# OFFICE OF THE DEPUTY DIRECTOR OF EDUCATION (I.E.D.S.S) DIRECTORATE OF EDUCATION GOVT. OF NCT OF DELHI AMRITA SHERGIL SCHOOL BUILDING

## BEHIND LADY SHRI RAM COLLEGE, LAJPAT NAGAR-IV, NEW DELHI-110024

Ph.No: 011-26460828

No:710-715/IEDSS/10 Dated: 05/08/10

To

All the Heads of Schools Under the Jurisdiction of Dte of Education Delhi

Sub: Profile of CWSN and Resource Teachers

Sir/Madam,

As per approval of the Competent Authority profile of each identified CWSN enrolled in the schools is to be maintained in all the schools for tracking the provisions and facilities required and available to each CWSN and collecting various other relevant informations. Similarly for proper monitoring of the work of Resource Teachers a profile has to be maintained for onward submission (monthly) to the IEDSS Cell.

In this regard all the Principals/Heads of Schools are directed to make available the Student Profile (Annexure-1) to the IEDSS teacher incharges in the school or some other deputed teacher for filling in the required informations. The Resource Teachers, if available in the school may help in this regard. The Profile should be prepared only for those children of the following categories of Disabilities who are genuinely disabled as defined under the Persons With Disabilities Act (1995) and the National Trust Act (1999):

- Blindness
- Low Vision
- Hearing Impairment
- Locomotor
- Mental Retardation
- Autism
- Cerebral Palsy
- Multiple Disability
- Mental Illness
- Speech Impairment
- Learning Disability
- Leprosy Cured
- Any other

The above profile duly filled in should be sent to the concerned District Coordinator IEDSS latest by 20<sup>th</sup> August, 2010.

The Resource Teachers Profile (Annexure-II) should be filled in by all the Resource Teachers and be submitted on the last working day of every month to the IEDSS cell.

> Sd/-(R.P.YADAVA) DDE-IEDSS

Dated: 05/08/10

No:710-715/IEDSS/10

#### Copy to:-

- 1. PS to Principal Secretary (Education)
- 2. PS to DE, Dte of Education
- 3. DDE (Schools)
- 4. SPD-SSA
- 5. All the Dy. Directors of Education of the Districts
- 6. Dr. Surinder Sharma, IE Coordinator
- 7. All the District Coordinators and Zonal Coordinators (IEDSS and IE-SSA) with the direction to submit the filled in profiles of CWSN to IE Coordinator latest by 25<sup>th</sup> August 2010
- 8. All the Resource Teachers with the direction to submit the filled in Resource Teachers Profile on every last working day to IE Coordinator
- 9. OS (IT) for uplinking

Sd/-(R.P.YADAVA) DDE-IEDSS



Passport size photo	

Inclusive Education (SSA): Govt of NCT of Delhi

#### STUDENT PROFILE

Name of the child with ID	Date of Birth
Name of school	Phone no
Residential Address	Ph.No

- 1. Information about the child (Information to be obtained by IEDSS Teacher Incharge from the parents):
  - a) Birth History:
  - b) Early Development:

0-4 month	5-9 month	9 and above

- c) Age of Onset of disability:
- d) Age at which professional intervention was begin:

2. Assessment Status( starting from the year 2006)

Year of	Venue of	Recommendations	Follow-up
Assessment	Assessment	by Experts	Action
2006-07			
2007-08			
2008-09			
2009-10			
2010-11			

- 3. Disability status:
  - a) Category of disability:
  - b) Degree of Disability: Profound/Severe/Moderate/Mild
  - c) Certificate of Disability issued: Y/N
  - d) Percentage of Disability:
  - e) Special aids recommended:
  - f) Guidelines for teachers/parents, if any:

#### 4. Service Delivery / facilities available

Services	Required Y/N	Available Y/N	If availing,	Extent of Allowance
			Year	/Concession
Transport allowance				
<b>Escort Allowance</b>				
Reader Allowance				
Books and stationary				
Allowance				
TLM				
IEP				
Aids / Equipments				
Scholarships				
Ramps with Railings				
<b>Modified Toilets</b>				
Medical/ Para-Medical				
Expert				
Aaya (Caretaker)				

