PATIENT DETAIL	-S		r Seva Sangar d Progress Report Half Yearly July 2019	n	Post Box N Sulochana Ga 10-4-104B Tenkasi Ayikudy - 62 Tirunelveli D Tamil Nadu Phone : 04633 - 249170, 24 Email : mail@amarse Website : www.amarse	rdens, Road, 27 852. District, , India. 49180. eva.org
Name of child	:	Navindramoorthi M	Date of Entry to ASSA	:	06/24/2016	
Date of Birth	:	10/29/2015	Nature of Disability	:	Cerebral Palsy with mental retardation	
Age	:	3	Service Provided	:	EIGCC- HOME BASED	
Sex	:	Male				
FAMILY DETAILS	S					
Father's Name		: Mariap	ppan			
Mother's Name		: Mahes	swari			
No of other Child	dren i	in the Family : 1				
Father's Profess	ion	:				
Economic Condi	ition	: Mediu	m			
Address Resider	nce		ain Road kulam - 627860 Nadu			

THERAPY GIVEN

- Physiotherapy
- Special Education
- Speech
- Occupational Therapy

PROGRESS REPORT - percentages indicated below represent progress in the current period as dated. 100% represents child's normal development

	f Rehabilitation vices Given	Initial Assessment	Assessment Jan-18	Assessment July-19
Physiother	ару	3.86%	16.47%	NE
Special Education		2.74%	20.17%	NE
Speech	RECEPTIVE	13.08%	26.50%	NE
	EXPRESSIVE	NE	12.50%	NE
Occupational Therapy		14.29%	14.29%	NE

Discharge Reason: Child Death

NOTE :

- NE-Not evaluated due to non availability of the child during evaluation.
- TA- Target Achieved.
- This initial assessment is based on inception into GCC project.