

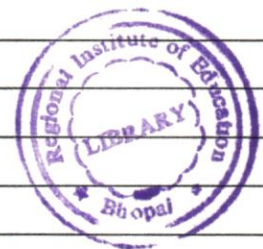
ANNEXURES



(1) INTERVIEW SCHEDULE FOR ANGANWADI WORKER

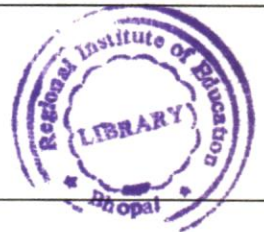
Note :

1. Name of area : _____
2. Name of Anganwadi worker : _____
3. Address of AW. : _____
4. Permanent Add. (Home) : _____
5. Distance of AW. from Home : _____
6. Conveyance to go to AW. : _____
7. Working time in AW. : _____
in summer season : _____
in winter season : _____
8. Age :
Less than 25 : _____
25 to 29 : _____ 35 to 44 : _____
30 to 34 : _____ 45 to above. : _____
9. Marital Status :
Married : _____
Unmarried : _____
Widow/Divorce : _____
10. Educational Qualification :
Middle passed : _____
High School/Matric : _____
Graduate : _____
Post Graduate : _____
Other : _____
11. Gardian's Name : _____
12. Relation - Father/Husband : _____
13. Occupational Status : _____
14. Information of Gardian about occupation : _____
Illiterate : _____
Literate - (Non formal edu.) : _____
Primary Edu. (1 to 5). : _____
Middle Edu. (6 to 10) : _____
Higher Sec. (11 to 12) : _____
College : _____
15. Monthly income of AWWs. : _____
16. No. of dependent member of family : _____



B. Teaching Experience and Training :

17. Have you got any training ?
- 1. No. : _____
 - 2. Basic/Fundamental training. : _____
18. If yes please mention : _____
19. The year of completin of Aw. : _____
20. Teaching experience of Aww.
- As a Aww. : _____
 - Other : _____
21. Why did you start work as a Aww. : _____
- Personal or familiar reason : _____
 - More profit : _____
 - More occupational security : _____
 - Low work load & responsibility : _____
 - Other reason : _____
22. Your Position in Aw.
- Regular : _____
 - On rejected post : _____
 - Appointment on the leave vacancy : _____
 - Temporary : _____
 - Other : _____
23. By whome you have got training :
- M.P. Govt. : _____
 - Indian child welfare council : _____
 - By private institutions : _____
 - Others : _____
24. Are you doing any educational course ? Yes / No
25. Please discuss which course you are doing.
26. Are you doing any other work besides Aw.?
- Tution : _____
 - Temparary work : _____
 - Optional work : _____
 - Other work : _____
27. Teaching source and teeh.
- You have follow facility : _____
 - Black board : _____
 - Chalk : _____
 - Table : _____
 - Chair : _____
 - Others : _____



28. You have these teaching Material :

Guidence of Aw. training : _____
Books : _____
Charts : _____
Toys : _____
Other playing material : _____

Noe : Please mention the list of playing material.

29. Which type of material utalize by : _____
you and how give five Examaple
(Please mention the list)-

30. For the purpose of improvement : _____
in your abilities do you need any training.

31. Which type of training need : _____
Subject knowledge : _____
Explanation of Sub : _____
Use of teaching aids : _____
Ability to teach for pre-primary classes : _____
Others : _____

32. To increase your ability which type of training fruitful for you :
Training in any institution : _____
Training in Aw. : _____
Not implement : _____

33. How much time you spent in Community work : _____

34. There are many factors important to carry the works of Aw.
According to you which is imp. : _____
Teacher's behaviour (apptitude) : _____
Co-operation of Gardians : _____
Motivation of students : _____

35. Is/there any educational committee
and management committee in our ward for Aw.? Yes/No

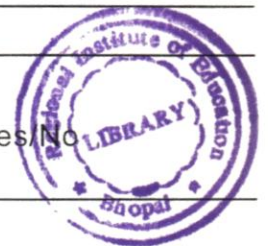
36. If yes than when was if established : _____

