



# BEST INTERESTS ASSESSMENT

# FORM



Manuscript completed in March 2026

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Luxembourg: Publications Office of the European Union, 2026

PDF ISBN: 978-92-9418-488-7 doi: 10.2847/8781925 BZ-01-26-022-EN-N

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## BEST INTERESTS ASSESSMENT FORM

### General instructions

This form is to be read and used in conjunction with the EUAA's Practical guide on the best interests of the child in the framework of international protection. It is intended to support EU+ countries in collecting the relevant information and recording, as evidence in the child's file, that the best interests assessment has been a primary consideration throughout the different steps of the asylum procedure, including decisions on the reception conditions of the child.

- The form should be adapted to the national procedures.
- This form is to be completed progressively and updated over time.
- It should be completed by qualified professionals only. Member States are to identify the professionals in charge of completing the form throughout the asylum and reception pathways according to the national set-up (e.g. with the support of implementing partners), using a multidisciplinary approach (e.g. social workers, legal guardians, psychologists, medical professionals). For further guidance refer to Table 1 Overview of the roles and key actions" under 'Annex II – Safeguards and accountability' of the practical guide.
- The best interests of the child must be assessed in a holistic manner. The structure of the form, divided into sections per topic, is intended only to facilitate the systematisation of the assessment and to structure an action plan. However, **the sections do not have to be completed one after the other**; the order can be adjusted to the particular purpose of the assessment and/or flow of the interview with the child. Additionally, **not all section must be completed each time**; only those relevant to the purposes of a specific assessment should be filled. for further guidance in. Priority is given to immediate needs.
- This form includes examples of questions and elements to consider **ONLY** for orientation purposes. The guiding questions and elements **do not have to be asked in the order and language provided**. Cultural competency and the developmental level of the child will

- determine how the guiding questions are re-formulated. The questions should be adjusted to the particular circumstances of the case (e.g. the child is at a border facility, the child is currently living within the territory of the Member State). It is advisable to start with questions that are easy to answer for the child, explain why you will ask questions, and that it is fine if they are not able to answer all of them.
- The BIA does not follow a strict flow of questions to be asked but should rather feel like a 'dialogue' with the aim to better understand the needs of the child as well as their potential and resilience.
  - The assessor(s) are to ensure they create a warm and welcoming atmosphere to allow the child to engage with as little tension as possible.
  - Avoid the duplication of information to gather. Existing information can be confirmed but should be considered.
  - A BIA should start as early as possible, preferably upon arrival of the child (regardless of whether this is by land, sea or air).
  - The child and the guardian are to be informed about the purpose of the BIA to receive their consent.
  - The information collected is sensitive and therefore the assessor(s) must ensure a child-centred approach and pay attention to the child's wellbeing throughout the process.
  - The interview should be conducted under conditions which ensure appropriate **privacy and confidentiality**. As different professionals might be involved in assessing the best interests of the child, in some cases, there might be a need to share highly sensitive information previously processed about the child. In doing so, all measures required by the national data protection legislation and data protection policy of the relevant institution are to be observed (e.g. files are to be stored in a secure location and kept confidential). This is to mitigate risks that might arise from sharing such sensitive data. **Information sharing should be performed on a "need-to-know" basis.**





## REGISTER OF ASSESSMENTS

Insert below the date and place of each assessment

Date

Place

## PRELIMINARY INFORMATION

1. Assessor's details (*full name, position, institution, contact details*):
2. Interpreter's details (*full name/ unique code, institution, contact details*):
3. Representative/person appointed to provisionally act as a representative (*if applicable, full name, position, institution, contact details*):
4. Other professionals supporting the child (*if applicable, full name, position, institution, contact details*)
  - Social worker
  - Psychologist
  - Medical practitioner
  - Legal assistant

## 1. INFORMATION PROVISION AND CONSENT

- The child and the adult family member / representative / person appointed to provisionally act as a representative have been informed about the purposes of the BIA interview in a language that they understand, in accordance with their age, maturity and background, and give their consent to participate.  
YES      NO
- The child and the adult family member / representative / person appointed to provisionally act as a representative have been informed about the processing of their personal data and provide their consent/assent. YES      NO





