

**SCHEDULE II**  
**[See regulations 2(6), 6(15), 7(18), 58(5)(a) and 58(6)(a)]**

**CHILD STUDY REPORT**

**Child Adoption Resource Information and Guidance System (CARINGS)**

**Registration No:**

**Aadhar Card No:**

**Name of the Specialised Adoption Agency (SAA)/Child Care Institution (CCI):**

The detailed report on the child shall include identifying information supported by documents. Child Study Report should be prepared as soon as the child is declared legally free for adoption by the Child Welfare Committee.

Photograph of  
the child

Name and address of the Institution:-

**I. GENERAL INFORMATION:**

1. Name of the Child. ----- (given by biological mother or parents or by the Specialised Adoption Agency/Child Care Institution or Child Welfare Committee)
2. Present age and date of birth:
4. Sex:
5. Place of Birth:
6. Religion (if known):
7. Type of child: Orphan/ abandoned/ surrendered
8. Date of admission of the child to the Specialised Adoption Agency/Child Care Institution:
9. Date of production before Child Welfare Committee:
10. Date declared as legally free for adoption by the Child Welfare Committee:

**II. SOCIAL DATA:**

Please do not give identifying information about the natural parent.

1. How did the child come to your institution?

- (a) Admitted directly by parent or any other guardian:
  - (b) Placed by Child Welfare Committee directly:
  - (c) Transferred from any other institution, if so name of the institution:
  - (d) Any other source:
2. Reasons for seeking protection in the Institution:
3. Attitude of the child towards other children, if applicable
4. Behaviour and relationship of the child towards staff and other adults including strangers:
5. General intelligence:
6. If the child is enrolled in school, give a detailed report about his or her standard, attendance, general interest in studies, progress, if any:
7. General personality and description of the child:
8. Play activity and any specific talent: Milestones of the child (for children below 18 months). Please mark Yes or No (based on age appropriate responses)  
Does the child:-
- (a) Smile
  - (b) Turn on his sides
  - (c) Lift its head
  - (d) Grasp objects in its hand
  - (e) Crawl on its own
  - (f) Sit with full support or Sit without support
  - (g) Stand with support or Stand without support
  - (h) Walk with support or Walk without support
9. Dietary Habits:
- Intake of liquid
- food: Semi-solid
- food: Solid food:
10. Developmental Assessment (language spoken, behaviour, basic play skills, physical activity and communication and social skills etc.):

11. Social Background: (This should include his social history i.e. brief background of the birth parents and circumstances necessitating the child's surrender or abandonment, etc. Please do not give identifying information such as name and address of birth parents or relatives.)

12. I \_\_\_\_\_ Social Worker hereby certify that the information given in this form about child \_\_\_\_\_ is correct.

Place:  
Date:

Signature:  
Name:  
Designation:

We have read and understood the contents of the Child Study Report and are willing to accept \_\_\_\_\_ as our adoptive child.

(Signature of the male applicant)

(Signature of the female applicant)

(Name of the male applicant)  
Place and Date:

(Name of the female applicant)  
Place and Date:

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