Vears of Service PATIENT DETAILS			hild Progress Repo Half Yearly July 2019	Post Box No.0 Sulochana Garde 10-4-104B Tenkasi Ro Ayikudy - 627 8 Tirunelveli Distr Tamil Nadu, Ind Phone : 04633 - 249170, 2491 Email : mail@amarseva. Website : www.amarseva.	
Name of child	:	MathiVenthan	Date of Entry to ASSA	:	06/30/2018
Date of Birth	:	01/18/2017	Nature of Disability	:	Cerebral Palsy with Mental Retardation
Age	:	2	Service Provided	:	EIGCC- HOME BASED
Sex	:	Male			
FAMILY DETAILS	\$				
Father's Name		: Se	lvam		
Mother's Name		: Va	lli		
No of other Child	ren iı	n the Family : 0			
Father's Professi	on	: Fa	rmer		
Economic Condi	tion	: Ve	ry Low		
Address Residen	ice	: Se	161,Indra Colony nnikulam. mil Nadu		

THERAPY GIVEN

- Physiotherapy
- 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		Assessment July-18	Assessment Jan-19	Assessment July-19
Physiotherapy		36.80%	61.51%	71.61%
Creach	RECEPTIVE	64.00%	79.5%	99.5% TA
Speech	EXPRESSIVE	52.75%	70%	99% TA
Occupational Therapy		16.80%	35.71%	48.47%

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.