AP Rajiv Vidya Mission (SSA) INCLUSIVE EDUCATION for CwSN

IERC Activities Report

of Sri/Smt……IE RT …….(Category)of ……..….mandal of……...district, for the month of ……..20

Day & Date attended to IERC	Activity Performed in the center (mention briefly)	No. of CwSN attended for therapeutic services	No. of CwSN paid Travel charges	No. of assistive devices distributed, if any	Assistive devices in balance	No. of IEPs/Case histories maintained	Signature of the Resource Teacher

Signature of the MEO with Seal

Verified by the Dist. IE Coordinator

Signature of the Project Officer

JOIN RVMNEWS to 9219592195