#### 5. Availability of Aids/Appliances

S.No	Name of appliances	Required Y/N	Available Y/N
1			
2			
3			
4			
5			
6	Any other		

### 6. Support Services

S.No	Services	Required Y/N	Available Y/N
1	Occupational Therapist		
2	Physiotherapist		
3	Special Educator		
4	Low Vision Specialist		
5	Speech Therapist		
6	Audiologists		
7	Orientation and Mobility specialist		
8	Psychologist		
9	Vocational Counsellor		

- 7. Sport and games organized: Y/N
- 8. Provision of Leisure and recreational activities: Y/N

9. Scholastic Achievement (For the last 3 years)

Year	Class	Marks Scored			Total % of Marks	Pass /Fail	Rank in the class	Attend ance in %	Award /Schol arship /Rema rk (if any)			
		English	Mathematics	Science	S. Studies	Hindi	Commerce					
										·		

- 10. Recommendations for the school (to be filled in by the District Coordinator in consultation with Special Education Teacher/ Resource Teacher and Experts / Doctors at the Assessment Camp)
  - a) Adaptation in physical environment, if any
  - b) Special aids and equipments for the child required to overcome disability effects at individual level:
  - c) Hints for classroom management:
  - d) Specific Guidelines

Sign. of IEDSS Teacher Incharge

Sign. of District Coordinator

## DELHI-SSA INCLUSIVE EDUCATION RESOURCE TEACHERS PROFILE

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-	सब एढें सब बढें	-

District:.	•••••	Zone:	••••••	Cluster:	•••••
1. Name	of the Resource Tea	cher:			
2. Catego	ory of specialization	(HI/VI/MR	(CP):		
3. Name	of District Coordina	tor:			Passport photo of th RT
4. Phone	number & E-mail ID	:			
5. Profes	sional Qualification:				
6. a) Reh	abilitation Council o	f India Reg	istration No.:		
b) Date o	f registration:				
c) Other	professional qualific	ation, if any	<b>7:</b>		
7. Educa	tional Qualification:				
8. Period	of Contract:				
From		То	(attach d	letails)	
as a spe	fy year wise/organis cial educator from t diploma in Special E	he date of c		ience	
•	tion the training pro		ttended after engag	ement as RT:	
11. Pern	nanent Address:				
12. Mail	ing Address with co	ntact numb	er:		
13. Part	iculars of schools at	tended by t	he Resource teache	r for remedial to	eaching:
Sl.No.	Name of the S	chool	Name of the Habitation	Number in the	

14. Particulars of children provided Teaching / Remedial Support

Sl.No. Name of the Child Name of the School Kind of support provided

15 a) Identification of CWSN (In School)

10 a) 140mtilloation of 0 work (in bolloof)							
S.No	Name of the Child	Name of the School	Category of Disability	Remarks, If any			
	·						
	·		·				

Note: Attach a separate sheet if necessary

b) Identification of CWSN (Out of School)

S.No	Name of the Child	Address	Category of Disability	Remarks, If any

c)

No of CWSN Identified Category wise	Degree of Disability								
	Profound	Severe	Moderate	Mild	Total				
Blind									
LV									
LC									
НІ									
ОН									
MR									
MI									
ASD									
СР									
SI									
LD									
MD									
SL									
Total									

#### 16.

## Preparation of IEP

S.No	Name of the child	Name of School	IEP Prepared (Y/N)	Remarks, If any

17.			Couns	elling Pı	ovided t	o Pare	ents		
Counselling	No of Counselling session							Outcome	
Dates of counselling					;				
Family									
Individual									
Peer Group									
Community									
			<b></b>	4	- MT 3-6				
.8. No of CWSN	/T\T 1\#		Prepar	ation of	TLM	G1:	4	1- ! - 1-	Remarks
No of Cwsh				No of TLM Prepared		Subject on which TLM prepared			Remarks
L <b>9.</b>				n of Ge	neral Tea		3		<del>,</del>
Name of the School		No of General Teachers Sensitized		Dates					Outcome

#### **Sensitization of Peers**

Name of the School	No of Peers Sensitized	Dates			Outcome	

**Signature of Resource Teacher**