附件5

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 安宁市农村留守儿童探访关爱服务记录表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一、探访对象基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | 安宁市街道村（居） | | | | | | | | | | | | | | | | | | 是否居住在户籍所在地 | | | | | | | □是□否 | | |
| 姓名 |  | | | | 性别 | | | | |  | | | | | 民族 | | | |  | | | | | 身份证号 | |  | | |
| 就学情况 | 未入园□幼儿园□小学□初中□高中□中职□大专及以上□辍学□不在学□ | | | | | | | | | | | | | | 身体健康情况 | | | | 健康□ 患病□残疾□ | | | | | | | | | |
| 残疾类别 | 视力残疾□听力残疾□言语残疾□肢体残疾□  精神残疾□智力残疾□多重残疾人□ | | | | | | | | | | | | | | 残疾等级 | | | | | | | | |  | | | | |
| 是否有残疾证（如有，请注明证号） | | | | | | | | |  | | | | |
| 紧急联系人 | |  | | | | | | | 与儿童关系 | | | |  | | | | | | | 联系电话 | | | | |  | | | |
| 所属类别 | 父母双方外出务工□  父母一方外出务工另一方无监护能力－重病□  父母一方外出务工另一方无监护能力－重残□  父母一方外出务工另一方无监护能力－服刑在押□  父母一方外出务工另一方无监护能力－强制隔离戒毒□  父母一方外出务工另一方无监护能力－被执行其他限制人身自由的措施□  父母一方外出务工另一方无监护能力－剥夺监护权□  父母一方外出务工另一方无监护能力－失联□  其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 抚养方式 | 祖父母抚养□外祖父母抚养□其他亲属抚养□其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评估定级 |  | | | | | | 定级时间 | | | | |  | | | | | | 保护持续时间（月） | | | | |  | | | | | |
| 二、家庭基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | 身份证号码 | | | | | 工作单位 | | | | | | 健康状况 | | | 年收入 | | | | | | | 联系电话 | | | | 备注 |
| 父亲 |  | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | |  |
| 母亲 |  | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | |  |
| 委托监护人 |  | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | |  |
| 其他共同居住人 |  | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | |  |
|  |  | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | |  |
| 三、家庭生活条件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房是否安全 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活用电/气是否安全 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 饮用水是否安全 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 居住空间是否安全 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 四、社会支持系统 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与父母关系 | | | | （互动方式、互动频次、评价等） | | | | | | | | | | | | | | | | | | | | | | | | |
| 与监护人的关系 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 朋辈关系 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 与其他家人关系 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 邻里关系 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 学校师生关系 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 遭遇困难求助对象 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 五、已享受帮扶情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帮扶单位（组织） | | | | □党政机关、群团组织□街道、村（居）民委员会  □企业□社会组织□专业社会工作者□志愿者  □其他 | | | | | | | | | | | | | | | | | | 帮扶责任人 | |  | | | | |
| 帮扶措施： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 六、探访情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第次开展探访  年 月 日 | | | | | | 探访方式 | | | | | □电话问候□上门探访□互联网音（视）频探访□其他 | | | | | | | | | | | | | | | | | |
| 家庭状况 | | | | | 家庭人口 | | | | | □无变化□增加人□减少人 | | | | | | | | | | | | |
| 身体健康状况 | | | | | 疾病状况 | | | | | □无变化□患病疾病名称：□转好 | | | | | | | | | | | | |
| 近视情况 | | | | | □无变化□转好□转差 | | | | | | | | | | | | |
| 肥胖情况 | | | | | □无变化□转好□转差 | | | | | | | | | | | | |
| 心理健康状况 | | | | | 心理行为 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 情绪状态 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 学校适应 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 社会交往 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 对父母评价 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 对监护人评价 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 安全情况 | | | | | 住房安全 | | | | | □安全□较安全□不安全 | | | | | | | | | | | | |
| 饮用水安全 | | | | | □安全□较安全□不安全 | | | | | | | | | | | | |
| 用电/气安全 | | | | | □安全□较安全□不安全 | | | | | | | | | | | | |
| 卫生状况 | | | | | 个人卫生 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 家庭卫生 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 居住环境情况 | | | | | 室内环境 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 监护人养育  情况 | | | | | 监护人养育 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 监护人身体情况 | | | | | □无变化□较好□较差 | | | | | | | | | | | | |
| 服务需求： | | | | | | | | | | | | | | | | | | | | | | |
| 实施关爱服务建议： | | | | | | | | | | | | | | | | | | | | | | |
| 分类建议 | | | | | □A类高风险降至B类中高风险 | | | | | | | | | | 原因： | | | | | | | |
| □A类高风险降至C类中高风险 | | | | | | | | | | 原因： | | | | | | | |
| □B类中高风险升至A类高风险 | | | | | | | | | | 原因： | | | | | | | |
| □C类中低风险升至A类高风险 | | | | | | | | | | 原因： | | | | | | | |
| □C类中低风险升至B类中高风险 | | | | | | | | | | 原因： | | | | | | | |
| □D类低风险升至A类高风险 | | | | | | | | | | 原因： | | | | | | | |
| □D类低风险升至B类中高风险 | | | | | | | | | | 原因： | | | | | | | |
| □D类低风险升至C类中高风险 | | | | | | | | | | 原因： | | | | | | | |
| □维持现状 | | | | | | | | | |  | | | | | | | |
| 探访人员  （签字） | | | | | 被探访人（签字） | | | | | | | | | | 信息录入人  （签字） | | | | | | 年 月 日 | |
| 七、关爱服务情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第次开展关爱  年 月 日 | | | | | | 关爱服务情况：  服务人员签字（盖章）：年月日 | | | | | | | | | | | | | | | | | | | | | | |
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|
| 儿童服务满意度评价： | | | | | | | | | | | | | | | | | | | | | | |
| 备注：此表一式两份，市民政局、街道各存档一份。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |