PATIENT DETAILS			hild Progress Rep Half Yearly July 2019	Post Box No.00 Sulochana Garden 10-4-104B Tenkasi Roa Ayikudy - 627 85 Tirunelveli Distrio Tamil Nadu, Indi Phone: 04633 - 249170, 24918 Email: mail@amarseva.o Website: www.amarseva.o	
Name of child	:	M Sabari Anbu	Date of Entry to ASSA	:	12/13/2016
Date of Birth	:	05/21/2014	Nature of Disability	:	Cerebral Palsy with mental retardation SLD
Age	:	4	Service Provided	:	EIGCC- HOME BASED
Sex	:	Male			
FAMILY DETAIL	S				
Father's Name			: Mariappan		
Mother's Name			namaraikani		
No of other Child	dren	in the Family : 2			
Father's Profession					
Economic Cond	ition	: M	edium		
Address Reside	nce	: 62	llayar kovil street ,1st street 27851 amil 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

	Rehabilitation ces Given	Initial Assessment July-17	Assessment Jan-19	Assessment July-19
Physiotherapy		60.00%	85.62%	69.9%
Special Education		51.35%	64.27%	65.64%
Speech	RECEPTIVE	22.69%	92.75%	82%
	EXPRESSIVE	22.09%	85.75%	72.5%
Occupational Therapy		63.14%	85.61%	90.16%

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.