

Community Child & Adolescent Mental Health Service Project
Dept. of Child & Adolescent Psychiatry, NIMHANS and Dept. of Women & Child Development, Govt. of
Karnataka
Assessment for Children in Institutions/Childcare Agencies

1. Basic Information

Name: _____ **Name of Institution/Agency:** _____
Age: _____ **Sex:** _____ **Class:** _____ **Date:** _____

2. Presenting Problems/Complaints

3. Institutional History (where all the child has been /lived, for what periods of time, experiences and difficulties, circumstances of coming to this agency)

4. Family Issues Identified (Child's living arrangements/parental relationships/child's emotional relationship & attachment to parents/illness/alcoholism/violence/single-parent other difficult issues within the family).

5. Child's Temperament and Personality (Caregiver's description of child's temperament and personality – aggressiveness, sociability, attentiveness, motivation, emotionality...)

6. Schooling History (School performance/specific learning disabilities/school attendance)

7. Work Experiences

(Child labour experiences: why child had to work/ how child found place of work (trafficking?)/where the child was working, hours of work, amount of remuneration received/whether this was regular, any form of abuse encountered at the place of work/ how the owner and others treated child.)

8. Physical, Sexual & Emotional Abuse Experiences *(Ask Child)

Sometimes people behave in ways that are hurtful to children. Tell me about anyone/ people who have behaved in ways that have:

8.1. Physically hurt you and caused you injury?

8.2. Said things to make you feel hurt/sad/ angry/humiliated?

8.3. Touched you in ways that made you feel uncomfortable?(Sexual history- Note child's abuse and other sexual/relationship history)

9: Substance Abuse *(Ask Child)

9.1. Have you ever used any substances such as cigarette/ beedi / gutka/ hans (panparag) /ganja/ solution/ alcohol? (any other—specify)

9.2. Which of the above drugs did you use most?

9.3. How frequently were you using the drug and since when? (No. of times/ day/week)

9.4. Tell me about how this drug use started...including what situations/places you use it.

9.5. Did you notice the need to take more and more of the drug as time went on (compared to when you started?)

9.6. Whenever you cut down or stopped using the drug, did your body feel bad or uncomfortable—such as sick/ achy/shaking/weak/sweaty...?

9.8. Did you spend less time on other things because of your use of the drug (such as school/friends/other daily activities)?

9.9. Have the use of drugs ever put you in a difficult situation such as: (Causing health problems (specify) or making you do risky or dangerous things (describe) or Causing legal problems (provide details)

X: Feelings and Emotions

1. Anxiety

i) Look at the feelings thermometer and tell me, for most of the time, how worried do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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ii) At which times do you feel really very worried? Describe when/in what situations.

2. Depression and Self-Harm Risks

i) Look at the feelings thermometer and tell me, for most of the time, how sad/bad do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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ii) At which times do you feel really very sad? Describe when/in what situations.

3. Anger.

i) Look at the 'feelings' thermometer and tell me, for most of the time, how angry (or irritable) do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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ii) At which times do you feel really very angry? Describe when/ in what situations/ what do people do to make you angry.

iii) What do you do when you feel very angry?

XI: Any Other Observations of the Child

Time-place orientation/ cognitive/ thought processes/ cooperativeness, rapport, social responsiveness/ Attentiveness & Activity level/ Speech and language skills:

XII Summary of Child's Problems

A. Summary (Based on the above assessment, summarize the main problems and concerns of the child, including protection and psychosocial issues. Mention key survival challenges and coping strategies).

B. Care Plan ((List actions taken or planned by the assessment agency/ case worker to assist the child, such as emergency actions/ measures to address immediate concerns, referrals made to other agencies/depth work).