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# TRANSITION SUPPORT TOOL



## TRANSITION SUPPORT TOOL

For the preliminary assessment of the children who are likely to be restored to their families in a year.

**Time required:** 30-45 minutes

**Purpose:**

- To assess the socio-economic situation of the child who is to be restored within a year.
- To understand the child's aspirations and develop plans that align with their future goals.
- To evaluate the child's relationship with their family.
- To gain insights into the child's thoughts and feelings about the restoration process.
- To assess the child's understanding of child protection laws.
- To identify the child's rehabilitation needs.
- To identify specific needs or concerns that can be addressed while the child is in the CCI and those that will require attention after restoration.

| Basic Details  |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
|--|---|--------------------------|---|--------------------------|--------------------|---|--------------------------|---------------------|---|--------------------------|---------------------------------------|---|--------------------------|------------------|---|--------------------------|
| <b>Name of the child</b>   |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Age as mentioned in Birth Certificate (BC) or school document</b>                                 |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Date of admission to the CCI</b>  |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Was the child in any other CCI except the one he/she is currently in? If yes, provide details</b> |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Since how many years has the child been in a CCI(s)?</b>  |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Currently studying in which Std/ Vocational Course</b>  |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Which documents does the child have? (Mention yes, no or information not available with CCI)</b>  | <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;"><b>Birth Certificate</b></td> <td style="padding: 2px 5px;">:</td> <td style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;"><b>Aadhar Card</b></td> <td style="padding: 2px 5px;">:</td> <td style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;"><b>Bank Account</b></td> <td style="padding: 2px 5px;">:</td> <td style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;"><b>Name in her family ration card</b></td> <td style="padding: 2px 5px;">:</td> <td style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;"><b>Any Other</b></td> <td style="padding: 2px 5px;">:</td> <td style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> </table> | <b>Birth Certificate</b> | : | <input type="checkbox"/> | <b>Aadhar Card</b> | : | <input type="checkbox"/> | <b>Bank Account</b> | : | <input type="checkbox"/> | <b>Name in her family ration card</b> | : | <input type="checkbox"/> | <b>Any Other</b> | : | <input type="checkbox"/> |
| <b>Birth Certificate</b>   | :   | <input type="checkbox"/> |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Aadhar Card</b>   | :   | <input type="checkbox"/> |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Bank Account</b>  | :   | <input type="checkbox"/> |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Name in her family ration card</b>  | :   | <input type="checkbox"/> |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Any Other</b>   | :   | <input type="checkbox"/> |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |
| <b>Family Address</b>  |   |                          |   |                          |                    |   |                          |                     |   |                          |                                       |   |                          |                  |   |                          |

| FAMILY CONSTELLATION   |     |                             |                    |                                     |
|--|-----|-----------------------------|--------------------|-------------------------------------|
| Name   | Age | Relationship with the Child | Educational Status | Occupation & Income (if applicable) |
|  |     |                             |                    |                                     |
|  |     |                             |                    |                                     |
|  |     |                             |                    |                                     |
| INFORMATION TO ASSESS THE CHILD'S RELATIONSHIP WITH THEIR FAMILY   |     |                             |                    |                                     |
| When was the last time you visited your house (family) and for how many days?  |     |                             |                    |                                     |
| Since when has your family been living at the current address?   |     |                             |                    |                                     |
| How frequently has your family shifted or shifts houses?   |     |                             |                    |                                     |
| Do you remember the address?   |     |                             |                    |                                     |
| Do your parents go to your village? Can you provide some details of that?<br>Probe- address, village, state, when the child when last, how frequently does the family visit etc. |     |                             |                    |                                     |
| Since your admission to the CCI, how often have you gone home and for how many days?   |     |                             |                    |                                     |
| (If yes to the above question ask this one) What did you like/ enjoy when you were with your family?   |     |                             |                    |                                     |
| If the child does not go home/ has not gone home since admission to the CCI, mention reason (you might get this information from the CCI staff as well)                          |     |                             |                    |                                     |
| How often do you meet your family?   |     |                             |                    |                                     |



|  |  |
|--|--|
| Which family member comes to visit you?                                    |  |
| How often do you talk to them?   |  |
| Which member of your family do you talk to during these calls?             |  |
| Do any of your sibling(s) stay in any CCI? If yes, how many and which CCI? |  |
| <b>INFORMATION ABOUT THE CHILD</b>   |  |
| Your best friend (s) in the CCI  |  |
| Your favourite subject   |  |
| What do you aspire to become after you complete your education?            |  |
| Where do you see yourself 2 years from now?                                |  |
| How do you spend your free time in the CCI?                                |  |
| What are your hobbies?   |  |
| How would you like to describe yourself in three words?                    |  |
| What do you know about:  | <p><b>The JJ Act:</b></p> <p><b>The POCSO Act:</b></p> <p><b>The Child Marriage Prohibition Act:</b></p> <p><b>Human Trafficking and associated laws:</b></p> <p><b>Personal Safety:</b></p> |



|  |  |
|--|--|
| <b>Why were you admitted to the CCI?</b>   |  |
| <b>What are your thoughts of being restored to your family?</b>  |  |
| <b>If you do not wish to be restored to your family, what are the other alternative care services you are aware of?</b>  |  |
| <b>Have you had any health problems in the last 2 to 3 years?<br/>If yes, can you share some details</b>   |  |
| <b>If yes to the above- is the treatment for the same complete or still underway</b>   |  |
| <b>Is there anything else you would like to ask or share with us?</b><br>(Please make a note of the questions asked by the child/ additional information provided) |  |



| <b>OBSERVATIONS</b>  |  |
|--|--|
| <b>Any comments/<br/>observations of the CCI<br/>staff?</b>              |  |
| <b>Assessment Team's<br/>Observations</b>                                |  |
| <b>Date of completing the<br/>assessment</b>                             |  |
| <b>Name of the assessment<br/>team who interacted<br/>with the child</b> |  |

Place: \_\_\_\_\_

Signature of the team member