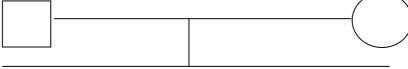
Case Record Proforma

| 1 | Identification Data | | |
|---|------------------------------------------------------------------------------|-----------------------------------------------|--|
| | Name: | Date: | |
| | Age/DOB: | Language spoken: | |
| 2 | Demographic Data | | |
| | Father's Name: | | |
| | Address:- Vill | Post.Office | |
| | Teh | DistrictMob.No. | |
| 3 | Chief/Presenting Complaints | | |
| | i) | | |
| | ii) | | |
| | iii) | | |
| 4 | School history | | |
| | Age of entry: | | |
| | Scholastic Performance: | Good/Average/Poor/unknown | |
| | Attendance: | Regular/Irregular/not known | |
| | Note: | | |
| 5 | Income Status: | | |
| 6 | Family History: | Nuclear/Non Nuclear(Intact/Broken/Disjointed) | |
| 7 | Pedigree Chart (with Name, Age ,Education, Occupation, And any significant) | | |





| 8 | Personal History | |
|---|---------------------|--|
| | Prenatal History:- | |
| | Perinatal History:- | |

Postnatal History:-

9 Developmental History

| Neck control | |
|-----------------|---------------------|
| Sitting | |
| Standing | |
| Walking running | |
| | Sitting Standing |

Note:

10 Communication

Receptive Level-Expressive level:-

11 Physical/Motor Examination

- i) Gross Motor:
- ii) Fine Motor:
- iii) Tone:
- iv) Jerk:
- v) Tightness:
- vi) Contracture:
- vii) Deformities:
- viii) Hand Function
- ix) Grasps
- x) Grip
- xi) Precision/Tip to Tip/or/ Pad to pad
- xii) Sensory Examination

12 Visual Assessment (if any impairment)/ Low vision

On set of the VI/LV Congenital/Accidental If disability, % of disability Referral

13 Hearing examination: If Hearing Impairment

On set of the Hearing Loss:-Type of Hearing Loss:-Using/Recommended hearing Aid

14 Behavior problems:-

- i)
- ii)
- III)

- 15 Play History:-
- 16 Medical History

17 Psychological Assessment

18 Strengths &Weakness/or Needs Strengths:

Weakness:

Needs:

19 Associated Disabilities:

20 Functional Assessment (Use FACP, BASIC-MR, GLAD,) ect. Personal Areas

Social Areas

Academics

Occupational Areas

Recreational indoor /Out Door

21 Special Education Assessment

- i) Reading
- ii) Writing
- iii) Alphabet concept/Recognition
- iv) Number concept/Recognition
- v) Color concept
- vi) Time concept
- vii) Money concept
- viii) Shape /Size

22 Any specific learning Disability (use standard tool)

i) Developmental Speech & Articulation Disorder

- ii) Developmental Expressive Disorder
- iii) Developmental Receptive language Disorder

Academic Skill Disorder:-

- i) Developmental Reading Disorder (Dyslexia)
- ii) Developmental Writing Disorder (Dysgraphia)
- iii) Developmental Arithmetic Disorder (Dyscalculia)
- 23 Conclusion:
- 24 Provisional Diagnosis:

25 Management Plan/Planning:-

26 IEP Development and justification of Goals selection

27 IEP Implementation

28 Evaluation and Further Planning

Case Study Performa Developed By :

Inderjeet (Special Educator)

GPS Gagruhi ,Block-Rakkar

Mob. No. 9459022623,9805822623

IEP Performa

IEP NO.....

1 Name of the Student:

Class

Age/DOB

- 2 Annual Goal:
- 3 Short Term objectives:
- 4 Functional Assessment:
- 5 Material needed:
- 6 Tasks Analysis(sequence wise sub parts of the tasks)
 - i)
 - ii)
 - iii)
 - iv)
 - v)

7 Procedure/implementation

7 Evaluation & Further Planning

| 8 | Person/Teacher/s Responsible to implement the IEP | Signature |
|----|---------------------------------------------------|-----------|
| 9 | Parental Meeting/Participation | Signature |
| 10 | Special Educator | Signature |
| 11 | HT/CHT/Principle's signature with Remarks | |

Remarks:

Signature