

KATCHI ABADI Survey Booklet

Name		Code
Province		
District		
Katchi Abadi		

	Surveyors' name:	Phone number:
1.		
2.		

	Master Trainer name:	Phone number:
1.		
2.		

For office use only

Received Date	
Checked by	
Checked Date	
Entered by	
Entered Date	

	Yes	No
Government School Sheet		
Children's Enrollment & Attendance Section Filled		
Teachers Information Section Filled		
School Funds Information Filled for both Years		
Class Room Observation Section Filled		
School Facilities' Section Filled		
Household Sheet		
Children's educational status marked (3-16 years)		
Children assessed for all 4 tools (5-16 years)		
Children's Parental Information filled		
Household Indicators filled		

KATCHI ABADI SURVEY SHEET

KATCHI ABADI PROFILE			
Katchi Abadi Name:			
Village/Block Name:			
Town/UC Name:			
Tehsil/Taluka Name:			
District Name:			
SR#	VARIABLE	RESPONSE (TICK ONLY RELEVANT OPTION)	
DEMOGRAPHICS			
1	D101: Abadi Status	1.Regularized	<input type="checkbox"/>
		2. Non-Regularized	<input type="checkbox"/>
		3. Not Listed	<input type="checkbox"/>
		4. Jhuggis	<input type="checkbox"/>
2	D102: Owner of Katchi Abadi Land	1.Residents	<input type="checkbox"/>
		2.Federal dept.	<input type="checkbox"/>
		3.Provincial dept.	<input type="checkbox"/>
		4.Private	<input type="checkbox"/>
3	D103: Federal/Provincial Department Name that owns the katchi Abadi land		
4	D104:Is there a Katchi Abadi Dwellers Association?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
5	D105: Ethnicities	Mention Names:	
		1	
		2	
		3	
6	D106: Religions	Mention Names:	
		1	
		2	
		3	
7	D107: Major/Common Professions of the Residents	Mention Names:	
		1	
		2	
		3	
8	D108: Approximate Population		
9	D109: Approximate Households		
10	D110: Area (acres)		
11	D111: Type of Area Surrounding Katchi Abadi	1.Residential	<input type="checkbox"/>
		2.Industrial	<input type="checkbox"/>
		3.Commercial	<input type="checkbox"/>
		4.Insitutional	<input type="checkbox"/>
		5. Coastal Area	<input type="checkbox"/>
12	D112: Physical Location of Katchi Abadi	1.Along Nallah (Major Stormwater Drain)	<input type="checkbox"/>
		2.Along Other Drains -	<input type="checkbox"/>
		3.Along Railway Line	<input type="checkbox"/>
		4.Along Major Transport Alignment	<input type="checkbox"/>
		5.Along River / Water Body Bank	<input type="checkbox"/>
		6.On Sea/River/ Water Body Bed	<input type="checkbox"/>
		7.Others (NonHazardous/Non-objectionable)	<input type="checkbox"/>

