

AP RAJIV VIDYA MISSION (SSA) - INCLUSIVE EDUCATION

Home Level Record on Home Based Education

Name of the Child:
Name of the mother:
Name of the father:

Category: MR Severe/Profound
Address:

S. No	Date of visit	Time spent		Round of visit	Activity assigned for the week	Signature of the RT	Signature of the parent who present at the time of HBE activity
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