

Child Status Record

Child's Name: _____ **Age in years:** _____ **Gender:** F/M _____ **Child ID:** _____
Location: District _____ **Ward/Division:** _____ **Village/Neighborhood:** _____
Caregiver's Name: _____ **Relationship to Child:** _____

I. CSI SCORES:	Date:	Evaluator's Name or ID:	Action taken today:
1 — FOOD AND NUTRITION	Scores (Circle One)		
1A. Food Security	4 3 2 1		
1B. Nutrition and Growth	4 3 2 1		
2 — SHELTER AND CARE			
2A. Shelter	4 3 2 1		
2B. Care	4 3 2 1		
3 — CHILD PROTECTION			
3A. Abuse and Exploitation	4 3 2 1		
3B. Legal Protection	4 3 2 1		
4 — HEALTH			
4A. Wellness	4 3 2 1		
4B. Health Care Services	4 3 2 1		
5 — PSYCHOSOCIAL			
5A. Emotional Health	4 3 2 1		
5B. Social Behavior	4 3 2 1		
6 — EDUCATION AND SKILLS TRAINING			
6A. Performance	4 3 2 1		
6B. Education and Work	4 3 2 1		
Source(s) of Information: <i>(Circle all that apply)</i>	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other (Specify) : _____		
II. IMPORTANT EVENTS:			
<i>(Check any events that have happened since the last CSI assessment if applicable.)</i>			
	<input type="checkbox"/> Child left program <input type="checkbox"/> Child pregnant <input type="checkbox"/> Child died <input type="checkbox"/> Parent ill <input type="checkbox"/> Parent/guardian died (specify who) _____	<input type="checkbox"/> Family member died <input type="checkbox"/> Change in caregiver/adoption <input type="checkbox"/> Change in living location <input type="checkbox"/> Community trauma (violence, famine, flood, etc.) Other (Specify) _____	Comment(s) if necessary: _____
III. TYPES OF SUPPORT/SERVICES PROVIDED (at present):	What was provided?	Who provided services? (e.g., NGO, neighbor, teacher, church, or other)	
A. Food and nutrition support (such as food rations, supplemental foods)			
B. Shelter and other material support (such as house repair, clothes, bedding)			
C. Care (caregiver received training or support, child placed with family)			
D. Protection from abuse (education on abuse provided to child or caregiver)			
E. Legal support (birth certificate, legal services, succession plans prepared)			
F. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education)			
G. Psychosocial support (clubs, group support, individual counseling)			
H. Educational support (fees waived, provision of uniforms, school supplies, tutorials, other)			
I. Livelihood support (vocational training, micro-finance opportunities for family, etc.)			
J. Other:			
Suggestions for other resources or services needed:			