FORMAT OF CHILD STUDY REPORT (CSR)

Photo

The detailed report on the child shall include identifying information supported by documents.

Name and address of the institution:-

I. GENERAL INFORMATION:

- 1. Name of the child :....-(given by biological mother or parents or by the organization itself or CHILD WELFARE COMMITTEE)
- 2. Reference NO. As par general register of the Institution:
- 3. Present age and date of birth:
- 4. Sex:
- 5. Place of Birth:
- 6. Religion (If known):

II. SOCIAL DATA:

Please do not give identifying information as name and address of the natural parent.

1. Date of admission of the child to you institution:

- 2. How did the child come to you institution?
 - a. admitted directly by parent or any other guardian:
 - b. placed by CHILD WELFARE COMMITTEE directly:
 - c. Transferred from any other institution; if so, name of the institution:
 - d. Any other source:
 - e. A brief note about the social background of the child:
- 3. Reasons for seeking protection in the institution:
- 4. Attitude towards other children:
- 5. Relationship towards relatives, staff and other adults including standard:
- 6. Intelligence (if and where possible, D.Q. report should be enclosed):
- 7. If the child is school going, give a detailed report about his or her standard,

Attendance, general interest in studies, progress, defects, if any:

- 8. General personality and description of the child
 - a. smile
 - b. Turn on his sides
 - c. Life its head
 - d. grasp objects in its hand
 - e. Crawl on its own
 - f. Sit with full support or sit without support
 - g. Stand with support or stand without support
 - h. Walk with support or walk with support
- 10. Language Development

Cooing or Babbles incoherently Speaks few words incoherently Speaks few words clearly Language spoken of the child

11. Dietary Habits

Intake of Liquids foods Semisolids Solids

12. Social Background: These details are required to give adoptive parents details of The child, his social history i.e. brief background of the birth parents details and Circumstances necessitating the child, ABANDONMENT. PLEASE DO NOT GIVE Identifying information such as name and address of birth parents or relatives:

I	Social worker hereby certify the
Information give in this form about child	is correct.
Place: Date:	Signature: Name: Designation:
We have read and understood the contents Acceptas	
(Signature of the male applicant) (Name of the male applicant)	(Signature of the female applicant) (Name of the female applicant)
Place: Date:	Name: Designation:
Note: Please return this document through your	embassy or Agency with covering letter to ICAB for your

final consent.