

FORM 14

[Rules 7 (1) (ii), 13(8)(iv)(C) (cd), 17(vi), 19(20), 65(3)(viii), 69E(2), 69 I (4), 69J(1), 69J(3)]

REHABILITATION CARD

FIR No. /Case No.

U/Sections

PS

Nature of Offence: heinous, serious or petty (in case of child in conflict with law)

Name of Probation Officer/Child Welfare Officer/Rehabilitation cum Placement Officer:
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Name of the child:

Age:

Sex:

Father's name:

Mother's name:

Admission No.

Date of Admission:

Date of Provisional Release / Release:

Services availed under Individual Care Plan –

Indicators	Child's expectation from care and protection
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

	Health and Nutrition
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

Emotional and psychological support needed	
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :
Education and Training	
First Month	Plan : Outcome :
Second Month	Plan : Outcome :
Third Month	Plan : Outcome :
Fourth Month	Plan : Outcome :

Leisure, creativity and play	
First Month	Plan Outcome
Second Month	Plan Outcome
Third Month	Plan Outcome
Fourth Month	Plan Outcome
Attachments and Inter-personal Relationships	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :
Self Care and Life Skill Training for Protection from all kinds of abuse, neglect and maltreatment	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :
Independent living skills	
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :

	Any other such as significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school etc.
First Month	Plan Outcome :
Second Month	Plan Outcome :
Third Month	Plan Outcome :
Fourth Month	Plan Outcome :

Other services provided to the child, including compensation, other benefits etc.

Report of the detailed psychiatric assessment done by certified psychiatrist to be attached along with Rehabilitation card

Date of report and reason for conducting the said assessment (Provisional Release / Release/ Any other)

1. Overall progress shown by the child on the above mentioned aspects of the Individual Care Plan
2. Child's acceptance and understanding of his actions and its consequences
3. Child's willingness to reform
4. Child's behavior and conduct
5. Offence committed by the child , if any reported by family or neighbourhood, in case of a child in conflict with law who is not placed in a Child Care Institution

Signed by
JJB/ CWC