QUESTIONNAIRE FOR CHILD MAPPING
(4-17 YEARS OLD)

LAST NAME :

FIRST NAME :

MIDDILE NAME :

GENDER :

AGE :

DATE OF BIRTH :

WITH BIRTH CERTIFICATE Y/N :

PRESENT ADDRESS :

NUMBER OF YEARS IN PRESENT ADDRESS :

Is residence permanent? (YES/NO) :

Has a disability? (YES/NO) :

If YES, specify type of disability :

Provided with ECCD Services? (YES/NO) :

If YES, specify ECCD facility :

Educational attainment :

Currently studying? (YES/NO) :

If YES, specify name of school :

If NO, state reason for not studying :

If studying through ADM, specify type of ADM :

Planning to study next school year? (YES/NO) :

If YES, specify the name of prospective school :

If NO, state reason for not planning to study next school year :