



ASSESSMENT FORM

_____ Date of Assessment Conducted

I. IDENTIFYING DATA OF MINOR/S:

NAME OF MINOR (FIRST NAME, FAMILY NAME, MI)	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH	BIRTH STATUS	EDUCATIONAL ATTAINMENT Grade level	Name of School
					<input type="checkbox"/> Non-marital <input type="checkbox"/> Legitimate <input type="checkbox"/> Adopted <input type="checkbox"/> Foster		
					<input type="checkbox"/> Non-marital <input type="checkbox"/> Legitimate <input type="checkbox"/> Adopted <input type="checkbox"/> Foster		
					<input type="checkbox"/> Non-marital <input type="checkbox"/> Legitimate <input type="checkbox"/> Adopted <input type="checkbox"/> Foster		

II. BACKGROUND INFORMATION OF THE MINOR'S FAMILY (SOCIAL WORKER)

III. PRESENT SITUATION OF THE MINOR: (SOCIAL WORKER)

IV. PURPOSE OF TRAVEL & REASONS WHY PARENTS / LEGAL GUARDIAN ARE UNABLE TO ACCOMPANY MINOR

V. INFORMATION OF THE TRAVELING COMPANION:

Name of the Traveling Companion: _____
 Sex: _____ Age: _____ Civil Status: _____
 Date of Birth: _____ Place of Birth: _____
 Address: _____
 Contact Number: _____
 Relationship of the Traveling Companion to the Minor: _____
 Educational Attainment: _____
 Profession/ Occupation: _____ Income: _____
 Employer/ Company & Address: _____

VI. REASONS FOR CHOICE AS TRAVELING COMPANION:

VII. EVALUATION AND RECOMMENDATION: (SOCIAL WORKER)

Based from the above information, the undersigned worker recommends for the approval of the issuance of DSWD Travel Clearance Certificate for the minor to travel in _____ for _____.

Assessed by: _____
SOCIAL WORKER

Reviewed by: _____
CBSS HEAD

Approved by: _____
REGIONAL DIRECTOR