

FORM 2- CHILDREN'S PROFILE

1. Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Age

2. Sex

Male Female

3. Birth Order _____

4. Registered

Yes No

5. Born at

Hospital Health Center Home

6. Mother Tongue

Tagalog Visayan Ilocano Bicolnon

Others, please specify _____

7. Other dialects spoken at home. Please specify _____

8. Height (cm) _____

9. Weight (kg) _____

10. Does the Child have:

ECCD Card Mother & Child book Others, pls. specify _____

11. Vaccination and Other Health Data

BCG	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
DPT	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Oral Polio	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Hepa B	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know

12. Physical Attributes

12.1 Physical Deformity

Hare Lip Cross-Eyed (Duling or Banlag) Deaf Blind
 Disabled leg Disabled Arm/Hand Deformity in Fingers/Toes

12.2 Problems with:

Behavior Speaking Hearing Vision

12.3 Left Handed

Yes No

13. Siblings

Age			Education: In School or Out of School	
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School
_____	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> In School	<input type="checkbox"/> Out of School

14. Prior Early Childhood Experience

14.1 Nursery

Private Pre School Private Day Care Church-based Others
 Public Pre-School Public Day Care Home-based

14.2 Kindergarten

Private Pre School Private Day Care Church-based Others
 Public Pre-School Public Day Care Home-based

14.3 Preparatory

Private Pre School Private Day Care Church-based Others
 Public Pre-School Public Day Care Home-based

15. Other Performance Related Inputs

15.1 Learns at Home with

- | | | | |
|---|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Nobody | <input type="checkbox"/> Siblings | <input type="checkbox"/> Househelp/Maid | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Mother/Father/Both | <input type="checkbox"/> Relatives | <input type="checkbox"/> Others | |

15.2 Play/Interacts with Older Siblings

- | | | | |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|

15.3 Play/Interacts with Younger Siblings

- | | | | |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|

15.4 Play/Interacts with Neighbors of Same Age

- | | | | |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|

16. Logistics

16.1 Has Meal Before Going To School

- | | | | | |
|---------------------------------|---|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
|---------------------------------|---|------------------------------------|---------------------------------|--------------------------------|

16.2 Food Normally Eaten by Child

- | | | | | |
|------------------------------------|--------------------------------------|----------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Vegetable | <input type="checkbox"/> Pork | <input type="checkbox"/> Chicken | <input type="checkbox"/> Beef | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Rice | <input type="checkbox"/> Noodle | <input type="checkbox"/> Soup | <input type="checkbox"/> Bread | <input type="checkbox"/> Fruits |
| <input type="checkbox"/> Cereals | <input type="checkbox"/> Fruit Juice | <input type="checkbox"/> Milk | | |

16.3 Has Baon

- | | | | | |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Money | <input type="checkbox"/> Food | <input type="checkbox"/> Both | <input type="checkbox"/> None | <input type="checkbox"/> Don't Know |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|

16.4 Travel Time from Home to DCC (mins)_____

16.4.1 Mode

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Private Vehicle | <input type="checkbox"/> Public Transportation |
|----------------------------------|--|--|

16.5 Travel Time from Home to NCDC (mins)_____

16.5.1 Mode

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Private Vehicle | <input type="checkbox"/> Public Transportation |
|----------------------------------|--|--|

16.6 Public Transportation

<input type="checkbox"/>	School bus	<input type="checkbox"/>	Jeep	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Banca	<input type="checkbox"/>	Calesa
<input type="checkbox"/>	Tricycle	<input type="checkbox"/>	Pedicab	<input type="checkbox"/>	Habal-Habal	<input type="checkbox"/>	Others		

Goes to School with

<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Siblings	<input type="checkbox"/>	Relatives
<input type="checkbox"/>	Grandparents	<input type="checkbox"/>	Relatives	<input type="checkbox"/>	Maid	<input type="checkbox"/>	None		

Name of Respondent _____

Name and Signature of CDT _____

Date Conducted _____