

An Initiative of
SERUM THALASSEMIA PREVENTION FEDERATION

'VARSHA'

Will Learn Together - Will Win Together ...

A Learning Centre For Children with Special Needs

APPLICATION FORM

Name : _____
Address : _____
Father's Name : _____
Mother's Name : _____
Date of Birth : _____

Please specify the following :

- (1) Whether the child is restless.
- (2) Whether the child feels comfortable in eye contact.
- (3) Whether the child faced any accidental or suicidal event in the pre-natal period.
- (4) Whether the child faced any accidental or suicidal event in the early childhood.
- (5) Whether the child has any family history of psychological disorder.
- (6) Whether the child has the certificate declaring mental retardation.

HISTORY

DISABILITY TYPE

Disability Percentage

Complication of Mother

Before Pregnancy (if any)

Complication of mother during pregnancy (if any)

Milestones achieved	Age	Year	Special Note (if any)
Crawling			
Sitting			
Standing			
Walking			
Speaking			

Present Condition _____

Guardians' View :

Interviewer's View :

Special Educator's View

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Psychologist's View

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Occupational Therapist's View

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Signature of Student

Signature of Father

Signature of Mother

Date _____



SERUM THALASSEMIA PREVENTION FEDERATION

Registered under West Bengal Societies Registration Act, 1961.



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Varsha - The School for Specially Abled