**CHILD PROFILE/ASSESSMENT FORM - FOR CHLDREN IN YOUR SCHOOL**

***Back ground information about the child***

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| **Name of school** |  |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Child case Number** |  |
| **Tribe** |  |
| **Gender** | 1. Male 2. Female |
| **Religion** | 1. Catholic 2. Anglican 3. Pentecostal 4. Muslim 5. Orthodox 6. Other (Specify) |
| Disability status | 1. With disability 2. Without disability |
| Disability type | 1. Difficulty seeing 2. Difficulty hearing 3. Difficulty walking or climbing 4. Difficulty communicating 5. Difficulty remembering/concentrating 6. Difficulty with self-care |
| If the child has difficult communicating (hearing impairment), does he/she have competence in sign language? | 1. Yes 2. No |
| Are some or all members of the child’s family able to communicate using sign language? | 1. Yes 2. No |
| Are (some of) the family members making efforts to learn sign language? | 1. Yes 2. No |
| **Language spoken** |  |
| **Current level Education - Primary** | 1. Pre-primary 2. Primary One 3. Primary Two 4. Primary Three 5. Primary Four 6. Primary Five 7. Primary Six 8. Primary Seven |
| **Current level Education - Secondary** | 1. Senior One 2. Senior Two 3. Senior Three 4. Senior Four 5. Senior Five 6. Senior Six |
| **Origin** | District:  Sub-county  Parish:  Village: |

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| --- | --- | --- | --- | --- | --- |
| **Education and development:** | | | | | |
| Is the child currently enrolled and attending school? | 1. Yes 2. No | | | | |
| Is the child attending school/class, vocational training, or an apprenticeship regularly (At least 4 days a week on average) in the past 12 months? | 1. Yes 2. No | | | | |
| Has the child successfully progressed from one level to another at school,  during the last academic year? | 1. Yes 2. No | | | | |
| Class teacher’s opinion about the child’s education progress | 1. Excellent 2. Good 3. Fair 4. Poor 5. Very poor 6. No comment | | | | |
| Is the child’s behaviour in classroom appropriate? | 1. Yes, very appropriate 2. Yes, somewhat appropriate 3. No, inappropriate | | | | |
| **Care and Protection (Assess at the beginning of the term)** | | | | | |
| In the past 12 months, have you been under the care of and lived with the same adult primary Caregiver? | 1. Yes 2. No | | | | |
| In the past 6 months have you been feeling withdrawn or consistently sad, unhappy, or depressed, and not  able to participate in daily activities, including playing with friends and family? | 1. Yes 2. No | | | | |
| What would you do if you experienced or became a victim of abuse or violence? | 1. Report to the primary caregiver 2. Report to another family member (than the primary caregiver) 3. Report to a teacher 4. Report to a peer 5. Report to a neighbour 6. Report to a community leader 7. Report to police 8. Report to an authority at the sub county/district 9. Other (specify) 10. Nothing | | | | |
| **In the past 6 months, have any of the following happened to you in or outside the HH?** | | | | | |
| **Experience** | | | | **Yes (1)** | **No (2)** |
| I experienced physical abuse that caused body harm | | | | 1 | 2 |
| I was sexually abused, defiled, or forced to have sex. | | | | 1 | 2 |
| A meal was withheld to punish me | | | | 1 | 2 |
| I was involved in child labour | | | | 1 | 2 |
| I was stigmatised/discriminated against due to illness, disability, or for other reasons. | | | | 1 | 2 |
| Someone touched me in a bad way (sexual manner) | | | | 1 | 2 |
| Someone made inappropriate comments about my body. | | | | 1 | 2 |
| **Where did any of these experiences happen to you?** | | | | | |
| **Experience** | | **At home (1)** | **In the community (2)** | | **At school (3)** |
| Physical abuse that caused body harm | | 1 | 2 | | 3 |
| Being sexually abused, defiled, or forced to have sex. | | 1 | 2 | | 3 |
| A meal being withheld to punish me | | 1 | 2 | | 3 |
| Being involved in child labour | | 1 | 2 | | 3 |
| Being stigmatised/discriminated against due to illness, disability, or for other reasons. | | 1 | 2 | | 3 |
| Being touched me in a bad way (sexual manner) | | 1 | 2 | | 3 |
| Someone making inappropriate comments about my body. | | 1 | 2 | | 3 |
| **Food and nutrition** | | | | | |
| Does the child have access to adequate food at school? | 1. Yes 2. No | | | | |
| Does the child have access to adequate food at home? | 1. Yes 2. No | | | | |
| Does the child have access to safe drinking water? | 1. Yes 2. No | | | | |
| Does the child eat well? | 1. Yes 2. No | | | | |
| Does the child have eating disorders/ food allergies? | 1. Yes 2. No | | | | |
| **Health** | | | | | |
| Is the child with any chronical disease? | 1. Yes 2. No | | | | |
| What is the chronic illness? | 1. HIV 2. Diabetes 3. Cancer 4. Epilepsy 5. Sickle cell disease 6. Asthma 7. Other (specify) | | | | |
| How is it usually handled? | 1. He/she accesses medical attention from a specific specialist (specify the specialist) 2. He/she accesses medical care from any facility 3. He/she reports to school with his/her medication 4. Other (specify) | | | | |
| Is the child up to date on recommended immunizations? | 1. Yes 2. No | | | | |
| If female, does the child have access to any needed menstrual sanitation? | 1. Yes 2. No | | | | |
| Has the child fallen sick in the last two months? | 1. Yes 2. No | | | | |
| What was the illness about? |  | | | | |
| **Emotional / Psychosocial** **well being** | | | | | |
| How does the child interact with fellow children? | 1. Perfectly well 2. Somewhat well 3. With reservations 4. Poorly | | | | |
| How does the child interact with adults? | 1. Perfectly well 2. Somewhat well 3. With reservations 4. Poorly | | | | |
| How does the child deal with and handle stress? | 1. Through play 2. Prayers 3. Sharing with peers 4. Sharing with teachers/adults in school 5. Sharing with parents 6. Sharing with a trusted relative 7. Sharing with neighbours, community leaders 8. Watching TV 9. Other (specify) | | | | |
| Who are the child’s best friends and why? | 1. Siblings 2. Mother 3. Father 4. Other relatives 5. Peers of the same sex 6. Peers of the opposite sex 7. Neighbour 8. Teachers 9. Matron/patron 10. Other members of the school community 11. Other (specify) | | | | |
| **Economic situation of the child’s household (caregivers)** | | | | | |
| Does the household/primary caregiver have a reliable source of livelihood? | 1. Yes 2. No | | | | |
| What is the livelihood source? | 1. Formal employment 2. Informal employment/self-employment 3. Household/personal business 4. Other (specify) | | | | |
| Is the household/primary caregiver able to pay the child’s school fees and other requirements? | 1. Yes 2. No | | | | |
| Is the household/primary caregiver able to meet the child’s basic needs at school? | 1. Yes 2. No | | | | |
| What is your rating of the primary caregivers’ commitment to cover the child’s school dues and personal requirements? | 1. Very committed 2. Somehow committed 3. Not committed at all. 4. Don’t know | | | | |
| How would you rate the economic situation of the child’s household? | 1. Economically stable 2. Somewhat struggling 3. Critically vulnerable 4. Destitute | | | | |
| **Child’s future plans** | | | | | |
| What are your future plans? |  | | | | |

**Add disorders**