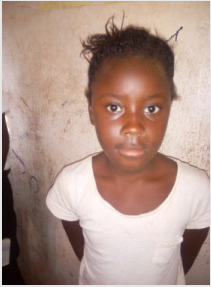


DEVELOP AFRICA PSYCHOSOCIAL COUNSELLING AND BACK TO SCHOOL

Creating Pathways Centre
**Develop Africa
Sierra Leone**
15 Hannah Benka-Coker St.
Phone: 232-76-00-00-00
Website: www.DevelopAfricaSierraLeone.org
Email: info@DevelopAfricaSierraLeone.org



CODE:.....

SECTION A

Name: AMIE *****

Date of birth: **Age: 11** **Phone: *******

Current address: **KANINGO**

City: **Village: KANINGO** **Number of Siblings in Family:**

Chiefdom & District:

Name of Parent/Caregiver(If any): **Phone: *******
BOBBY MANSARAY

SECTION B LIVING STATUS

Living Status	At home with parents	In single parent household	With extended family or foster parent	With grandparents or elderly person	Presently in a child headed HH	Unaccompanied Street Sleeping	Other(Specify)

SECTION C EDUCATIONAL STATUS & PROSPECTS

Educational Status Indicate School level	Child was enrolled in school last year.	Child dropped out of school	Child has never(yet) enrolled in school
Prospect of enrolling in school(tick one only)	Child was return to school-Caregivers are ready and able to send child to school		
	Family cannot pay for education, needs financial support and counselling		
	Child is unlikely to enroll in formal school-may need other support		
	Child is too young for school		
	Parents are hesitant, but child will likely return to school with advocacy & counselling		

SECTION D:CHILD PROTECTION

Subjected to abuse	Teenaged mother	Presently pregnant	Forced to work to provide for Themselves/families	Not applicable

OTHER INFORMATION

Any further notes:

Signature of Social Worker: **Date**