








OVC Checklist (Initial Assessment)

School 	Shelter 	Health 	Food 	Protection 	Other PSS* 	Material 
Type of school Grade: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	Condition of House Rent <input type="radio"/> or Own <input type="radio"/>	Child,s Health	Number of Meals per Day	Is the Child abused?	Is Spiritual support needed?	Material support needed
Government	Very small	Healthy				Clothes
Community	Leaks	Sick				Blankets
Private		Chronically ill				Mosquito Net
None	Dilapidated					Mattress
						Shoes
Grade in School	List shelter/housing support needed	Type of Sickness	Type of food usually eaten by the child	Type of help needed	Are Counselling services needed?	List other type of material support needed
Educational Needs		Type of chronic illness				
Books		Malnourished?				
Uniforms		Vaccinated?				
Fees		Needs under 5 clinic				
School Shoes		List other health needs				
List Other education needs						
<p>For children that have received support (Indicate the type of support they received and the supporting organisation)</p> <p>Note: For options with boxes on the right, tick (√) where appropriate and for options with spaces below (e.g. <i>Grade in school</i>) write in the space Provided. Where there is a question mark (?) simply indicate Yes/No</p>						