



## Social Accounts

2013 - 2015



MNC book release at the Silver Jubilee celebrations

## Madhuram Narayanan Centre for Exceptional Children

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## Social Audit Network, India

### SOCIAL AUDIT STATEMENT

#### Madhuram Narayanan Centre for Exceptional Children

The Social Audit Panel has examined the draft Social Accounts submitted to us and discussed them in detail at the Social Audit Panel meeting held on 10<sup>th</sup> September 2015. I have examined the revised Social Accounts which were prepared following the Social Audit Panel meeting and have taken into account various points discussed at the Social Audit Panel Meeting. We also examined a sample of the data and the sources of information on which the Social Accounts have been based.

We believe that the process outlined above has given us sufficient information on which to base our opinion.

We are satisfied that, given the scope of the social accounting explained in the revised draft and given the limitations of time available to us, the Social Accounts are free from material mis-statement and present a fair and balanced view of the performance and impact of **Madhuram Narayanan Centre for Exceptional Children**, as measured against its stated values and objectives and the views of the stakeholders who were consulted.

We have identified some important issues to be taken into consideration during the next social audit cycle. In particular we would refer to the following:

- i) To consult all the stakeholders in the next cycle
- ii) Revise the Objectives and Activities

The members of the Social Audit Panel were:

- a) Ms. Maya Gaitonde
- b) Ms. Praveena Yagnambhat
- c) Dr. K. Prabhakar
- d) Mr. V.C. Krishnan

  
Ms. Latha Suresh

Chair of the Social Audit Panel

28<sup>th</sup> October 2015.

\* The notes of the Social Audit Panel meeting form part of the social accounting and auditing process and may, by arrangement, be inspected along with the full social accounts at the offices of **Madhuram Narayanan Centre for Exceptional Children** at T Nagar, Chennai, India. Members of the Social Audit Panel have acted in an individual capacity.



## ACKNOWLEDGEMENT

The Management of Madhuras Narayanan Centre for Exceptional Children (MNC) wishes to thank Mrs. Latha Suresh, the certified Social Auditor, SAN, for auditing the Social Accounts prepared by MNC for the years 2013-2015 and also for sharing the Social Audit Panel.

MNC also acknowledges the Social Audit Panel members:

- Dr. K Prabhakar, CEO, Apollo Knowledge, Chennai
- Ms. Maya Gaitonde, Hony Gen. Secy, BMRF, Chennai
- Ms. Praveena Yagnambhat - Executive Office Administrator, Global Corporate Citizenship – India Focal, Boeing India, New Delhi
- Mr. V C Krishnan, practicing Chartered Accountant and a Partner with the firm S Viswanathan, Chartered Accountants, Chennai

The management further acknowledges the efforts put in by Mrs. Sowmya Raghavan and Mrs. Vimala Kannan in the process of meeting various stake holders, collecting, collating the data and interpreting the same objectively, and Mrs. Vijayanthi Desikan in preparing the Social Accounts document.

The management also wishes to thank all the staff, both permanent and part time and volunteers for their cooperation in the preparation of the social accounts and also in organizing the social audit meeting.



## INTRODUCTION

**Madhuram Narayanan Centre for Exceptional Children (MNC)** provides early intervention services for children with mental retardation and associated disabilities. MNC celebrated its Silver Jubilee on 12<sup>th</sup> December 2014. The journey of **25 years** has been a rewarding one and today MNC has become a model intervention centre for mental retardation and a mentor for many such centers.

In order to assess its social impact and to check whether MNC's activities were in line with its Vision of providing early intervention for young children with mental disabilities, MNC drafted its social accounts and has successfully completed two cycles of Social accounts for the period 2008-2009 and 2011-2012. The initiative for this came from Mr. S. Krishnan and Mrs. Jaya Krishnaswamy, who having attended a workshop on Social Accounting and Audit, organized by the Centre for Social Initiative and Management (CSIM), Hyderabad, were inspired by the social philosophy it generated, and believed that the process of social accounting would provide meaningful insights into the working of the Madhuram Narayanan Center for Exceptional Children, now in its **26<sup>th</sup> year** of early intervention programming. The experience and clarity gained during the first two Social audits in 2008-09 and 2011-12 was very helpful and provided valuable information for the functioning of the centre and resulting in the exercise being taken up once again for the third time focusing on:

- Improved comprehensive assessment, both quantitative and qualitative, of the Early Intervention Program, with reference to specified parameters
- Overall performance review and reporting based on the principles enunciated in the Vision, Mission Statements and the Values of the organization
- Interactions with stakeholders and their feedback on the program
- Evaluation of data, taking initial and final count against the set objectives for each child.



## PREVIOUS SOCIAL ACCOUNTS AND AUDIT

The **issues for action** identified by the 2011-2012 Social Audit Panel report, have been duly taken note of, and form the basis of the present exercise. MNC initiated the Social Accounts for the period April 2013 to March 2015 by forming the Social Accounting team that included:

- Mrs. Sowmya Raghavan, retired Member of the Railway Board and a Volunteer with MNC
- Mrs. Vimala Kannan, (Director MNC), qualified and experienced in the field of special education, particularly in the provision of early intervention services to children with mental retardation and associated disabilities, age group six years and below
- Mrs. Vaijyanthi Desikan in charge of documentation at MNC

Mrs. Jaya Krishnaswamy and Mr. S. Krishnan were at the helm throughout the process of preparing this document, sharing their rich experience in the field as the torch bearers of the organization. The recommendations of the social accounts 2011-2012 have been implemented and get reflected in the current cycle of social accounts. They are:

- Replicating **Upanayan** models across the country by disseminating the same at all refresher courses conducted under the auspices of the Government of Tamilnadu, using the model in the 8 Government Early Intervention Centers run by MNC, in the districts of Thoothukudi and Cuddalore, using the model in 32 district level Government Early Intervention Centers across Tamilnadu, and imparting the same to Special Educators in the field - **This was recommended during the last social accounts and is being implemented now.**
- Documentation of the model in various Indian languages to help replicate nationally – **The Upanayan Early Intervention Programme has been successfully translated and printed in Tamil. This has helped it to reach a very large audience in Tamilnadu. Translation in other languages is being explored.**
- Building up the corpus to a sustainable level – **The process of building up the corpus is on and the corpus is getting consolidated.**
- Empowering staff financially by providing them with benefits such as Gratuity / Medical Assistance - This has been done by raising the monthly honorarium and including welfare measures like Gratuity and Medical assistance. **This was recommended in the last social accounts and has now been implemented.**
- A permanent accommodation which will put to rest uncertainties faced from time to time – **The process is on, to have a long term lease with the Bala Mandir Kamaraj Trust for the premises that we now occupy.**

Apart from the above our focus has been on the following recommendations by the social audit panel during the last social audit cycle in 2011-2012:

**Revisit the stakeholder group and consult all the stakeholders in the next cycle** - Due to time and other constraints we decided to concentrate on the primary stake holders who are the children, parents, and the members of the Management Team. This group impacts the most, on the day to day functioning of the Centre. Hence their selection for consultation was considered important. The other stake holders will be consulted in our next social accounts cycle

- **Articulate the values statement to all stakeholders and get their feedback**— After the last social accounts were audited the Social accounts has been uploaded on our website and is downloadable by all stakeholders with whom we have been interacting periodically.
- **Report on all the outreach activities and its social impact in detail** – This has been included and elaborated under objective 4.



## HISTORY AND BACKGROUND

**Madhuram Narayanan Centre for Exceptional Children (MNC)** was established in Chennai in December 1989 as a **Research cum Demonstration Centre** to provide **Early Intervention Services to children with mental retardation**, through an indigenously developed systematic program of training **Upanayan, meaning 'to lead along'**. **Upanayan** was the outcome of the need felt by the community of parents and service providers to fulfill the existing void in the area with a simple, easy to follow and culturally suitable program.

