Vears of Service PATIENT DETAILS			r Seva Sangam d Progress Report Half Yearly July 2019		Post Box No.00 Sulochana Garder 10-4-104B Tenkasi Roa Ayikudy - 627 85 Tirunelveli Distri Tamil Nadu, Ind Phone : 04633 - 249170, 24918 E- mail : mail@amarseva.0 Website : www.amarseva.0	ns, ad, 52. ct, lia. 30. org
Name of child	:	Fathima	Date of Entry to ASSA	:	03/09/2017	
Date of Birth	:	08/05/2014	Nature of Disability	:	Cerebral Palsy SLD	
Age	:	4	Service Provided	:	EIGCC- HOME BASED	
Sex	:	Male				
FAMILY DETAILS						
Father's Name		: Muhan	nmad unish			
Mother's Name		: Panas	eer			
No of other Children	in the	Family : 0				
Father's Profession		: Other:	stage			
Economic Condition		: Very L	ow			
Address Residence			amillath 3rd St rankovil - 627756 Nadu			

THERAPY GIVEN

- Physiotherapy
- Speech
- Occupational Therapy

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

Nature of Rehabilitation Services Given		Initial Assessment July-17	Assessment Jan-19	Assessment July-19
Physiotherapy		12.28%	49.37%	47.07%
Speech	RECEPTIVE	5.77%	38.25%	70%
	EXPRESSIVE	5.77%	51.75%	53.25%
Occupational Therapy		NE	53.71%	84.5%

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.