37. If no that why not.
There is no interest of Community : _____
There is no need to help in it : _____
according to me it would be obstacle in Aw. _____
Work : _____
Other reason : _____

38. Any information which is important : _____

39. Are you satisfy with your work? : _____

40. Signature and Date : _____



(2) PROFILE OF THE CHILD

1. Name and address of Anganwadi : _____

2. Name of Child : _____
3. Age _____ Years _____ Months.
4. Sex : Male / Female
5. Father/Guardian :
 - i) Name : _____
 - ii) Age : _____
 - iii) Educational Qualifications : Illiterate/Matriculation/H. Sec. /
Graduate/P.G.
 - iv) Occupation : Service/Business/Private Practice/
farmer/any other.
 - v) Monthly Income : 1000-3000/3001-5000/5001-7000/
7001-10,000/1000 and above.
 - vi) Religion : _____
 - vii) Relationship of guardian with child : _____
6. Mother's :
 - i) Name : _____
 - ii) Age : _____
 - iii) Educational Qualification : Illiterate/Matriculation/Hr. Sec.
Graduate/P.G.
 - iv) Occupation : House wife/Service/Business/Private
Practice/any other.
 - v) If the child is adopted : (Yes / No)
 - vi) Mother language : _____
 - vii) Religion : _____
7. Ordinal position of the child : First/Second/Third/any other.
8. total number of brothers and sisters with age : _____
9. Type of family : Joint/Nuclear/Broken.
10. The child stays with : (Put a tick Mark).
 - 1) Parents.
 - 2) Father and step mother.
 - 3) Mother and step father.
 - 4) Mother only.
 - 5) Father only.



6) Relatives.

7) Any other place (like Ishram).

11. No. of dependants on the family : _____

12. Disability (if any) of the child : _____

13. Interview with Father/Mother/Brother/Sister of the Child.

(Interviewer must be adult).

14. Name of the Person interviewed : _____

15. (I) a) Name of the Child : _____

b) Sex : Male / Female

c) Age _____ Years _____ Months.

(II) Has the child been immunized against following diseases:

a) D.P.T. : Yes / No _____

b) B.C.G. : Yes / No _____

c) Polio : Yes / No _____

d) any other : Yes / No _____

(III) Mention the age upto which
mother breast fed the child : _____

(IV) Mention the age at which the child.

a) Started sitting : _____

b) Started walking : _____

c) Started Speaking : _____

5. Did the child suffer from any other illness : Yes / No.

(if yes-please specify the illness).

6. Did she/he meet with any major accident : Yes / No.

7. Was the child operated upon any time : Yes / No.

8. Does the child wet his/her bed : Yes / No.

9. Does the child have regular toilet habit : Yes / No.

10. Does the child wash the hands : Yes / No.

properly after toilet.

11. Does the child sleep alone.

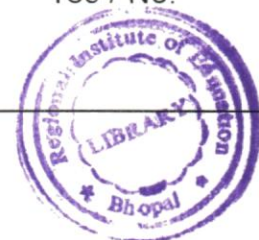
if yes Sleep enthusiastically : Yes / No.

Sleep reluctantly : Yes / No.