KATCHI ABADI FACILITIES		
SR#	VARIABLE	RESPONSE (TICK ONLY RELEVANT OPTION)
WATER SUPPLY		
1	WS101: Water Availability	1.Daily <input type="checkbox"/> 3.Once in a week <input type="checkbox"/>
		2.Once in 2 days <input type="checkbox"/> 4.Once in 15 days <input type="checkbox"/>
2	WS102: Clean Drinking Water Supply	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
SEWERAGE/DRAINAGE		
3	SD101: Sewerage/Drainage	1.Underground Drainage/Sewer Lines <input type="checkbox"/>
		2.Stormwater Drainage <input type="checkbox"/>
		3.Other <input type="checkbox"/>
		4.Not Connected to Sewer or Drainage <input type="checkbox"/>
4	SD102:Whether the Katchi Abadi is prone to flooding due to rains	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
7	SD103: Frequency of Clearance of Open Drains	1.Daily <input type="checkbox"/>
		2.Once in 2 days <input type="checkbox"/>
		3.Once in a week <input type="checkbox"/>
		4.Once in 15 days <input type="checkbox"/>
		5.No clearance <input type="checkbox"/>
SOLID WASTE MANAGEMENT		
5	SWM101: Frequency of Garbage Disposal	1.Daily <input type="checkbox"/>
		2.Once in 2 days <input type="checkbox"/>
		3.Once in a week <input type="checkbox"/>
		4.Once in 15 days <input type="checkbox"/>
		5.No collection <input type="checkbox"/>
6	SWM102: Arrangement for Garbage Disposal	1.Municipal staff <input type="checkbox"/>
		2.Municipal Contractor <input type="checkbox"/>
		3.Residents themselves <input type="checkbox"/>
		4.Others <input type="checkbox"/>
		99.No arrangement <input type="checkbox"/>
ROADS AND STREETS		
8	RS101: Approach Road/Lane/Constructed Path to the Katchi Abadi	1.Motorable pucca <input type="checkbox"/>
		2.Motorable katcha <input type="checkbox"/>
		3.Non-motorable pucca <input type="checkbox"/>
		4.Non-motorable kaccha <input type="checkbox"/>
9	RS102: Distance from the nearest Motorable Road	1. Less than 0.5 kms <input type="checkbox"/>
		2. 0.5 to 1.0 km <input type="checkbox"/>
		3. 1.0 km to 2.0 km <input type="checkbox"/>
		4. 2.0 km to 5.0 km <input type="checkbox"/>
		5. more than 5,0 km <input type="checkbox"/>
10	RS103: Internal Road/Streets	1.Motorable pucca <input type="checkbox"/>
		2.Motorable kutchi <input type="checkbox"/>
		3.Non-motorable pucca <input type="checkbox"/>
		4.Non-motorable katcha <input type="checkbox"/>
11	RS104: Whether Street light facility is available in the Katchi Abadi	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
UTILITIES		
12	U101: Electricity	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
13	U102: Gas	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
EDUCATIONAL FACILITIES		
14	EF101: Government School	Give Number:
15	EF102: Private School	Give Number:
16	EF103: Madrassa	Give Number:
HEALTH FACILITIES		
17	HF101: Health Facility (Within the Katchi Abadi area)	1.Private Clinic <input type="checkbox"/>
		2.Government Clinic <input type="checkbox"/>
		3.Hospital <input type="checkbox"/>
		4.Dispensary <input type="checkbox"/>
		5.Maternity Centre <input type="checkbox"/>
		6. No Facility <input type="checkbox"/>

HOUSEHOLD IDENTIFICATION SKETCH

NOTE:

*First,draw a rough sketch of sampled katchi Abadi on a rough sheet. Verify all the information on the sketch with people in the Katchi Abadi as you walk around. Once everyone agrees that the rough sketch is a good representation of the Katchi Abadi, and it matches with your experiences of walking around the whole Katchi Abadi, then copy the sketch on this sheet. *Show the different sections of the surveyed katchi abadi and number them on the sketch.

GOVERNMENT SCHOOL OBSERVATION SHEET

Page 1

Instructions: Visit any government school; first preference to High School then Middle and then primary. If there is no government school in the Katchi Abadi, then visit nearest Government school. Meet Head Master (in the absence of the HM, meet the senior most teacher of the school). Documents required: Enrollment / attendance register.

Name of School:					Katchi Abadi					Tehsil/Taluka:														
District:					Province/Territory:					Target: Katchi Abadi														
From which class to which (tick any one)					Type of School (Tick any one)			Medium of Instruction (Tick any one)																
Kachi/ ECE to 5	Class 1 to 5	Class 1 to 8	Class 1 to 10	Others	Boys & Girls School	Boys Only School	Girls Only School	English medium	Urdu Medium	Pashto Medium	Sindhi Medium	Arabic Medium	Other											
EMIS/BEMIS/SEMIS Code:					(I) Children's Enrollment & Attendance					Class/Grade										Total				
School Established Year:										ECE/Class Kachi	Class Pakki	1	2	3	4	5	6	7	8	9	10	Boys	Girls	
Date of Visit:										Arrival Time:					Children's Enrollment (Take from register yourself)									
Day of Visit:										Departure Time:					Children's Attendance today* (Head Count)									
Surveyor 1:										School Fee (Per Month)														
Surveyor 2:																								

*Note: Take a headcount of children in the room. If merged groups, ask the children of each class to raise their hands separately and then count accordingly.