### **Upanayan Early Intervention Programme**

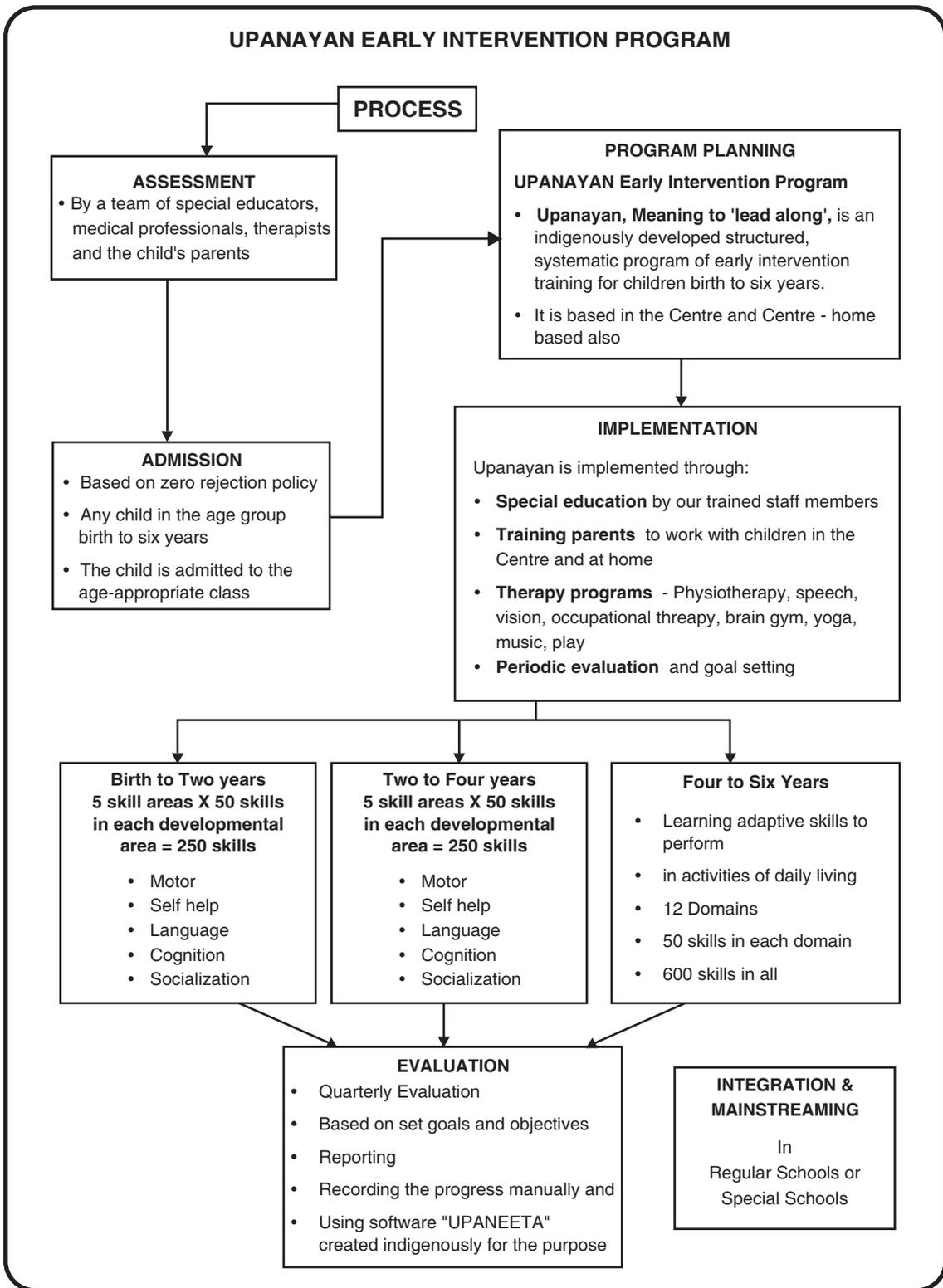
**Upanayan** engages parents as partners in the implementation of the program. They are trained by the special educators to lead the children towards their developmental goals. **Upanayan** Early Intervention Program, was sponsored by its parent organization - Indchem Research and Development Laboratory (1987- '89) as a part of its initiative for corporate social responsibility. This program, based on India's time tested legacy of child care, was designed keeping in view the socio-economic conditions and the cultural milieu of the country. An interdisciplinary team consisting of experts in Developmental Psychology, Neonatology, Audiology, Occupational Therapy, Physiotherapy, Education, Special Education, Yoga and Information Technology, besides a Nutritionist and Dietician, worked on the project from March 1987 and completed the first phase of the project covering the age group of birth to two years in December 1989. The program was field tested for its workability and suitability, and was formally released by **Mother Teresa** in July 1992 at Kolkata. The training program, covering children in the **age group 2 to 6 years** has since been successfully implemented and **5300** children have benefited over the last **25 years**.

### **Provision of Early Intervention Services**

Early Intervention services are provided **for children with mental retardation and associated disabilities**, (as mentioned below) in the age group birth to six years:

1. **Hydrocephaly, Microcephaly, Metabolic disorders**
2. **Cerebral Palsy**
3. **Down's syndrome**
4. **Autism**
5. **Attention Deficit Hyperactivity Disorder / Attention deficit disorder**

**The services comprise** the individualized education plan, physio, occupational and speech therapy where required, yoga and play therapy, field trips and outdoor and indoor activities.



## Supportive Programs

<b>Physiotherapy</b>	Stimulates motor functions Promotes good health Improves muscle control used in activities of daily living Develops self help skills
<b>Occupational Therapy</b>	Improves muscle control Used in activities of daily living Develops self help skills
<b>Speech Therapy</b>	Improves Receptive Language Aids in Expressive language Rectifies SODA ( <b>S</b> ubstitution, <b>O</b> mission, <b>D</b> eletion, <b>A</b> ddition) with appropriate training Alternate and augmentative communication
<b>Yoga Therapy</b>	Activates, Energizes and strengthens the child Has a calming influence on the child
<b>Play Therapy</b>	Develops attention Improves listening skills Facilitates following Instructions Helps in completing a given activity in a given time Teaches to be a team player
<b>Brain Gym</b>	Stimulates left and right brain functions Maximizes the potential of the child's brain
<b>Music</b>	Calms the child and increases the attention span
<b>Movement Therapy</b>	Acts as a Catharsis; helps in synchronized movements of limbs; teaches to follow tunes and rhythm in coordinating movements

The training provided is both **Centre and Home-based**. The special educators at the Centre provide intensive training to parents so that the entire process of training and the methodology become very clear to them, and guide them to become carry over agents of the program for their children at home.

### **Centre Based**

The **Individualized Family Service Plan (IFSP)** helps in the early intervention programme for children in the age group, birth to two years where **parental participation is total** in the program. The child's special educator (in a class room setting or in the home setting) demonstrates:

- the training program to the parent
- the implementation of the training to the child at the Centre, and
- how to become a **carry-over agent** at home

The **parent** gains self confidence as an implementer of the program to her/his child, and gradually **develops into a teacher aide** to train other children at the centre.

In the Upanayan 2 plus to 6 years program, the parents are:

- **slowly weaned away** from direct training at the Centre
- the **special educators** utilize their expertise as required

The special educator trains the child to become more and more self-dependent in preparation for mainstreaming in school education. The parents continue to involve themselves along with the other family members in training the child at home, thereby providing an effective supportive system for the child. Based on the progress made, the children are introduced into the school level programs either in the **special schools** meant for the purpose or to **mainstream schools** with non-disabled children.

### **Centre-Home Based**

**IFSP** is particularly helpful to parents living far away from the Centre, and who for other compelling reasons cannot bring the child to Centre every day. The parents and the special educators mutually decide on:

- the number of days the parent comes to the Centre for training
- Number of home visits the special educator has to make in training the parent to become effective carry over agent at home.

### **Home Based**

IFSP is introduced for out station parents who make a preliminary visit to the Centre for the purpose of assessment and programming but who carry out the programme in their own settings.

### **The Process**

The parents, on admission and assessment of the child, use the special education and therapeutic services at the Centre. The duration of their stay is decided

mutually by the parents and the special educators based on the logistical conveniences of the parent and the needs of the child.

- During this 'internship' period the parents are exposed to the programme and trained to provide the needed interventions to their respective child.
- The parents where possible, contact the Centre through telephone or in person, regarding the progress made by the child.

In situations where the parents are not available, a close relation of the child or dedicated care givers provide the needed services. About 140 children attend the Centre and receive training on every working day with their mothers/or, in a few cases, with close relations/caretaker and in rare cases with their father. The institution is well equipped and has the requisite number of qualified special educators and therapists.

### **Special Staff and Consultants**

The specialist staff for providing the services comprises special educators, physiotherapists, occupational therapist, music therapist, dance and movement therapist, consultant pediatrician supported by an Inter disciplinary team of experts as mentioned earlier.

### **Parental Empowerment**

**Total parental involvement is** the very basis of the intervention program at the Centre. In addition to the **habilitation of the children**, the twin objective of the Centre is the **rehabilitation and empowerment of parents**, to enable them to come to terms with their child's disability.

### **Geographical Areas Served.**

- City of Chennai and its outskirts (Mostly)
- Districts of Tamil Nadu
- Andaman and Nicobar, Andhra Pradesh, Assam, Bengal, Karnataka, Kerala, Pondicherry, Maldives
- Australia, Bangladesh, Malaysia, the Middle East, Nigeria, Singapore, Sri Lanka and the USA

### **Board Members of MNC**

- Mr. N Kumar, Industrialist
- Prof. P Jeyachandran, Psychologist
- Mrs. Jaya Krishnaswamy, Educationist
- Mr. S B Prabhakar Rao, Business Executive

- Dr. K Vijayraghavan, Scientist
- Mr. Satish Parasaran, Lawyer
- Mrs. Vimala Kannan, Educationist
- Mrs. Madura Visweswaran, Business woman

**Management Committee**

- Mr. N Kumar
- Mrs. Jaya Krishnaswamy
- Mr. S Krishnan
- Mrs. Vimala Kannan
- Dr. Andal Raghavan
- Mrs. Priya Rajkumar
- Mrs. Sumitra Manoharan



## **MISSION, VALUES, OBJECTIVES AND ACTIVITIES (MVOA)**

MNC first conceived the Vision and Mission of the Centre in 2004, and the process of evolution of Vision Mission and Values was reported in the Social Accounts 2008-'09 and in 2011-'12. The Vision Mission and Values of the Centre continue to guide and inspire the organization in its work and therefore remain unchanged.

