



(Trust the Abilities of Persons with Disabilities)

VIKLANG SAHARA SAMITI DELHI

Registered Under the PWD Act 95 with Department of Social Welfare, Govt. of Delhi
& National Trust, Ministry of Social justices & Empowerment Govt. of India

EARLY INTERVENTION CENTRE/SCHOOL

at G & F BLOCK BARAT GHAR, MANGOL PURI NEW DELHI-83

REGISTRATION FORM

Date:.....

Name of the child:
Age / Sex / Date of Birth:
Address:
Phone Numbers:

Family Profile:

Father

Name
Age
Education
Profession
Monthly Income

Mother

Name
Age
Education
Profession
Monthly Income

Sisters & Brothers:

Name	Age	Relation	Education	Profession
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Resources:

House:

Own / Rented

Number of Rooms:

Floor:

Use of stairs / lift / Ramp

Adequate space for activity / Play / Gait training etc.:

Y / N

Authorised Signatory

Physiotherapy Assessment Form

Name :.....

Medical / Family History :.....

.....
.....

Diagnosis:.....
.....

On Observation / Examination

Cognitive impairment;

Poor Head Control.

Asymmetry.

Floppy Trunk.

Increase Tone.

Detailed Assessment

Joints	Movements	Impairments

Treatment Protocol:

Mobility Aids / Appliances

SPECIAL EDUCATION / OCCUPATIONAL THERAPY ASSESSMENT FORM

NAME OF CHILD

Diagaosis

FINE MOTOR SKILLS

REACH	()
RELEASE	()
GRASP	() Type of Grasp Present

Activity of Daily Living (ADL)

	Poor	Fair	Good
Taileting indication			
Eating			
Drinking			
Dressing /Understanding			

LANGUAGE

Mode of Communication	()
Receptive Language	()
Expressive language	()
Vocabulary	()

BEHAVIOR PROBLEMS:

Academic skills

Pre Reading / Reading

- 1 picture – Reading
- 2 Turn Page of book
- 3 Action Picture reading
- 4 Matching 6 single Letters
- 5 Read own name
- 6 knows Hindi alphabets
- 7 Knows English alphabets
- 8 joint 2-3 letters word
- 9 Read simple books
- 10 Read news paper

Writing / Writing skills

- 1 Holds crayon
- 2 Imitates tapping with crayons
- 3 Imitates scribbling circles
- 4 Holds pencil / crayon in tripodgrasp
- 5 Imitates vertical line
- 6 Imitates horizontal lines
- 7 Copies circle
- 8 Imitates cross
- 9 Copies VOTH
- 10 Copies first letter of name
- 11 Draw picture of man with details
- 12 can write alphabets (Hindi)
- 13 can write alphabets (English)
- 14 Write lines / paragraphs

Pre Math / Math Skills

- 1 Does mathching in concrete
- 2 Does sorting in concrete
- 3 Does classiflcation in concrete
- 4 Does the above semi concrete
- 5 Compares two objects for size which is bigger
- 6 Can count Blocks in line (1-5)
- 7 Does rote counting (1- 10)
- 8 Has numbers concept (1 -10)
- 9 Does what comes after & before (1- 10)
- 10 Can do addition within 10
- 11 learns number concept (1 -50)
- 12 Does all the mathematic Skills

Social Math

Money concept

- 1 Does sortig Of Notes & Coins
- 2 Recongnize notes of 10, 100 & coins
- 3 Recongnize all notes & Coins
- 4 Can Do subtraction / addition with money
- 5 Does mock shopping

Time Concept

- 1 has concept of day / Night / Afternoon
- 2 Relates events with time
- 3 Tell time by watching clock

Social Emotional leval

- 1 Group participation
- 2 Relation with peer
- 3 Approach to structured group activities

Attention span

Goals:

Short Term

Long Term

Authorized Signatory

Speech & language. assessment

Name

Date:

Medical History

Age /Sex

Prenatal / Pari / Post:

Earlier Treatment:

Family History:

Sensory Motor Development:

Speech & Language Development:

Vocalization: Spontaneous

On Demand

Babbling:

First word:

First Sentence:

Mode of Communication:

Non verbal / verbal / Both

Non Verbal Communication

Comprehension

- 1 Signs
- 2 Gestures
- 3 Facial Expression

Expression

- 1 signs
- 2 Gestures
- 3 Facial Expression

Verbal Communication

Comprehension

- 1 Phrases
- 2 Simple sentence
- 3 Complex sentence

Expression

- 1 Word
- 2 Phrases
- 3 Complex sentence

Imitation Skills

Gross Body
speech

Good Fair Poor
Good Fair Poor

Language Background

- 1 Language use by the child
- 2 Language exposure at home

Speech & Language Stimulation:

Adequate/Inadequate

Oral Speech Mechanism Examination

Appearance

Lip
Tongue
Teeth
Jaw
Hard Palate
Soft Palate

Articulation:

Vowels

Consonants

Blends

Speech Intelligibility: 0 1 2 3 4 5 6 (0 -6) (Poor - Good)

Stimuli Used (informal Testing): Toys / Picture / Verbal Material

Voice:

Pitch

Loudness

Quality

Breathe Control

Phonation Duration: /a/=

/i/

/u/=

Fluency:**Suprasegmental Aspects**

Emphasis

Phrasing

Intonation

Rate Of Speech

Reading & Writing skills:

Letter recognition

word recognition

Reading comprehension

Copying

Writing & Dictation

Spontaneous writing

Formal Testing – Tests Administered:**Provisional Diagnosis:****Recommendations:**

Therapist



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Progress Report From To.....

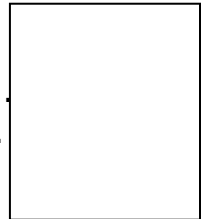
Name :.....

Parent's Name :.....

Age/Sex/DOB :.....

Referred by :.....

Diagnosis :.....



1. Impairments :

A. Speech:

B. Hearing:

C. Vision:

2. Physical Disabilities :

.....
.....

3. Abilities as on :

a) Physical:
.....

b) Speech:
.....
.....
.....

c) Special Education:
.....
.....
.....
.....
.....

d) Present form of communication:

.....
.....
.....

e) Activities of Daily Living:

.....
.....

4. Present Usage Of Supportive Aids:

Orthotic Aids	Mobility Aids	Hearing Aids

Self Care Skills:

ACTIVITY	DEPENDENT	PARTICIPATE	INDEPENDENT
1. Feeding			
2. Toileting			
3. Bathing			
4. Undressing			
5. Dressing			

5.Achievements:.....to.....

A.Physical:.....
.....
.....

B.Speech&Communication:.....
.....
.....

C. Academics

.....
.....
.....
.....

Treatment Plan: From.....to.....Months.....

A) Physiotherapy & Occupational Therapy:.....

.....
.....
.....
.....
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B) Speech Therapy:.....

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.....
.....

C) Speech Education:.....

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