Rev. 02.10.09

Republic of the Philippines
Department of Social Welfare and Development
Early Childhood Care and Development

CHILD INFORMATION SHEET

Profile ID *(to be filled up by the encoder)*

I. Identifying Information *NOTE: Fields with (*) asterisk are required fields*

1. Facility Location — Name of Facility* | Barangay* | City / Municipality* | Province* | Region*

2a. Name — Last Name* | First Name* | Middle Name* | Ext. (Jr.Sr.)

2b. Nickname

3. Sex* ☐ Male ☐ Female

4a. Birth Order*

4b. No. of siblings*

5a. Date of Birth* — YYYY - MM - DD

6. Birthplace — Barangay | City / Municipality | Province | Region

5b. Birth Registered?* ☐ Yes ☐ No

7. Home Address — No. & Street Address | Barangay* | City / Municipality* | Province* | Region*

8. Religion

9. Ethnicity

II. Family Information *(use additional sheets as necessary)*

11a. Full Name*	b. Birthday*	c. Relationship*	e.Sex*	e. Civil Status*	f. Highest Education*	g. Occupation*	h. Monthly Income

III. Nutrition and Services

12. The child underwent the following: *(check all applicable and fill details)*

☐ Breastfeeding - breastfed for **months**

☐ Supplemental Feeding - supplemented for **days**

☐ Food for School (Rice Distribution) - weekly allotment of **kg**

☐ Assessment or Assistance for a Disability from:
- ☐ Government Hospital / Clinic / Health Unit
- ☐ Private Hospital / Clinic / Medical Personnel
- ☐ Others: _____

13. The child has the following disabilities / impairments:

a. Disability / Impairment (e.g. hearing, speech, visual)	b. Cause (e.g.inborn,illness)

14. The child has the following past ECCD experiences:

a. Service Type* (e.g. Center, Community)	b. Service* (e.g. Child Minding,Day Care Mother)	c. From (Start Date) (YYYY-MM-DD)*	d. To (End Date) (YYYY-MM-DD)*

15a. Participation Fee

☐ Paid amount of: P

15b. Parents' Counterpart*
- ☐ Cash
- ☐ In Kind
- ☐ None

16. Schedule*
- ☐ Morning Session
- ☐ Afternoon Session

17. Attendance*
- ☐ Continuing
- ☐ Dropped Out

If drop out, reason:
- ☐ Illness
- ☐ Transfer of Residence
- ☐ Others (specify): _____

Accomplished By:*

Name and Signature of ECCD Service Provider*

Date Accomplished* — 20 YYYY - MM - DD

Encoder ID

Rev. 01.18.09

Republic of the Philippines
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Early Childhood Care and Development

CHILD INFORMATION SHEET

Profile ID *(copy from 1st page)*

V. Health Services Have the Health Service Provider sign beside each entry *(use additional sheets as necessary)*

17a. Health Service*	b. Date YYYY - MM – DD*	a. Health Service*	b. Date YYYY - MM – DD*
Newborn Screening			
BCG Vaccination (at birth)			
DPT Vaccination (6, 20 & 14 weeks old)			
OPV Vaccination (6, 20 & 14 weeks old)			
Hepatitis B Vaccination (6, 20 & 14 weeks old)			
Measles Vaccination (9 months)			
Vitamin A (starting from 6 months)			
Deworming			
Dental Checkup			
Physical Checkup			
Micronutrient Supplement			

VI. Nutritional Status *(use additional sheets as necessary)*

18a. Date YYYY - MM - DD*	b. Age*	c. Weight kg*	d. Nutritional Status*

Nutritional Status(e.g. overweight,underweight, normal, malnourished)

VII. Developmental Status (Using the ECCD Checklist)

19. Evaluation*	1st Evaluation		2nd Evaluation		3rd Evaluation	
Evaluation Date* (YYYY-MM-DD)						
Domains	Raw Score	Scaled Score	Raw Score	Scaled Score	Raw Score	Scaled Score
a. Fine Motor Dev't						
b. Gross Motor						
c. Self-Help						
d. Receptive Language						
e. Expressive Language						
f. Cognitive						
g. Socio-Emotional						
Overall Interpretation						

Reference

Nutritional Status Weight-for-Age

1	<-2SD	Underweight
2	-2SD to +2SD	Normal
3	>+2SD	Overweight

Developmental Status Interpretation

1. Highly Advanced
2. Slightly Advanced
3. Average Development
4. Development to be mentioned after 6 months
5. Development to be mentioned after 3 months

Raw Score 1-150
Scale Score 1-19

Reviewed By:*

Date Accomplished

20 ____ ____ ____

YYYY - MM - DD

Encoder ID

Name and Signature of ECCD Service Provider