### **Vision - Mission Statement**

#### **VISION**

**Reaching Early Intervention Services** to every Child with Mental Retardation and Associated Conditions

#### **MISSION**

**To provide** services in early detection, identification and intervention in mental retardation

**To empower** parents and family members in the care and management of children with disability

**Starting a Training Academy** to conduct recognized courses in Special Education

#### **VALUES**

**Zero Rejection** of any Child with Mental Disability

**Openness to Developments** and Innovation in Technology in the Field of Special Education

**Adaptability** to the Growing Needs of Inclusion in the Community

#### **Objectives and Activities:**

**Objective 1:** Providing Early Intervention Services for the Habilitation of the Child with Mental Retardation through

- **Early detection** through direct communication and referrals
- **Early identification** using UPANAYAN assessment tool
- **Implementation** of the Early Intervention Program UPANAYAN
- **Providing Support** Systems through the projects–Annapoorna, Sankarshana, Samyam, Sambhavam and Sanmargam
- **Integrate Yoga** and Music as a part of intervention
- **Establish a Montessori** at the centre to create a pre-school environment prior to mainstreaming

**Objective 2:** Rehabilitation of Parents and Their Empowerment through

- **Training programs**
- **Events**

**Objective 3:** Creating Awareness on the Importance of Prevention, Early Detection / Early Intervention through

- **Dissemination of knowledge**
- **Effective media communication**
- **MNC website**

**Objective 4:** Organize Outreach Programs through

- **Government Schemes**
- **Special Schools**

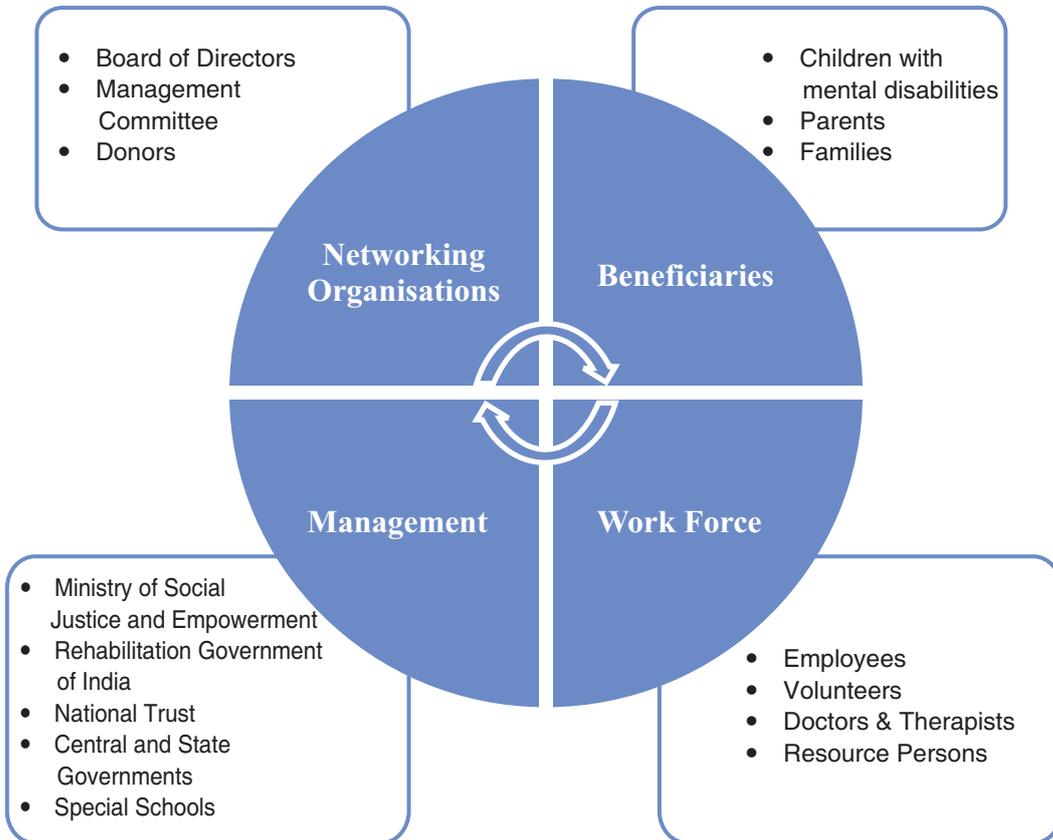
**Objective 5:** Create professionals in special education through

- **Offering accredited courses of the Rehabilitation Council of India**
- **Refresher / Orientation courses to staff**

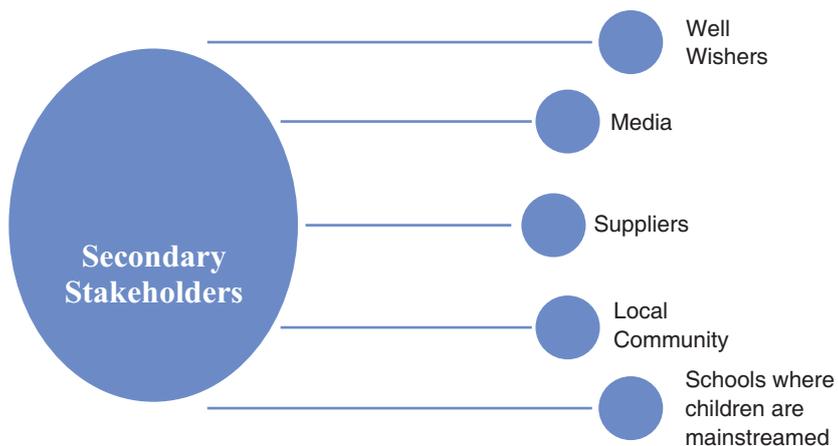


## STAKE HOLDER MAPPING

### Primary Stakeholders of *MNC*



### Secondary Stakeholders of *MNC*



## SCOPE AND METHODOLOGY

This set of social account covers the time period - **April 2013 to March 2015**.

Most of the primary stakeholders were consulted. The parents and staff were consulted with the help of relevant consultation tools. The other primary stakeholders were personally interviewed by Ms. Ranjitha Ashok while compiling the book – 'A world of difference.'

### Omissions

The networking organizations were not consulted due to paucity of time. None of the secondary stakeholders have been consulted.

#### Stakeholder consultation

Stakeholder	No. of Stakeholders	No. Consulted	Consulted	Methodology
Children	138	35	25%	Parents responded on behalf of the child
Parents	138	35	25%	Questionnaire and direct interaction in Focus Group Discussions
Special Educators	20	14	70%	Questionnaire Observation and direct interaction
Management Staff	8	8	100%	Direct interaction Monday meetings
Donors		5** **5 selected from the many Donors	NA	Personal Interview
Board Members	8	5	63%	Personal Interview
Management Committee	6	6	100%	Personal Interview
Doctors	Many who serve as consultants	3	NA	Personal Interview

### **Methodology for consultation with Parents**

**35** parents were selected randomly, with at least four parents from each group, (a total of three groups with an average strength of 138 children (Birth -2, 2-4, 4-6 years) but representative of the diverse social, economic and educational background of children in the Centre.

### **The Procedure**

The interviewer interacted directly with the parent, first having gathered some background information on the parent from the Introduction Form filled in by the parent at the time of entry into the program. The interview was conducted in Tamil, using open-ended questions. This facilitated a free and frank sharing of information and ideas, and provided valuable pointers to take the program forward. The interviewer also observed the parent and child in classroom settings when the special educator explained the skill and also described the training process to the parent. Parents were interviewed during the course of a normal working day, in the midst of daily activities like yoga, prayer, mealtimes or during group activities. The interviewer merely documented the responses.

### **Using the Questionnaire as the Tool**

The oral questionnaire was put across to the parent at a time suited to both the interviewer and the parent. The purpose of the questionnaire, that the responses would be used in the social accounting process, was explained to the parent. The questionnaire consisted of ten questions. The answers provided by the parent were noted down by the interviewer as not all parents could read / write fluently. The total time taken for completing a questionnaire was 15 to 20 minutes.