## 2. BASIC INFORMATION ON THE CHILD

**Full name**

**Date of birth**

**Place of birth**

**Gender:** Male Female Prefer not to say Other please specify

**Nationality(ies)**

**Ethnicity**

**Religion**

**Languages spoken:** Mother tongue  
Other(s)  
Language of the interview

**Marital status:** Married Unmarried Other

**Education:** YES NO Only non-formal

If yes, duration of formal education

Duration of non-formal education

Highest diploma obtained

**Former habitual residence in the country of origin**

**Former habitual residence in the country of transit**

**Current Address**

*Indicate the child's current type of accommodation*

**Mixed reception centre Private housing**

**Reception centre for minors Other:**

**Date of arrival**

**Homeless**

**Phone number/email / other contact details** (specify means of contact, e.g. WhatsApp only)







*Briefly elaborate the indicator(s) identified, providing key contextual information (e.g. explain the type of disabilities, such as motor, sensory, intellectual. Serious health issues include mental health issues). If more than one indicator is identified, explain how they intersect.*

## 5. TRAVEL HISTORY and FAMILY SEPARATION

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**





## Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**

## 6. FAMILY TRACING

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments** *(please check the text box with instructions and guidance)*

## Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 7. FAMILY/RELATIVES' RELATIONSHIPS (FAMILY RE-UNIFICATION/AMMR)

Does the child have family members present in another EU + country? **YES** **NO**

If yes, has the child expressed their willingness to be reunited with their family member? **YES** **NO**

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(also register the questions asked as well)*

**Comments**





## 8. OTHER LINKS WITHIN THE EU+ COUNTRIES (RELOCATION/AMMR)

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 9. HOUSING AND OTHER MATERIAL CONDITIONS

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 10. HEALTH AND WELL-BEING

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 11. EDUCATION and SOCIAL INCLUSION

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 12. ALTERNATIVES TO DETENTION

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 13. RISK PREVENTION and MANAGEMENT

**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

### Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 14. LEGAL STATUS and ASYLUM PROCEDURE

Choose from the below list the type of documentation that the child possesses.

**Passport / ID / Birth certificate from the country of origin**

**Service note or other documentation from the country of origin or country of transit**

**Specify**

**Service note or other documentation from the hosting country**

**Specify**

**Other forms of protection or residence documents**

*(e.g., humanitarian permits, temporary protection, family reunification, relative of EU citizen, minor age, visa).*

**If applicable, specify:**

**Expressed wish to apply for international protection**

**Applicant for international protection**

*If yes, provide:*

**A.C.N. (if available)**

**ID number**

**Issuing authority**

**Beneficiary of international protection**

**Beneficiary of temporary protection**

*If yes, provide:*

**R.P. number**

**Date of expiration**

**Issuing authority**

**No legal documentation**

**Are border procedures being applied?    Yes    No**

**Is the child being deprived of liberty as part of the border procedure?    Yes    No**





**Information gathered** *(include the questions asked and the child's responses)*

**Assessor's comments**

**Updates**

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**







## Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**

## 16. ADDITIONAL CONSIDERATIONS

**Assessor's comments**

## Updates

**Date of the update**

**Assessor's details**

**Information shared** *(register the questions asked as well)*

**Comments**





## 17. SUMMARY AND OTHER FEEDBACK

### **Summary** *(of the main points comprising the child's case)*

### **Views of the child**

### **Information from professionals working with the child** *(such as psychologists, social workers and lawyers)*

### **Assessor's conclusions** *(including observations)*





## 18. ASSESSMENTS and ACTION PLAN

### Age Assessment

**Assessment** *(Provide the assessment based on the views of the child, family, relative in concern, other professionals supporting the child and your own observations).*

**Are there substantiated doubts about the child's claimed age?**

**If yes, specify the factors contributing to these doubts** *(e.g., inconsistencies in statements, lack of documentation, physical appearance, behaviour, conflicting evidence from multiple sources).*