12. Does the child have any peculiar/particular. :

habit if yes - please specify : _____

13. Is the child vegetarian : Yes / No.



14. Name the food items of the child.

Like More : _____

Does not like : _____

15. Whether child eats food happily/reluctantly _____

16. The child eats himself/herself : Yes / No.

17. The child :

1. Takes baths regularly. : Yes / No.

2. Washes hand before and after meal. : Yes / No.

3. Put fingers or other object in month. : Yes / No.

4. Picks his/her nose. : Yes / No.

5. Bites nails. : Yes / No.

18. The Child :

1. Get afraid easily : Yes / No.

2. Is obstinate : Yes / No.

3. Stammers while speaking. : Yes / No.

4. Mixes easily with friends. : Yes / No.

5. Feel shy in the presence of guests/friends : Yes / No.

6. Assists in household works : Yes / No.

7. Mixes with other children. : Yes / No.

8. Like to play with other children. : Yes / No.

9. Play with less than his/her age : Yes / No.

10. Play with more than his/her age. : Yes / No.

11. Prefer to play alone. : Yes / No.

19. Mother goes out for work.

If yes- Who looks after the child : _____

20. Approximately how much time the child spent with:

1. Father. : _____

2. Mother : _____

3. Grand father : _____

4. Elder brother/Sister : _____

5. Servant : _____

6. Grand Mother : _____

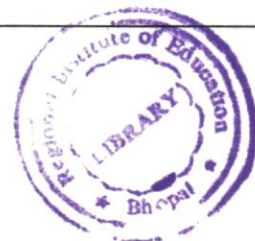
21. If the child does something well. : _____

Do you,

Encourage/Praise him/her.

Give him/her reward.

Not pay any attention to it.



22. If the child says something wrong. do you.

Punish him

Deprive him of something.

Ignore him _____.

Try to make him understand.

23. Does the child have any special interest?

1. T.V. programme.
2. Songs and dance.
3. Drawing and painting.
4. Gardening.
5. Play with toys.
6. Any other.

24. How does the child goes to the Anganwadi :

- (i) On foot (ii) On a vehicle.
(iii) By anganwadi transportation.

25. Who accompanies the child when he goes to Anganwadi Mother/Father/Brother/
Sister/Grand Parents/Friends/alone.

26. Do the parents generally take the child along:

- | | | |
|--------------------------------|---|----------|
| 1. To the market. | : | Yes / No |
| 2. To parks | : | Yes / No |
| 3. To celebration of festivals | : | Yes / No |

27. Facilities at home :

- | | | |
|---------------------------|---|------------------------------------|
| 1. Type of house | : | Bungalow/flat/individual home/hut. |
| 2. Adequately ventilation | : | Yes / No. |
| 3. No. of rooms in house | : | _____ |
| 4. Playing materials | : | Yes / No. |



(3) CHECK LIST FOR PARENTS

1. Do you send your child to A.W. : Yes / No.
2. If yes how many children :
 Boy : _____
 Girls : _____
3. Games in A.W.
 Outdoor : _____
 Indoor : _____
4. Does child have got midday meal : Yes / No.
5. conveyance to go to Aw. : _____
6. What is your opinion about A.W.W. : _____
7. Does doctor come for medical : _____
 Check-up. how many times.
8. Who comes for supervision and how many times.
9. Do you paid any fees to A.W.
10. What do you get by A.W. _____ Money.
11. What is public opinion about A.W.
 Useful, Not useful, Very useful.
12. Any suggestion to reform A.W.



"OBSERVATION SCHEDULE FOR AW."

- A) Name and address of the Anganwadi. : _____

- B) Nature : D-144 _____
 1. Only for Boys : _____
 2. Only for girls : _____
 3. Co-education : _____
- C) Total Number of Anganwadi workers (Including supervisors). : _____
- D) Total Number of Anganwadi Children : 1. Boys _____
 2. Girls _____
- E) Classes run in the Anganwadi : _____
- F) Daily working hours in Anganwadi : _____
- G) Availability of space : 1) For indoor activities _____
 (in terms of rooms).
 2) For outdoor activities _____
 (in terms of approx. areas).
- H) Outdoor equipment : _____
- I) Indoor equipment/Material : _____
 1. Environmental : _____
 2. Workers made : _____
 3. Good's from market : _____
- J) Toilet facility : _____
- K) Utilization of toilet facility : _____
- L) Drinking water facility : _____
- M) List of activities : _____
 No. Indoor Outdoor
- N) Community participation : _____
 (Mention specific activities)
- O) Maintenance of systematic records : _____
 (Please name each)
- P) Medium of Teaching / Instruction : _____
- Q) Medical Check-up or reference : _____
 (how frequently)
- R) First-aid/available : _____ Yes / No.
- T) Anganwadi doctor : _____ Yes / No.