(II) Class room Observations (Observe yourself) If the class has many sections, choose any one.				
Observe and tick the relevant box.	Class 2		Class 8	
	Yes	No	Yes	No
Are the children of this class sitting with children from any other class?				
If yes, then with which class? (Write)				
Is there a useable blackboard/white board for this class?				
Did most of the children (75%) have reading textbooks? (ask children to show you their language textbooks and assess accordingly)				
Apart from text books, did you see any other supplementary material (e.g. Books, Charts on the wall, Board Games, etc.) available in the room?				
Where were they seated (tick one)	Classroom			
	Verandah			
	Outdoor			

(III) Health and Disability				
Do you have children with disabilities in your school?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, how many?	Total	Girls	Boys	
Type of Disability				
Visual			Tick which is applicable	
Hearing				
Physical				
Intellectual				
Behavioral				
Multiple				
Do you have special facilities/personnel available? Yes <input type="checkbox"/> No <input type="checkbox"/> Tick which is applicable Ramps Accessible Toilets Health and Nutrition Officer Others				

(IV) Facilities in the school			
Observation (Tick the relevant option)	Yes	No	
Is there a complete boundary wall / fence ?			Total number of rooms in the school (count yourself)
Is there a playground in the school ?			Total number of classrooms being used by students (count yourself)
Does the school have an electricity connection ?			Average size of the classroom (in square feet)
Does the school have solar panels?			Seating Arrangement (in feet)
Does the school have a working library ?			Observation
Does the school have smart Boards ?			Write the answer
Is there useable furniture available in this school ?			No. of handwashing sinks without running water (count yourself)
Running water available in handwashing sinks?			No. of handwashing sinks without soap/handwash (count yourself)
Soap/Handwash available in handwashing sinks?			No. of handwashing sinks (outside toilets)
Observation (Tick the relevant option)	Yes	No	No. of handwashing sinks (inside toilets)
Are there useable toilets / latrines for students ?			No. of wuzu taps
Are there separate toilets for girls and boys ?			No. of toilets for teachers only
Running water available in toilets?			No. of toilets for students only
Are disinfectants available for cleaning?			No. of toilets without running water (count yourself)
Are toilets clean?			Observation
Clean drinking water available for students?			Write the answer
Isolation room available?			No. of Covid-19 Tests done in school
First Aid equipment available			No. of Positive cases identified
Covid-19 Tests done in school by the government?			

(V) Teaching and Non-Teaching Staff								
	No. Sanctioned posts		No. Appointed posts		No. Teachers Present today (On the day of survey)		No. Teachers resident of THIS village	
	M	F	M	F	M	F	M	F
Head Teacher								
Regular Teachers								
ECE Teacher / ECE Assistant								
Contract Teachers (appointed by local govt./ community/SMC)								
Sweepers								
Faraash								

(VI) No. of Qualified Teaching Staff							
Education	Below Matric	Matric	FA/FSc	BA/BSc	MA/MSc	M.Phil	Other
Professional	None	PTC	CT	B.Ed	M.Ed	Other	

(VII) No. of Teachers who got training within last year (July 2020-till date)			
None	Less than 15 days	15-30 days	More than 30 days

(VIII) SMC/SC/PTA/PTC/PTSMC Information	
Is SMC/SC/PTA/PTC/PTSMC Active?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total members	
Active Members	
Amount in Bank	
Last Meeting Date	

(IX) COVID-19 Precautions		
Observation (Tick the relevant option)	Yes	No
Alternate day schooling?		
Awareness posters/IEC material displayed in school?		
Temperature check at entrance?		
Hand sanitization at entrance?		
Masks wore by teachers and students at school?		
Hand sanitizer available inside or outside every classroom for		
School policy on suspected Covid-19 cases:	Yes	No
a. Move them to isolation room		
b. Send the person home immediately		
c. Call nearby health facility		
d. Call Covid-19 helpline		
e. No policy		
f. Other		
School's Leave policy for confirmed positive cases:	Yes	No
a. Continue learning/teaching from home		
b. 14-days leave		
c. Return back to school only after a negative Covid test		
d. No policy		
e. Other		
Is there a computer lab?		
Is internet available in the school?		
If yes, internet available in:		
a. computer labs?		
b. offices?		
c. classrooms?		