**(Details of the questionnaire and the responses of the parents are given in Annexure 1)**

### **Interview with Special Educators as Stakeholders**

The Special Educators form the back bone of MNC's Early Intervention Program, and provide a dynamic and vital support system to the parent throughout the child's education in the centre. Their major areas of work are:

- Implementation of the training program, steering it through the structured course during the appointed time

Maintain detailed records of the child's progress

Mentor the parents in the process of training and as their child's carry over agents at home

The stakes that the special educators have in the program implementation are: the habilitation that is the progress of the child – an indicator of the impact of early intervention and, the rehabilitation of the parents, that is, to integrate them into the

structure of the Early Intervention Program as co-educators and co-therapists.

**The methodology included:**

- One to one interaction, using an eight point questionnaire
- Informal observations in class room settings
- Observations made at the time of assessments, staff meetings and parent counseling sessions

**Selection of Special Educators:**

The interviewer interacted on a one to one basis with 14 special educators, other than those with the management.

**(Details of questionnaire and responses to the question are given in Annexure 2)**



## REPORT ON PERFORMANCE: ANALYSIS OF THE SOCIAL ACCOUNTS

### Values of MNC are:

- Zero Rejection of any child with Mental Disability.
- Openness to Developments and Innovation in Technology in the field of special education
- Adaptability to the Growing needs of inclusion in the community

The present social accounts exercise has reinforced the values MNC has laid down, and this is reflected in the interviews with the stakeholders. Parents come to MNC with the assurance that their child will be admitted to the Centre and benefit from it. The very fact that they repose so much confidence in the Centre makes it evident that the values are inherent at MNC.

- **Zero Rejection of any child with mental disability**

This value forms the core of existence for MNC. No child is rejected admission on the basis of their caste, color, creed or economic status. Any child in the age group birth to six years with developmental delay or mental retardation, who enters the portals of MNC is offered early intervention treatment and there is no discrimination practiced at MNC.

- **Openness to Developments**

Learning is an on-going process in MNC, and every effort is made to keep abreast with latest developments in the field. Special educators in MNC are very enthusiastic and happy to be in this program as they are exposed to academic, medical as well as technological advancements in the field of special education. The learning process takes place through workshops, conferences, in-house training programs and talks by experts in the field of medicine, research and special education.

- **Adaptability to the growing needs of inclusion in the community**

Children are integrated into the larger community, and are accepted by family, peers and teachers in mainstream schools. They also learn to use public transport, public spaces like malls and parks and to follow set routines and discipline. Innovative programs are added each year to enable the process of effective inclusion in the community.

**Recommendation:** MNC to put up posters of its values statement in Tamil within the premises

### Parent Speak...

*"I think the socialization process taught and practiced in MNC worked wonders for my child. He was exposed to so many stimuli...today he handles mikes, goes on stage and sings."*

*"In four years, my daughter moved to the Little Flower Convent for the Visually Impaired"*

### Objectives and Activities:

#### Objective 1

#### **Providing Early Intervention Services for the Habilitation of the Child with Mental Retardation**

#### **Activity 1 - Early detection through direct communication and referrals**

MNC registered its first student in Feb 7, 1990 and by the end of the year there were 77 children enrolled. The next year it rose to 150 and the numbers kept increasing. MNC did not advertise but word spread through the parents and doctors enabling a growing familiarization with the concept of Early Intervention, which served as a message of hope for children with mental retardation.

During the current Social Accounting year 2014-2015 a total of 212 children were referred to the centre through various sources. The referral to the centre is through two methods of communication:

#### **1. Direct communication :**

Referrals received from parents, well wishers, the medical fraternity like physicians, pediatricians, neurologists, pediatric psychiatrists and other professionals like psychologist, physiotherapist, occupational therapist, special educators and other institutions.

#### **2. Indirect Communication:**

Referrals from Setting up Exhibition stalls, public awareness through newspapers, magazines, press and television, brochures/pamphlet/audio-visuals, in-house newsletter, International and National conferences organized by MNC and MNC website([www.mncindia.org](http://www.mncindia.org))

### Children referred to the centre in 2014-2015

Sources	No. of children enrolled		
	2012-13	2013-14	2014-15
Doctors	67	66	80
Parents	20	18	20
Well wishers	20	20	32
Media	4	4	1
Website	9	8	8
Self Introduction	6	6	12
Professionals	77	74	59
<b>Total</b>	<b>203</b>	<b>196</b>	<b>212</b>

#### Parent Speak...

*"When my son turned 3, he stopped speaking. He was diagnosed as having ADHD. My grandmother read an article on MNC and advised me to seek help here."*

*"My Doctor referred me to MNC. I am happy he did so"*

*"Sai Sivesh's mother referred me to MNC. I knew that her son had improved a lot after joining MNC, so I had no hesitation coming here."*

#### Activity 2: Early identification using UPANAYAN assessment tool

Upanayan means 'to lead along'. This interpretation symbolizes the essential philosophy and ultimate goal of MNC – to help transform parents into leading lights for their children and in the process, grow confident as emotional healing increases day by day. On registration at MNC, the child is assessed in the areas of development in the 5 domains using the **Upanayan Early Intervention Program Package**.

The Upanayan Early Intervention Program Package consists of the following:

- Child registration form
- Child information form
- Upanayan Assessment tool – consisting of check lists for : Birth to two years and 2+ to 6 years

#### Check list of items

- For children **Birth to Two years**, 50 discrete skills in each of the 5 Domains of Developmental Areas namely: Motor, Language, Self Help, Cognition and Socialization

- For children **Two plus to Six years**: 50 discrete behavioral skills in each of the 12 Domains, namely: Communication, Self Care, Meal time activities, Personal Daily Activities, Home Living, Social, Community Use, Self Direction, Health and Safety, Functional Academics (Reading, Writing and Number) Leisure and Work.
- A set of **illustrated activity cards** with lesson plans relevant to each item in the check list.
- **Recording forms** – Child Information form, Assessment Profile for both graphic and numeric recording, therapy Information Formats (Speech, Physiotherapy, Occupation, Health and Nutrition and Yoga) and weekly Program format.
- **A set of assessment cum training materials.**

During the Social Accounting period, 212 children were assessed at MNC using the Upanayan package. Out of these the number of children taking the program regularly was 138. The rest of the children were absent either due to difficulties in commuting, sickness or other domestic issues.

#### **Number of children under Upanayan Early Intervention Programme**

Enrolled at MNC	No. of children enrolled		
	2012-13	2013-14	2014-15
Birth to 2 years	18	37	32
Two to four years	36	33	31
Four to six years	79	98	65
Montessori	Started only in August 2013	10	10
<b>Total</b>	<b>133</b>	<b>178</b>	<b>138</b>

*Using the Upanayan tool, the tiniest details of human communication have been taken into account, at the most micro of levels. Every single movement of the child is described. – A Special Educator*

MNC has used Upanayan to assess children in rural areas and other Government run Early Intervention Centres (EIC).

<b>Centre</b>	<b>Number of Children Assessed</b>
Government Early Intervention Center (for Autism) at State Resource Training Center, KK Nagar	15
Government Early Intervention unit for MR at State Resource Training Center, K K Nagar	10
Government Early Intervention Centre at MNC	43
31 District Early Intervention Centers (sponsored by Government of Tamilnadu)	960
EIC at Puduchatram, Cuddalore Dist	60
EIC at Srimushnam, Cuddalore Dist	59
EIC at Mangalampettai, Cuddalore Dist	50
EIC at Vadalur, Cuddalore Dist	71
EIC at Keeleral, Tuticorin Dist	78
EIC at Meignanapuram, Tuticorin Dist	78
EIC at Nagalapuram, Tuticorin Dist	75
EIC at Thenthiruperai, Tuticorin Dist	75
<b>Grand Total</b>	<b>1574</b>

**Identifying** the type, degree and level of the disability the **Individualized Education Plan (IEP)** is evolved for each child. The types of disabilities seen in MNC are as follows:

**Mental Retardation with associated conditions including**

- ✓ Hydrocephaly, Microcephaly, Metabolic disorders
- ✓ Cerebral Palsy
- ✓ Down's Syndrome
- ✓ Autism
- ✓ Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder
- ✓ Vision impairment with developmental delay
- ✓ Neonatal seizures with mental retardation

*Upanayan can be described as the star of MNC's endeavor. The fulcrum of this flagship program is the parent. Parents are the main educators. "You are your child's teacher, so see, hear, feel and go with him/her.." exhorts the Upanayan Program*

### **Activity 3: Implementation of the Early Intervention Program UPANAYAN**

**An Individualized Education Plan** is drawn for the child, based on the assessment, physical condition of the child and the child's current needs, by the special educator, in consultation with the parent/s and the interdisciplinary team of experts. A detailed **plan of activities through lesson plans** is thereafter worked out and implemented with the participation of the parents, and the progress recorded both numerically and graphically in the given formats. The data is also entered into the computer using the software developed for the purpose for report generation and analysis.

At the end of the quarter, a fresh assessment is done and goals and objectives are set accordingly for the following quarter.

The Upanayan Early Intervention Training program is **an expert system** with resources drawn from an Interdisciplinary team of experts for working out an **Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP)** for early intervention.

