

## 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:
<b>1 — FOOD AND NUTRITION</b>	<b>Scores (Circle One)</b>		
1A. Food Security	4 3 2 1		
1B. Nutrition and Growth	4 3 2 1		
<b>2 — SHELTER AND CARE</b>			
2A. Shelter	4 3 2 1		
2B. Care	4 3 2 1		
<b>3 — CHILD PROTECTION</b>			
3A. Abuse and Exploitation	4 3 2 1		
3B. Legal Protection	4 3 2 1		
<b>4 — HEALTH</b>			
4A. Wellness	4 3 2 1		
4B. Health Care Services	4 3 2 1		
<b>5 — PSYCHOSOCIAL</b>			
5A. Emotional Health	4 3 2 1		
5B. Social Behavior	4 3 2 1		
<b>6 — EDUCATION AND SKILLS TRAINING</b>			
6A. Performance	4 3 2 1		
6B. Education and Work	4 3 2 1		
<b>Source(s) of Information:</b> <i>(Circle all that apply)</i>	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other (Specify) : _____		
<b>II. IMPORTANT EVENTS:</b>			
<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) _____	<b>Comment(s) if necessary:</b> _____
<b>III. TYPES OF SUPPORT/SERVICES PROVIDED (at present):</b>	<b>What was provided?</b>	<b>Who provided services?</b> (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:			
<b>Suggestions for other resources or services needed:</b>			