Head Teacher/Principal Name:	Phone No.	Mobile No.
Got the Fund/Grant information from: Head Teacher <input type="checkbox"/> Regular Teacher <input type="checkbox"/> Para Teacher <input type="checkbox"/> Other _____		

(X) FY July 2019 to June 2020									
Sr #	Type of Funds	Did you received the money?			If Yes, then				
					What was the amount of Fund/Grant (Rs.) ?	Which Month /Year was the Fund/Grant received (MM/YY)?	Did you spend the full amount?		
		Yes	No	Don't Know			Yes	No	Don't Know
1	SMC/SC/PTA/PTSMC PTC/Funds (Annual)								
2	Farogh-e-Taleem Fund 12 Months <input type="checkbox"/> 1 Month <input type="checkbox"/>								
3	Tuck-shop Fund								
4	Rent for cycle stand								
5	School Construction								
6	Non Salary Budget (NSB)								
7	School Specific Budget								
8	School Consolidation Budget								
9									
10									

(XII) The Fund Spent on (tick ALL that APPLY)			
New Class Room/s		Repair of Classrooms	
New Verandah		Repair of Building	
New Toilet/s		Repair of Toilet/s	
New Main Gate		Repair of Furniture	
Boundary Wall		Repair of Water Facility	
Purchase of New Furniture		Internet Connection Bill	
Purchase of New Learning Material		Repair of Computer/s	
Purchase of Stationery		Repair of fans	
Purchase of Library Books		Para Teacher/s Salary	
White Wash/Paint		Uniform	
Hand sanitizers		Masks	
Disinfectants for building/furniture		Thermal Gun	

Which of the following strategies did the school use to facilitate students' learning during the lockdown?		
Provided Digital Resources <input type="checkbox"/> None <input type="checkbox"/>	Provided Print Resources <input type="checkbox"/> Others (Please specify: _____)	Provided Online Classes <input type="checkbox"/>

(X) FY July 2020 to Till Now									
Sr #	Type of Funds	Did you received the money?			If Yes, then				
					What was the amount of Fund/Grant (Rs.) ?	Which Month /Year was the Fund/Grant received (MM/YY)?	Did you spend the full amount?		
		Yes	No	Don't Know			Yes	No	Don't Know
1	SMC/SC/PTA/PTSMC PTC/Funds (Annual)								
2	Farogh-e-Taleem Fund 12 Months <input type="checkbox"/> 1 Month <input type="checkbox"/>								
3	Tuck-shop Fund								
4	Rent for cycle stand								
5	School Construction								
6	Non Salary Budget (NSB)								
7	School Specific Budget								
8	School Consolidation Budget								
9									
10									

(XIII) The Fund Spent on (tick ALL that APPLY)			
New Class Room/s		Repair of Classrooms	
New Verandah		Repair of Building	
New Toilet/s		Repair of Toilet/s	
New Main Gate		Repair of Furniture	
Boundary Wall		Repair of Water Facility	
Purchase of New Furniture		Internet Connection Bill	
Purchase of New Learning Material		Repair of Computer/s	
Purchase of Stationery		Repair of fans	
Purchase of Library Books		Para Teacher/s Salary	
White Wash/Paint		Uniform	
Hand sanitizers		Masks	
Disinfectants for building/furniture		Thermal Gun	

Which challenges did the school face in order to provide remote instruction? Lack of Funds <input type="checkbox"/> Unavailability of Internet for Teachers <input type="checkbox"/> Unavailability of Internet for Students <input type="checkbox"/>	To what extent is the school prepared to continue virtual learning if the schools are shut down again? Not at all prepared <input type="checkbox"/> Slightly prepared <input type="checkbox"/> Highly prepared <input type="checkbox"/> Fully prepared <input type="checkbox"/>
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PRIVATE SCHOOL OBSERVATION SHEET

Instructions: Visit any private school; first preference to High School then Middle and then primary.

Meet Head Master (in the absence of the HM, meet the senior most teacher of the school). Documents required: Enrollment / attendance register.