The Holistic Intervention Program, birth to two year maximizes the child's potential, in this age group, in the five developmental areas: **Motor, Cognitive, Self-help, Socialization and Communication.**

In the age group, **2 plus to six years**, the intervention program that aims to:

- Make the child as self dependent as possible in the activities of daily living and focuses on the adaptive behaviors in the following domains of development.
  - Communication, Self Care, Meal Time Activities, Personal Daily Activities, Home Living, Social, Community Use, Self Direction, Health and Safety, functional Academics (Reading, Writing and Number) Leisure and Work.

#### **The Individualized Education Plan (IEP):**

The **IEP has been developed to meet** the unique needs of a child with disability and includes:

- Instruction provided in the classroom, at home, in institutions and other settings



**IEP one to one**

The **IEP** is so designed that:

- No child with special needs is overlooked or neglected
- The progress of every child is monitored closely
- Assessment of progress recorded periodically
- Provides a **comprehensive service** in training the child in the developmental areas age appropriately
- Develops the adaptive behaviors of the child, age appropriately in activities of daily living and
- Meets the educational and training needs of the child, up to preschool level and for mainstreaming

The **major processes** in the development of the IEP are:

- Assessment
- Goal setting and training
- Evaluation, all with the participation of the parent



**IEP in group setting**

### **The Individualized Education Plan (IEP):**

The **IEP has been developed to meet** the unique needs of a child with disability and includes:

- Instruction provided in the classroom, at home, in institutions and other settings

### **Family means:**

- The child, parents, siblings, elders and other close family members, immediate neighbors and the community at large

The family support system:

- Assists in planning the early intervention program
- Identifies the existing easily available training materials and other resources
- Uses workable methods of reaching the goals set for the individual

The individualized Family Service Plan (IFSP) is a 24 hours program for the children in the age group birth to pre-school years



**IEP with the mother**

### **Therapy Programs in Early Intervention Program**

As detailed earlier the implementation of the Early Intervention training program is through the Individualized Education Program and is coordinated with inputs for intervention from the different therapies, which the child may need in the course of training. Madhuran Narayanan Centre has children with mental retardation (MR), a large percentage of them also with associated disabilities such as Cerebral Palsy(CP), Down's Syndrome, Autism and Attention Deficit Hyperactivity Disorder (ADHD) and additional issues such as impairment in mobility, speech, hearing and vision.

### **Therapy Programs have the following components:**

- Individual needs of the child are synchronized with the special education program in the IEP
- Assessment by the respective therapists, coordinated with the IEP set by the special educator

### **Physiotherapy and Occupational Therapies in the IEP**

The children with Cerebral Palsy (who have poor movement control), Down's syndrome (with muscle weakness) and those with delayed milestones are given intensive physiotherapy.

### **Physiotherapy (PT)**

Physiotherapy is an integral part of the rehabilitation program for children with mental retardation, and has two main functions:

- Facilitating motor functions
- Maintaining good health



**Physiotherapy in progress**

### **Occupational therapy**

Occupational therapy consists of activities that help the individual to

- Improve muscle control
- Develop self-help skills, needed for activities of daily living

### **Speech therapy**

Children with special needs have problems in processing language and in expressive communication. Assessment is carried out by an expert in the field who helps identify the child's current level in the area of communication, and an individualized program plan is drawn accordingly along with the special educators of the center using the Upanayan check list.



**Awaz a visual tool (downloadable on android mobiles) for communication for non verbal children being used in an IEP**

Annually Speech and Communication assessments are conducted by the department of Audiology and Speech Pathology, SRM University, SRM Nagar, Kattankulathur – 603203. The team led by Ms. Usha Dalvi, Associate Professor of the Department of Audiology and Speech Pathology does both audiology screening and speech and language assessment for our children and give us their recommendations. These recommendations are followed and integrated in the IEPs for the child. The audiology screening is done by using the Otoscope test, the Otoacoustic emission test (OAE) and the Behavioral Observation Audiometric test. (BOA).

**Voice and Vision:**

The center has identified one of its special educators Mrs. Jeyashree who has been trained at Perkins voice and vision and is implementing the recommendations of experts in the field by lesson plans for the children through suitable IEPs. Vision assessment is done and if found that more diagnostic inputs are necessary the child is sent to **Sankar Netralaya** for further diagnosis. The inputs are analyzed and discussed with the parents and special educators for evolving IEPs suitable to them. Further under the guidance of Ms. Namita Jacob – Educational Specialist, Asia-Pacific Region, Hilton/Perkins Program, Ms. Deiva a consultant in Vision Rehabilitation at the Frontline Eye Hospital, India chapter, screens the children of the center for visual functions. Perception of light, Oculo motor skills (fixation, pursuit patterns and scanning), Grating acuity, Detection acuity and Visual acuity for distance and near are all tested and the recommendations of the experts are followed. The children who have very limited vision and do not have good oculomotor skills were advised vision stimulation activities. Children who partially gained these with better vision and intelligence were advised stimulation and visual perceptual skills. Children who have vision, perception and motor skills were advised visual training through activity work sheets.

**Refer Annexure – For a representative sample of audiology screening, Speech and Language Assessment and the Vision screening of the children**

### **Story of change – Kamalesh**

*Master Kamalesh a ADHD child from Andhra Pradesh was recommended to MNC. The mother brought her child here and came to the center for a couple of days. She did not feel comfortable seeing the other children here and did not want her son to be along with them. She returned to A.P. with Kamalesh. As the child grew at home, problems grew too. The parents had several behavioral issues with the child. They were compelled to come back to MNC.*

*He was placed in the 2-4 years group. His cognition was a little better but his behavior was unmanageable. With IEPs in a structured environment he started to behave better. He was incidentally assessed with another child. Slowly he got into groups. He started to wait for his turn and to share things with others. He was put in group activities and he started following the instruction given to the group. He started to wait during prayer time and then would go to his place (assigned by the teacher to him). The group activities taught him to be systematic and to take turns. He started to enjoy learning and hence started to be more cooperative.*

*After intervention he was mainstreamed. We recommended him to join UKG. After assessment the mainstream school admitted him to the first standard*

### **Yoga therapy**

Yoga was introduced at MNC in 1992 by the experts from the Krishnamacharya Yoga Mandiram, Chennai. This was followed up in the year 2004, when the Satyananda Yoga Ashram, Chennai Branch came forward to introduce child specific yoga program on a daily basis by the experts from the Yoga school.



**Children and the yoga master at a demonstration at the International conference**

All the children in the age group 2 – 4 years and 4 – 6 years and the parents of the 0 – 2 group benefit from the yoga practice at the center.

### Highlights of the Yoga Program

- Preparing an individualized education plan in yoga practices
- Integrated into the curriculum, and practice carried out as part of the daily curriculum of activities for the children
- The parents and special educators are first initiated into the system
- The special educators have been trained in the 'asanas' (movements coordinated with breathing) set for the children and supervise and guide the program at the centre
- The parents become carry over agents to their children at home
- The yoga program constitutes, a chanting session, followed by the practice of yoga 'asanas' and concluding with a '**Sankalpa**' and '**Yoganidra**'.(where **sankalpa** is resolution and positive thinking and **Yoganidra** is an intense form of relaxation of the body and mind)

Given below is a sample Yoga IEP written for **Advait Krithik who has ADHD**

General Practices	Language and Communication	Social Interaction	Cognition
Pavana Mukthasana - Fingers, Wrist bending, Elbow, Shoulder, Ankle bending, cranking, rotation, knee bending and Tadasana	Shambhavi Mudhra with chanting from various scriptures	Eye practices with candle light	Kati Chakrasana

**Evaluation:** The skill required by the child is identified and the 'asanas' that aid in the skill development are being given to the child. The parameters for evaluation are being identified. We hope that in the next social cycle we shall be able to evaluate the practice of yoga in skill development of the child.

### Yoga at MNC

For children without disabilities Yoga is started only by the age of 7, for children with disabilities who have developmental delay we start yoga at 4. We have an Individualized Yoga Programme for every child based on the disability like Autism, ADHD, DS etc. It also co-related with the Upanayan Assessment. For children below 2 years the mother is given the yoga exercises so that she can perform the same with the child on her lap. The breathing exercises that the mother does is transferred to the child and he/she learns by experience.

The yoga practiced here makes the mother confident, calm and de-stresses them. As far as the child is concerned the child is able to perform all activities better. Some of the children have less number of seizures in a month.

The stiffness in the child is lessened to a great extent and the child is able to take part in other activities. The 'sankalpa' and 'Yoganidra' do wonders for the mother for whom this is a new and rejuvenating experience.

The immediate benefits are – children learn to imitate, chant slokas, join in keerthans, prayer – all these help in better concentration and language development.

Yoga helps the special educator too in removal of stress, and in giving better attention to the child.

