b) and 96.48 (c). I for the resignature of the topics as the parent Preparation Form, and the Discipline Statement with the Adoptive derivative of the resignature of the residue of the risks attitutionalized children as well as the possible difficulties during the process of a adoption. We/I also affirm that we have discussed the training, the Parent Form, and the Discipline Statement with our home study social worker.		
Date			
ADOPTIVE PARENT AFFIRMATION			
We/l hereby affirm that we have receive	ad counseling and adjucation on the outlined adoption		
•			
We/I, hereby affirm that we have received counseling and education on the outlined adoption issues as outlined in Hague Regulations 96.48(b) and 96.48(c), and have been advised of the risks for post institutionalized children as well as the possible difficulties during the process of international adoption. We/I also affirm that we have discussed the training, the Parent Preparation Form, and the Discipline Statement with our home study social worker. Adoptive Parent Signature Adoptive Parent Signature			
Adoptive Parent Signature	Adoptive Parent Signature		
Date			