Name of School:					Katchi Abadi																		
Tehsil/Taluka:					District :					Province/Territory:													
From which class to which (tick any one)					Type of School (Tick any one)			Medium of Instruction (Tick any one)															
Kachi/ ECE to 5	Class 1 to 5	Class 1 to 8	Class 1 to 10	Others	Boys & Girls School	Boys Only School	Girls Only School	English medium	Urdu Medium	Pashto Medium	Sindhi Medium	Arabic Medium	Other										
School Established Year:					(I) Children's Enrollment & Attendance																		
Date of Visit:					Arrival Time:					Class/Grade					Total								
Day of Visit:					Departure Time:					ECE/Class Kachi	Class Pakki	1	2	3	4	5	6	7	8	9	10	Boys	Girls
Surveyor 1:					Children's Enrollment (Take from register yourself)																		
Surveyor 2:					Children's Attendance today* (Head Count)																		
					School Fee (Per Month)																		

*Note: Take a headcount of children in the room. If merged groups, ask the children of each class to raise their hands separately and then count accordingly.

(II) Class room Observations (Observe yourself) If the class has many sections, choose any one.				
Observe and tick the relevant box.		Class 2		Class 8
		Yes	No	Yes
Are the children of this class sitting with children from any other class?				
If yes, then with which class? (Write)				
Is there a useable blackboard/white board for this class?				
Did most of the children (75%) have reading textbooks? (ask children to show you their language textbooks and assess accordingly)				
Apart from text books, did you see any other supplementary material (e.g. Books, Charts on the wall, Board Games, etc.) available in the room?				
Where were they seated (tick one)		Classroom		
		Verandah		
		Outdoor		

(III) Staff	Number Appointed		Number Present Today (On the day of survey)		Number of Teachers residents of THIS VILLAGE	
	M	F	M	F	M	F
Head Teacher						
Full Time Teachers (Including ECE)						
ECE Teachers						
Part time Teachers						
Sweepers						
Faraash						

(V) Health and Disability				
Do you have children with disabilities in your school? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have special facilities/personnel available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how many?	Total	Girls	Boys	
Type of Disability				
Visual				Tick which is applicable
Hearing				
Physical				
Intellectual				
Behavioral				
Multiple				
Tick which is applicable				
Ramps				
Accessible Toilets				
Health and Nutrition Officer				
Others				

(VI) School FUND (Ask Headmaster this section. If absent, indicate who answered the section)				
Who answered this section? (Tick the relevant option)			Jul 2019 - Jun 2020	Jul 2020 Till Date
Head Teacher	Teacher	Other	Yes	No
Did you get any FUNDS from :			Yes	No
Govt				
Private Individual				
NGO				
If yes, what was the amount of this FUND? (Annual)				
Where the funds are expected to be used?				
In which month was this FUND received?				
Name of Department/Organization				
Do you have a PTA/SMC in your school				

(VII) No. of Qualified Teaching Staff							
Education	Below Matric	Matric	FA/FSc	BA/BSc	MA/MSc	M.Phil	Other
Professional	None	PTC	CT	B.Ed	M.Ed	Other	

(IV) Facilities in the school				(IX) COVID-19 Precautions			
Observation (Tick the relevant option)	Yes	No	Observation	Write the answer	Observation (Tick the relevant option)	Yes	No
Is there a complete boundary wall / fence ?			Total number of rooms in the school (count yourself)		Alternate day schooling?		
Is there a playground in the school ?			Total number of classrooms being used by students (count yourself)		Awareness posters/IEC material displayed in school?		
Does the school have an electricity connection ?			Average size of the classroom (in square feet)		Temperature check at entrance?		
Does the school have solar panels?			Seating Arrangement (in feet)		Hand sanitization at entrance?		
Does the school have a working library ?					Masks wore by teachers and students at school?		
Does the school have smart Boards ?					Hand sanitizer available inside or outside every classroom for		
Is there useable furniture available in this school ?					School policy on suspected Covid-19 cases:	Yes	No
Running water available in handwashing sinks?			No. of handwashing sinks without running water (count yourself)		a. Move them to isolation room		
Soap/Handwash available in handwashing sinks?			No. of handwashing sinks without soap/handwash (count yourself)		b. Send the person home immediately		
Observation (Tick the relevant option)	Yes	No	No. of handwashing sinks (outside toilets)		c. Call nearby health facility		
Are there useable toilets / latrines for students ?			No. of handwashing sinks (inside toilets)		d. Call Covid-19 helpline		
Are there separate toilets for girls and boys ?			No. of wuzu taps		e. No policy		
Running water available in toilets?			No. of toilets for teachers only		f. Other		
Are disinfectants available for cleaning?			No. of toilets for students only		School's Leave policy for confirmed positive cases:	Yes	No
Are toilets clean?			No. of toilets without running water (count yourself)		a. Continue learning/teaching from home		
Clean drinking water available for students?					b. 14-days leave		
Isolation room available?					c. Return back to school only after a negative Covid test		
First Aid equipment available					d. No policy		
Covid-19 Tests done in school by the government?			No. of Covid-19 Tests done in school		e. Other		
			No. of Positive cases identified		Is there a computer lab?		
					Is internet available in the school?		
					If yes, internet available in:		
					a. computer labs?		
					b. offices?		
					c. classrooms?		