**Ramya - Yoga Teacher**

### **Music therapy – Consultant Mrs. Rajam Shankar**

**Mrs. Rajam Shankar** is a graduate in Carnatic Music and was initiated into the practice of Indian Traditional Music Therapy. She also has a Masters in Vedic Astrology and researches its employment as a medical evaluation and diagnostic tool. "**Nada Anusandana**" - Practicing of Music to heal, activate and revive any non functional organs or poorly functioning organs is being practiced by her at the centre for our children. Music Therapy is involved in stimulating certain nerve centers conceptually called as 'Chakras' in Vedic scriptures. As an experiment Music therapy was introduced in MNC in the year 2009-2010. The procedure involves identifying a 'specific raga' to a particular disability. The special educator/volunteer/parent is trained on this methodology to be transmitted to the child. This therapy is still in its experimental stage and studies to customize the musical requirement for each disability, the choice of ragas as a therapy for each disability is ongoing.



**A music demonstration in session**

### Music at MNC

*I joined MNC in 2002. I compose songs and help with the school events. It is the parents I teach. The children love music. The minute we start singing, they become very quiet. Those children, who can, also sing along and dance. The minute we stop singing they start getting noisy again.*

*Music has such an impact. It proves medicinal for the mothers. I find they are able to handle even most of the difficult of ragas. I compose songs to boost morale; to change attitude and thinking. Music becomes a prayer in itself. Music as therapy impacts and elevates thinking and living. It is also a great leveler. Anyone can respond and bond over it.*

*This year's prayer song was based on 'manas-vak-kayam' ...mind-speech-body. 'Key elements in Life' that MNC represents and addresses.*

– Mrs.Sowbhagyalakshmi, Music Teacher

### **Group Activities:**

Play Therapy, Brain Gym, Storytelling, Action Song, Art, Craft, Music and Bhajan, Fine Motor Activities, Outdoor Activities, School outing, TV LCD viewing, Balance and Coordination activities. **The above are all done in groups.**

**The table below gives an overview of the group activities.**

<b>Therapy</b>	<b>Activities</b>	<b>Skill Development</b>
<b>Play Therapy</b>	Ball rolling Rope Bench Hoop	Listening skills Coordination Social interaction Waiting interaction
<b>Brain Gym</b>	Brain button Cross crawl Positive point Lazy Eight Thinking cap	Coordination of the left and right side of the brain
<b>Story Telling</b>	Fox and the Grapes Thirsty Crow	Listening skills Comprehension skills Answering simple questions

Therapy	Activities	Skill Development
<b>Action Song</b>	Vegetables fruits Vehicles	Imitations Repetition of gestures Language
<b>Art</b>	Finger printing Sponge printing Hand printing	Fine motor skills
<b>Craft</b>	Paper crushing Seed pasting Dhal pasting	Eye hand coordination
<b>Music and Bhajan</b>	Sa Re Ga Ma Small songs	Repetition of sounds Listening skills

### **Evaluation**

The child is assessed using the **Upanayan Assessment Tool**. Evaluation is carried out periodically every quarter and annually and on the basis of the progress made in the program, a fresh set of goals and objectives are set and followed in the training. The progress is recorded systematically, manually as well as graphically in the given formats. It is also recorded into a software program, “**UPANEETA**” created indigenously for the purpose, by a group of professionals. The data are fed into the software program by the special educators and therapists. The children's progress report is made into graphical representation for easy assimilation. The data are recorded according to the age group birth to 2 years, 2 plus to 4 years and 4 plus to 6 years.

**(The results of the evaluation is given in the Annexure 4 as Disability wise data findings, and interesting case studies of a few children are given in Annexure 5)**

### **Medical Intervention available at MNC**

The centre engages a Developmental Pediatrician Dr. Padmalochani who visits twice a week. A thorough medical checkup is done selecting three or four children on every visit and an assessment report is prepared. The parameters checked are Height, Weight, and Nutritional status, along with the medical history of the child. After the general medical examination is completed she co-relates the development skill training being given to the child along with the medical examination to ensure that the skill selected is in tune with the assessment. Wherever needed she suggests' further medical investigation and intervention. She also gives counseling to pregnant mothers on the precautions to be taken and the care required from conception period to the delivery of the child.

*Dr. Padmalochani – Consultant Doctor MNC*

*“I joined MNC more than 7 years ago. I visit the center twice a week.. I deal with all the age groups in MNC. Since reference comes from all over it often happens that the children need further medical examination and assessments. I look for co-morbid conditions like latent heart diseases, or blood issues that have not been addressed.*

*MNC provides a basic necessity. It is a proven fact today that the earlier the intervention the better the benefits for the child. There are not too many institutions like MNC with such a vast spectrum of presentation, unlike specialty clinics that focus on just one or very few aspects of disabilities. Also anyone can follow the programs at MNC. None of it calls for too much investment on the part of the parents either. Parents learn and in turn teach their own peer group. MNC's work therefore carries tremendous weightage in social aspects as well. Most therapy centers do not accomplish so much.*

*MNC believes that every child irrespective of any social or economic parameters much be reached. Perhaps, with the changing ambience this can accomplished even more effectively together with bringing in all the advances being made in these fields.*

### **Stories of Change**

*Saikumari*

*“My son Sai Sivesh was born in 2010. His was a premature birth. They told me within days that he was a Down Syndrome child. I brought him to MNC when he was just three months of age and admitted him when he was eight months old. We did suffer at first but we are happy today. Our son speaks English, communicates and has now been moved to MNC's Montessori section. My husband dotes on him.*



**Master Sai Sivesh**

*I help at MNC at Occupational and Physiotherapy classes. I am here from 9.00 am till 3 pm. I get to be near my son and be useful to others.*

*For me and my husband, MNC is a temple "one that showed us the way forward."  
"What more can I say or need to say?"*

*S Mariammal*

*I have two children and they are both autistic. My first son, Inbasaharan was born in 2006. I was 24 at that time. When he was one and half years old he was diagnosed with ADHD in the Autistic spectrum. Till then we had no idea or suspicion. We thought that everything was all right. We had our second child Karthikeyan in 2008 and soon found that he also had the same issue. In his case there was normal eye contact initially. One day he developed high fever accompanied by fits. He changed after that. On doctor's advice we initially took the children to occupational therapy in a special school near our home and that is where we heard of MNC. My older boy was a little more than 4 years of age when we brought him here to MNC in 2011.*

*After coming here my older son has learnt a lot through socialization. He can take care of several of his personal needs. He makes eye contact. He observes and understands things around him, and he speaks a few words. My younger son was angry all the time. He is calm now and listens when he is told.*

*If I appear strong today, it is because of my husband's support. He is an auto driver and brings us to school every morning and picks us up at the end of the day. If I am depressed he immediately cheers me up by saying that "they are both doing so well." He is very positive*



**Master Inbasaharan**

*contd....*

*I do feel sad that I have two children and they both have a problem. When I watch other siblings walking down our street, side by side it does hurt. This isn't jealousy this is yearning the longing, I am a mother after all.*

*I came here as a parent. I am now a teacher. Mrs. Vimala Kannan madam and others here broke down all my resistance coaxed and encouraged me into doing a course on special education. MNC sponsored me and I did the course at their academy. I am very shy and will not speak to anyone. MNC gave me courage and confidence. Now I feel if I move my children to another school, I will be able to handle situations. MNC is family for me. They make the day so easy for me. MNC changed my life in three years.*

#### **Activity 4- Providing Support Systems through the projects – Annapoorna, Sankarshana, Samyam, Sambhavam, Sanmargam**

##### **Project ANNAPOORNA**

##### **Purpose of the project**

- To identify the children attending the early intervention program at the centre having gross deficiencies in nutrition including those with apparent severe malnourishment, particularly from economically weaker families
- Implement corrective measures
- Periodic assessments for improvements

##### **Criteria**

Out of the 138 children assessed during the current year 2014-2015, 30 children were chosen according to the following criteria:

- Indications of nutritional deprivations in physical appearance
- Height and weight lower than the age appropriate scale
- Clinical blood investigation (anemia-positive)

##### **The process**

- A team of experts that assessed the children included: pediatrician, therapist and a dietician and they selected the children according to the given criteria
- The assessed children's current diets were then modified and a balanced diet recommended fulfilling the child's specific needs
- Nutrition supplements were given regularly to the identified children: 'Sathu Mavu kanji (porridge), Kadalaipodi (Roasted and powdered Bengal gram,

groundnut and jaggery powder) – (The nutritive value of Porridge for 100 gms: Calories - 340.00 kcals, Protein-14.37 gms, Fat -3.83 gms, Carbohydrate - 61.39 gms, Calcium-159.92gms, & Iron -5.97 gms)

- A banana with the above powder everyday
- Vegetable soup made of green leafy and other vegetables once a week and Sundal(steamed dhal) once a week

**Result**

- Improvement in height averaging 2 cm to 8 cm
- Improvement in weight averaging 0.3 kg to 3 kg
- Improvement in Hemoglobin 0.5 mg to 3.90 mg

