## Amar Seva Sangam

## A Registered charitable Society for Rural Poor \& disabled

 P.O. Box 001, Sulochana Gardens10-4-104B Tenkasi Road, Ayikudy -627 852, Tirunelveli Dist., Tamil Nadu Tel: (04633) - 67160, 67170

Child Progress Report
Half yearly : 1-1-2001 to 30-6-2001

| Name of child | Sex | Age | Date of Birth |  | Standard | Nature of disability |  | O/P No | File No. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| M. Jagan | M | 13 | 24-3 | -88 | VII | Polio |  | 107/93 | H/ |
| Date of Joining Home/ Day care | Height |  |  | Weight |  | No. of sick days | No. of days with family | Attendance |  |
|  | $\begin{gathered} \hline \text { Previ } \\ \text { ous } \end{gathered}$ | Current |  | Previous | Current |  |  | Home/DC | School |
| 13-6-94 | $\begin{aligned} & 114 \\ & \mathrm{~cm} \end{aligned}$ |  | cm | $\begin{gathered} 15 \\ \text { K.G } \end{gathered}$ | $\begin{gathered} 16 \\ \text { K.G } \end{gathered}$ | -- | 2 | 163/165 | 109/112 |
| Name of the Class Teacher |  | Name of the Field Worker |  |  |  | Name of the PTA / Spl. Educator |  |  |  |
| P. Thanga Suguna |  | P.Mnickam |  |  |  |  |  |  |  |
| Educational Performance |  | Self Development Report |  |  |  | Marks in the Exam |  |  |  |
| Exams: Good <br> Creativity: Good <br> Strong subject: Math. <br> Weak subject: Scienc <br>  <br> Learning : Good <br> Behavior: Good <br> Remarks: Good |  | Habits: Good <br> Self Care : Fair <br> Play Games : <br> Attention <br> \& Interest: Drawing <br> Communication : Good <br> Remarks: Good |  |  |  | 1. <br> 2. <br> 3. <br> 4. <br> 5. <br> 6. <br> TOT <br> REMAR | Tamil: 80 English: Math: 82 Science: Social Sc L.O.E: AL: 369 | 70 <br> 71 <br> ience: 66 <br> /500 <br> noted |  |


| Message from the Child Translate from Tamil): |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| Thank you for sponsoring me. I want to KANYAKUMARI for a picnic with other children and enjoyed it. I want |  |  |  |  |
| to become a doctor. |  |  |  |  |
| Medical Report |  |  |  |  |
| Exercises Given |  |  | Appliances used |  |
| 1. Breathing Exercise <br> 2. Spinal Ex. <br> 3. Passive movements <br> 4. Passive stretching |  |  |  |  |$\quad$|  |
| :--- |


| Report from the President / Secretary |  |
| :--- | :--- |
| 1.) Date of joining in the Day Care | $: 13-6-94$ |
| 2.) Promoted from the Day Care To | $:$ |
| 3.) Reason for promotion |  |
| 4.) Date of promotion |  |
| 5.) General opinion about the child | Slightly above average student. <br> Need to be counseled. |
| Sponsors Name and Address <br> Mr. V. Parchapekesam <br> C/o Handi Care International Canada |  |

