**Care Plan Forms**

**Registration Form DPCCS –CAM 1**

1. Registration Code Registration Code 2. Case Manager‘s Code

3. Date of Registration -............................................

District....................................... Divisional Secretariat......................................

4. Personal Details of the child in need of a care plan

Full Name...........................................................................

Date of Birth .......................................Age ................................Gender............. Nationality............

Grama Niladhari Division......................................

Residential Address..........................................................................................................

Name of mother/father/ Guardian..................................................................Kinship to the child:-...................

Telephone Number of the mother/father/guardian (if any).................................

5.Educational Details of the child

Whether Schooling yes No

School attending...................................... Grade......................

If the answer is No, reason for that..............................................................................................................

6.Support to the family: Samurdhi public assistance Disability benefits No assistance received

Other (mention) .........................................................................................................

7. Details of family members (provide details even if mother/father do not live with children)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Name | Kinship to child | Age | Married/unmarried | Profession/designation | Special notes |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

8.The main problem /problems that the child is facing as mentioned under No, 4 from the officer’s perspective.

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9. The Emotional Assessment of the child: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | No | Seldom | Sometimes | Often |
| Feeling scared |  |  |  |  |
| Feeling helplessness |  |  |  |  |
| Suicidal thoughts |  |  |  |  |
| Feeling restlessness |  |  |  |  |
| Difficulty in concentrating |  |  |  |  |
| Feeling of guilt, self- pity, self-blame |  |  |  |  |
| Dislike |  |  |  |  |
| Insomnia |  |  |  |  |

10.Behavioral Assessment of the child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | No | Seldom | Sometimes/maybe | often |
| Difficulty in engaging the personal daily work due to emotional disturbances |  |  |  |  |
| Difficulty in interacting with loved ones due to emotional disturbances |  |  |  |  |
| Inability to go to school due to emotional disturbances |  |  |  |  |
| Difficulty in concentrating on educational activities due to emotional disturbances |  |  |  |  |
| Difficulty interacting with peers due to emotional disturbances |  |  |  |  |
| Difficulty facing friends and Kins due to emotional disturbances |  |  |  |  |
| Difficulty in engaging in sports and leisurely activities due to emotional disturbances |  |  |  |  |

11.The manner in which the problem was referred (mention the relevant number)

|  |  |
| --- | --- |
| 1 | Regular monitoring checks |
| 2 | Through Head Office |
| 3 | By the National Child Protection Authority |
| 4 | By phone calls, email, fax, postage |

|  |  |
| --- | --- |
| 5 | Through the school |
| 6 | Through the Rural Child Development Committee |
| 7 | Though Grama Nildhari |
| 8 | Through children’s clubs |

Other (mention).......................................................................................................

12. Draw the route directions to the relevant child’s house.

Child Rights Promotion Officer /Assistant

Name: ……………………………………………………………………………………………..

Telephone No: …………………………………………………………………………….

Date: …………………………………………………………………………………………