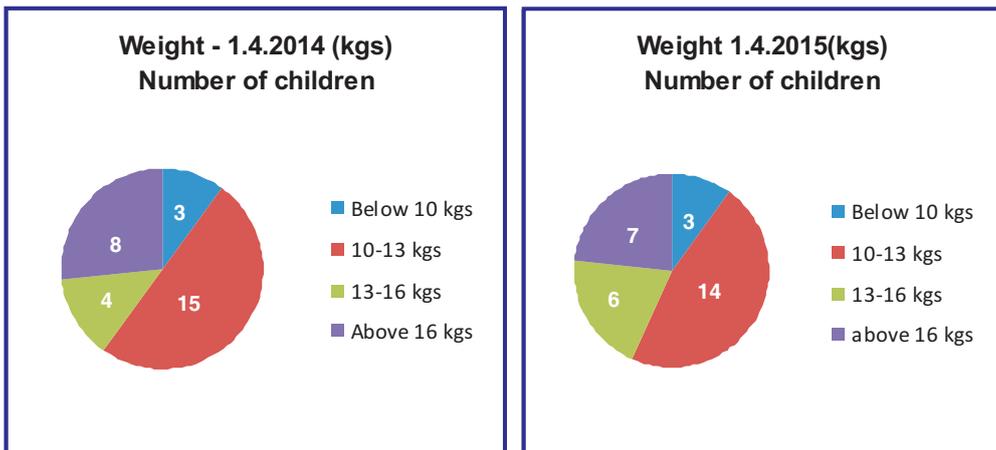
(The impact of the project in a tabular form for the 30 children selected, prior and after a year under the project Annapoorna is given in Annexure 6)

*The children eat the porridge easily without any fuss and like its sweet taste as it has jaggery in it. This simple wholesome meal has enabled many of the children to become healthier after joining MNC.*

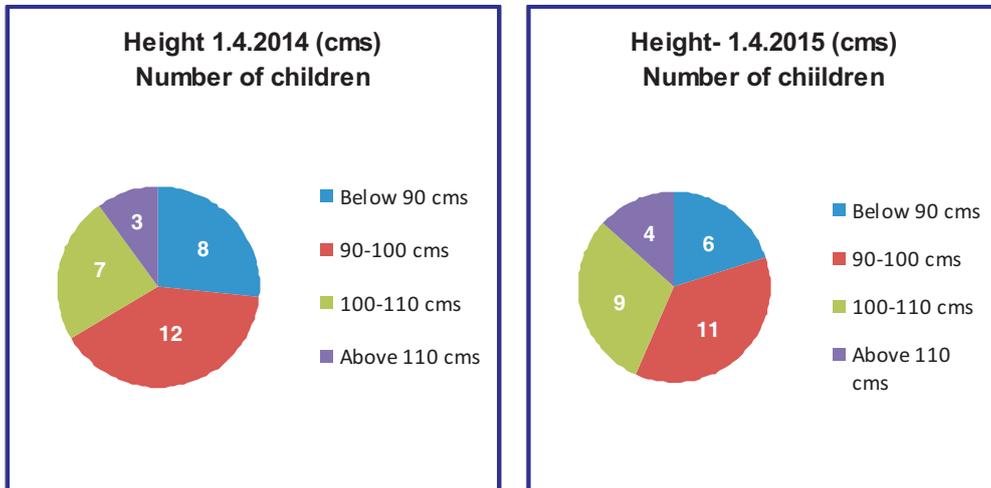
- Jaya Krishnaswamy

Given below is the result in graphic form:

**Table 1 - Weight (kgs)**

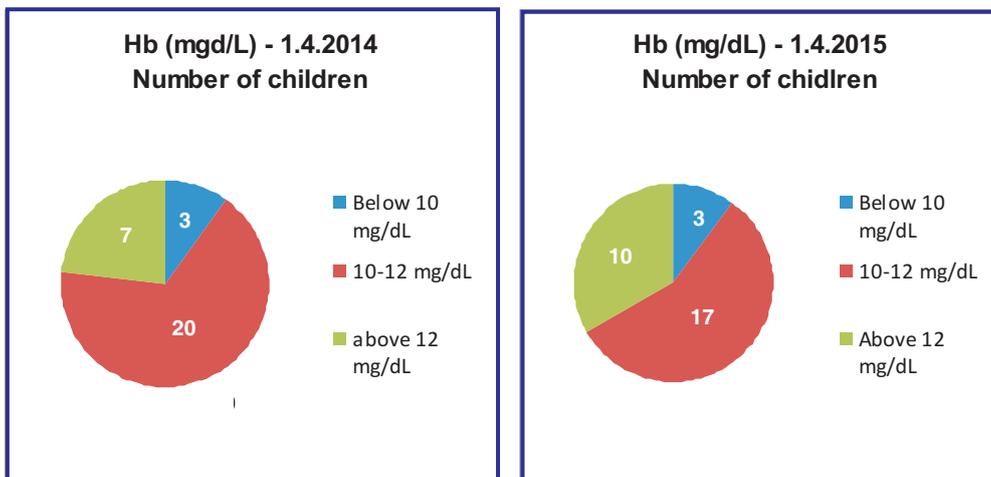


**Table 2 – Height (cms)**



**Table 3**

**Hemoglobin (mg/dL)**



**Outcome:**

- Periodic assessments have been carried out and home visits made for the 30 children selected for the program, Among them,
- **17 children** showed improvement in weight, the increase per child for the year ranging from 0.5 kg to 3 kg. Only 2 children recorded a reduction in weight.
- **21 children** showed increase in height ranged from 2 cm to 8 cms
- **21 children** recorded a rise in hemoglobin ranging from 0.5 mg to 3.90 mg

### Parents Speak

#### (Mrs. Benazir - mother of Irfan)

I am very happy about the fact that the weight and hemoglobin level of Irfan has improved. I had a fear earlier that certain type of food will not suit Irfan and refrained from trying them at home. He used to have loose motion after eating. But after Kanji was introduced in the center, I have also started trying that at home, and the child is able to tolerate it. I have started to try other foods too and Irfan seems to enjoy different types of food now.

#### (Mrs. Meena - mother of Palaniappan)

The hemoglobin level of the child has improved after he started to take the nutritive supplements provided in the center. The child is able to express his likes and dislikes. I have now become health conscious and want to feed my child appropriately

### Project - Sankarshana

**SANKARSHANA, meaning, "Bringing Back"** was conceived to bring together children who had on certain compulsions dropped off from the program, to look at their current needs and provide advice to the parents.

Aim of the Project:

- Counseling parents on the importance of Early Intervention and the continuance of the same

Methodology

- **Organizing** home visits, contacting the parents through telephone, and by mail.
- Parents and members of the family are met to find out the **reasons for dropping out**.
- **Putting efforts** to bring them back to Early Intervention

Summary (2013-2015)

	2012-2013	2013-2014	2014-2015
Number of House visits done	12	16	22
Number of children who joined MNC back	-	-	6
Number of children who joined other mainstream schools or special schools	4	6	7
Number of drop out children counseled to continue Early Intervention	6	5	5
Could not contact as house was locked	2	5	4

**(The details of the house visits are given in Annexure 7)**

*This Project Sankarshana was primarily started to understand why some of the parents dropped out of MNC's intervention. It enabled us to understand the plight of most of the parents due to their poor economic conditions or the stigma attached to being a parent of a retarded child. We try to provide some solutions to them and make them re-enroll or seek some other intervention. Sometimes the parents no longer reside in the address they provide and it becomes a problem for us to track them.*

- Ms. Andal Raghavan

*Mrs. V. Renuga, mother of V Akshaya - who came back to MNC after 8 months had this to say:*

*"I brought Akshaya to MNC when she was 6 months old. She was brought here with Developmental delay, seizure disorder, cortical blindness and hypo thyroidism. She attended MNC for about 4 months and then dropped out due to the increasing attacks of seizures. We stopped going to the center due to increased seizures and planned therapy for her. Mrs. Sumathi Group head – MNC visited us and told us not to miss the first few crucial years of intervention. The therapy did not make much difference and so we came back to MNC. Thanks to Mrs. Sumathi and others at MNC Akshaya slowly started to drink and eat with my help and could pull herself to sitting position. Slowly I could see improvement in her and so decided to come to MNC regularly."*

### **Project - SAMYAM**

Madhuram Narayanan Centre introduced a new event **SAMYAM** in 2013. Every year this event is being celebrated in July. This project was conceived to bring the Past students, Present and the new entrants together into the Centre during the year. The present students and the new entrants find motivation in coming together with the past students and interacting with them. The past students find guidance and reassurance in the teachers that they are on the right track.