HOUSEHOLD SURVEY - SHEET 1

Katchi Abadi Name: _____	Date of Survey: _____	H101. Household Code (1-20): _____	Name of the respondent: _____	H105. Number of years of stay in this Katchi Abadi	H106: Migrated from:	H107: Migration Type
Town/UC Name: _____	Day of Survey: _____	Name of family head: _____	H103. Gender of the respondent: 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	1. 0 to 5 years <input type="checkbox"/> 3. 11 to 15 years <input type="checkbox"/>	1. Rural Area to Urban Area <input type="checkbox"/>	1. Seasonal <input type="checkbox"/>
District Name: _____	Start Time: _____ End Time: _____	H102. Gender of family head: 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	H104. Is respondent the head of the household? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	2. 6 to 10 years <input type="checkbox"/> 5. More than 15 years <input type="checkbox"/>	2. Urban Area to Urban Area <input type="checkbox"/>	2. Permanent <input type="checkbox"/>

(I) Child's educational status and learning assessment

Serial No./Child Code	C101. Mother's Name	C102. Child's Name (Children of 3-16 age group regularly living in the household)	C103. Age (3-16 years)	C104. Gender (M=Male, F=Female, T=Transgender)	C105. Educational Status (3-16 years) Tick what is applicable			C106. If Drop out studied up to which class (completed)	C107. when did you drop out	C108. *Dropout reason	C109. *Never enrolled reason	Current Schooling Status (Age 3-16 years)						Basic Learning Levels (for 5-16 age group)						Arithmetic Levels (for 5-16 age group)						English (for 5-16 age group)						General Knowledge			C129. Tick if the child was Not Available for Assessment
1																																							
2																																							
3																																							
4																																							
5																																							
6																																							
7																																							
8																																							
9																																							
10																																							

(II) Child's mother information

Sr.	Mother's Name	CMI101. Age	CMI102. Total No. of Children (Ever Had)	CMI103. Ever Attended School		CMI104. Highest Class/Grade (COMPLETED)	CMI105. Working Woman?	
				Yes	No		Yes	No
1								
2								
3								
4								

(III) Child's father information

CFI101. Age	CFI102. Ever Attended School		CFI103. Highest Class/Grade (COMPLETED)
	Yes	No	

*L=Law and order,
 P=Poverty,
 F=Flood,
 S=School Shifted,
 N=No school,
 B=Negative behaviour towards child,
 M=Migration,
 O=Other

**U=Urdu,
 S=Sindhi,
 P=Pashto

HOUSEHOLD SURVEY - SHEET 2

Household Indicators

[illegible]

H132: Religion: _____

H133: Ethnicity: _____

H134: Mother Tongue: _____

Are you recipient of cash transfer or Safety-Nets/Interest free loan:

(I).BISP 1. Yes ☐ 2.No ☐

(II).Ehsaas 1.Yes ☐ 2.No ☐

(IV).Akhuwat

1.Yes ☐ 2.No ☐

(V).Other 1.Yes ☐ 2.No ☐

Child's psycho-social well being

Serial No./ Child Code	یہ سیریل نمبر بچہ کا کوڈ (Ensure that Serial number/Child Code and Child's name is exactly same as written in above table of "Assessment")	اس بات کی یقین دہانی کر لیں کہ یہاں بچہ کا کوڈ/سیریل نمبر اسنت والے پتیل کے عین مطابق ہے۔
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		