**Has the child provided any documentation or explanations about their age? If yes, why are they considered insufficient or unreliable?**

**No documents provided**

**Documents provided but considered unreliable due to**

**No documents provided and insufficient explanation from the child.**

**Contradictory evidence detected**

**Please specify:**





**Has any vulnerability indicator been identified** (*i.e. victim of violence, torture, exploitation, sexual and gender-based violence GBV, signs of distress, mistrust or fear etc.*) **that could impact the selection of the applicable method?**  
**If yes, please specify:**

**Views of the child and the representative/person appointed to provisionally act as a representative:**

**Are there any methods that should be avoided?** (*consider the best interests of the child, reliability of the method and potential risks.*)

**Documentary evidence**

**Multidisciplinary review**

**Psychosocial assessment**

**Medical** *(specify)*

**Justification for your recommendation:**





**Recommendation for action and justification**

*Based on your findings and the above responses, provide your final recommendation regarding whether the child should be referred for age assessment.*

**Referral to determining authority**

**Initial doubts solved**

**Further evaluation needed before referral**

**Justification for final recommendation**





## Family tracing

### Assessment

### Recommendation for action and justification

## Family Reunification

**Assessment:** *provide the assessment based on the views of the child, family, relative concerned, other professionals supporting the child and your own observations.*





### Recommendation for action and justification

*Based on your findings and the above responses, provide your final recommendation regarding whether the child should be referred to the family reunification process. If already referred, provide your final recommendation regarding whether the child should be reunited with their relative/family member/meaningful relative.*

**Refer for family reunification/ The child should be reunited with the family member or relative.**

**Do not refer for family reunification/The child should not be reunited with the family member or relative.**

**Refer for the restoration of contacts with the family member.**

**Do not refer for restoration of contacts.**

**Further evaluation needed before referral/decision.**

**Justification for final recommendation:**

## Relocation

**Assessment** *(Provide the assessment based on the views of the child, family, other professionals supporting the child and your own observations).*





### **Recommendation for action and justification**

*Based on your findings and the above responses, provide your final recommendation regarding whether the child should be referred to the relocation procedure. If already referred, provide your final recommendation regarding whether relocation serves the best interests of the child.*

**Refer for relocation/The child should be relocated.**

**Do not refer for relocation/The child should not be relocated.**

**Further evaluation needed before referral.**

### **Justification for final recommendation:**

## **Health and well-being**

### **Assessment**

### **Recommendation for action and justification**





## Education and social integration

### Assessment

### Recommendation for action and justification

## Safety and Security

### Assessment

### Recommendation for action and justification





## Legal status and asylum procedure

### Assessment

### Recommendation for action and justification

*Upon Arrival & Screening:*

**Referral for immediate need** (specify)

**Special protection and procedural arrangements** (specify)

### Access to asylum procedure

*Based on your findings and the above responses, provide your recommendation on the asylum application or regarding the legal alternatives that serve the best interests of the child.*

### Making, registration and lodging of the application for international protection

*Based on your findings and the above responses, provide your recommendation on the procedural safeguards to be adopted in the best interests of the child.*





**Decision-making**

*Based on your findings and the above responses, please provide your recommendation on procedural guarantees to be adopted in the best interests of the child.*

**If asylum is granted, provide recommendations on long-term integration support measures.**

**In case of rejection of the asylum request, provide recommendations on alternative options to be explored in the best interests of the child.**

*Appeal process:*

**Based on your findings and the above responses, provide your recommendation on:**

**Additional safeguards**      *(specify)*

**Temporary protection**

**Suspension of removal**

**Other**      *(specify)*





## Alternatives to detention

### Assessment

### Recommendation for action and justification

**The BIA Form is an EUAA tool designed to support Member States in implementing child-specific requirements stemming from the Pact on Migration and Asylum.**

**The form will be piloted following the entry into application of the Pact and may be further refined or modified on the basis of feedback and practical experience.**