The objective of **Samyam** is to bring together the three stages of children at Madhuram Narayanan Centre

- New children who have enrolled for the current academic year
- Existing children who are with Madhuram Narayanan Centre for the past few years
- Alumni who have moved ahead to mainstream schools and other special schools

**Samyam** creates a platform by bringing all the children along with parents together for:

- **Healthy interaction** to share the ideas and views for further development of the children
- **Maintain continuity** with Madhuram Narayanan Centre for guidance and counseling
- **Motivating new parents** to face the challenges in bringing up and training the children



**Cultural programme at Samyam**

*The past students serve as Role models for the parents of the current batches. They can now feel confident that their child can also be mainstreamed.*

*-Priya Rajkumar*

### **Project – SAMBHAVAM**

Sambhavam in Sanskrit means 'EVENT', and in the context of learning at MNC, experiencing an event in real life situations and reinforcing the skills learnt, in the school environment. This program is planned to enhance the skills taught in the classroom and specifically assist children to:

- Learn from real life experiences by planning of events outside school environment
- Learn from peers
- Reinforce learnt skills

## Sample representation of the Sambhavam Programm

### Visit to the museum: 10 days programme

1	A week prior to the visit and on Day 1 (16.3.2015)	<ul style="list-style-type: none"> <li>• Theme discussion and introduction (Museum) - A specific theme is selected for each quarter of the academic year. The theme provides an opportunity for the children to generalize the learned skills during that quarter. For example if the children have learnt about sizes then the children could relate to the sizes of the exhibits at the museum.</li> </ul>
2	Day 2 – (17.3.2015)	<ul style="list-style-type: none"> <li>• Visit to the place- The Museum - Teachers plan the activity with parents and a team is formed. Children in batches of 10 -15 accompanied by teachers of the class and the parents of the children get ready in the morning at the centre to leave for the venue. <b>The whole trip is video recorded right from the entry till the exit from the location.</b></li> </ul>  <p style="text-align: center;"><b>Visit to the Museum</b></p>
3	Day 3 (18.3.2015)	<ul style="list-style-type: none"> <li>• TV Viewing - Children are shown this video the next day to help them recall activities performed</li> </ul>  <p style="text-align: center;"><b>Children viewing the visit to the museum on the TV</b></p>

4	Day 4 (19.3.2015)	<ul style="list-style-type: none"> <li>The Chennai museum that has a mini 'Museum on Wheels' called the 'Museo Bus' sent the mobile museum to the center. This served as a second visit to the same venue and also provided an opportunity for those children who were not able to make the visit the first time, to experience a trip to the museum</li> </ul>  <p style="text-align: center;"><b>'Museo Bus' that came to the center</b></p>
5	Day 5 (20.3.2015)	<ul style="list-style-type: none"> <li>Art and Craft activity - Charts and props are prepared by children, parents and teachers together for a re-enactment of the visit. In this case the visit was to the Museum and hence the charts and props were on the various exhibits seen in the museum.</li> </ul>  <p style="text-align: center;"><b>Children preparing charts of pre historic mammals</b></p>

6	Day 6 (23.3.2015)	<ul style="list-style-type: none"> <li>• Art and Craft activity - Charts and props are prepared by children, parents and teachers together for a re-enactment of the visit–continues</li> </ul>
7	Day 7 (24.3.2015)	<ul style="list-style-type: none"> <li>• Practice for demonstration - Give a demonstration of the activities by recreating the scene. This reinforces the theme in the mind of the child.</li> </ul>
8	Day 8 (25.3.2015)	<ul style="list-style-type: none"> <li>• Practice for demonstration</li> </ul>
9	Day 9 (26.3.2015)	<ul style="list-style-type: none"> <li>• Practice for demonstration</li> </ul>
10	Day 10 – Final Day (27.3.2015)	<ul style="list-style-type: none"> <li>• Final Demonstration by simulating the scene at the center</li> </ul> <div data-bbox="730 904 1257 1263" data-label="Image"> </div> <p style="text-align: center;"><b>Museum recreated at the center</b></p>

Number of children visited museum:

4 – 6 years group – 42 children – Managed by 6 teachers. Children from 4 – 6 years group only were taken to the museum. The other children were taken to the Vegetable Shop, Aminjekarai Market, Restaurant, Railway Station, Beach, Super market and Guindy Park. Similar program as detailed above is implemented for these visits also. The total number of children who participated in Sambhavam is about 150.

*Sambhavam is one of the most innovative programs on experiential learning devised at MNC. This has been very thoughtfully conceived by us and it has become one of our flagship programs in social inclusion. Not only are we able to strengthen the social skills among the children at MNC, it has reinforced the confidence in the parents that they can take their children out to public places, and send them to shops to buy a few things. By taking our children in a group, we are able to sensitize the local communities on the capacities of these children. The stigma of interacting with a*

*special child has reduced and we get requests from the supermarkets and shop keepers to bring our children often*

*- Sumitra Manoharan*

### **A first hand report on the impact of SAMBHAVAM**

*Mrs. Hema – Group Head, MNC*

*The Sambhavam programme leaves a great impact on the children, parents, Special Educators and on the public.*

#### **Impact on children:**

*On the first day many children would exhibit behavioral problems, maladaptive behaviors for example – they would take materials kept on the counter without permission, touch all the objects in the shop. The special educators have to guide them as to how they should behave in such practical situations.*

*On day two, they will behave in a better manner and on the subsequent days (during the ten day programme) they acquire better adaptive skills. In the school after the trip, they will be able to learn step by step, part by part in a simulated atmosphere. When the demonstration is planned, the children would have acquired different skills and adaptive behavior. Here is an example of what really happened. The children were taken to a 'kolu' function. A girl who does not generally share things with others is given the duty of distributing 'sundal'. The child does the job happily and on the 10<sup>th</sup> day during demonstration, was seen happily distributing 'vetrelai-pakku', 'sundal' to all. Next day she started to share materials with the children next to her. Thus the skill in which they are trained gets generalized in real life situation. Sometimes various other adaptive skills are also developed.*

*Interested children start asking later 'when are we going out?' 'Who is accompanying us'? and so on. Even severely retarded children sometimes show some benefits, express in some way or the other their joy.*

#### **Impact on the parent:**

- Their inhibitions/reservations to expose their children in such public places slowly weans off. Since they go out in a team they feel comfortable. They develop confidence to handle their children in such outings.*
- They realize that children are really molded by such experience*
- The preparation part of such outings makes parents learn as to how they can take their children out on their own.*
- The parents feel happy to see their children acquire adaptive skills, the basic needs like bladder control etc.*

- *Parents also gain experience, learn about the place they visit*

***Impact on Special Educators:***

- *Teachers learn to plan for the visit*
- *They learn to manage and handle difficult situations.*
- *They learn to be careful in checking the access, mobility. Medical condition of their child*
- *They learn to budget in terms of money, time, manpower, resources etc.*
- *They get to know other skills from the check list – those that have not been selected for the child.*

***Impact on public:***

- *It is an experience for them to observe these children*
- *It creates an awareness about special children in the public minds*
- *They learn to adapt the procedure according to the requirements of the children, learn to handle the special children during their visit/stay*
- *An awareness to be committed to help special children is created.*

**Project: SANMARGAM**

The ultimate **aim** of every parent who has a special child is to integrate the child into mainstream society. In order that the children continue to benefit from the gains realized by them in the Early Intervention program, birth to 6 years, and **that they build up further from there on, the selection of children and preparing them for moving ahead is carried out over a period of time.** 'Sanmargam' aims at **preparing** the children to **move ahead**, and beyond the birth to six years program of intervention, **towards school education** in the mainstream and special school systems, **facilitating** children with developmental delays/mental retardation, and with associated disabilities to continue education in special and mainstream schools on completion of the Upanayan early intervention program, age group, birth to six years.

It is a coordinated training program where:

- the interdisciplinary team of experts are consulted in the processes of assessment and selecting goals and objectives,
- Through the respective programs, the therapists assist in further development of the skills.
- Inputs through group activities, music, yoga and play are also provided for optimizing the child's individual strengths through Individualized Education Plans (IEP).
- The children are guided and directed by the special educators who also transfer the skills to the parents, the 'carry over' agents who continue the training at home

The focus of the IEP is on the '**Moving Ahead**' and hence aimed at training the child in the required age appropriate skills in activities of daily living, thereby building bridges wherever there were developmental delays, and helping child reach the goals set for further development. Apart from this MNC helps in:

- Placement of children in the mainstream schools coordinating with the parents in their choice of schools, the teachers and head of institutions into which the children are being placed
- Providing support to the children, parents and mainstream school teachers for a period of three years from the date of admission, facilitating the transition of the child to adjust to the new environment
- Workshops are planned for the mainstream school teachers and parents to take the child forward to reach his/her potential smoothly.

**List of school where children are mainstreamed:**

White Gold Monetssori School 9, Perambur High Rd, Desia Colony, Jamalia, Chennai, 600012
Annai Velankanni Matriculation School, No.81/33, V.G.P. Salai., Saidapet, Chennai 600015
Metro English medium school 9 Vellala Street Kodambakkam, Chennai - 600024
Children Garden School Dr. Radhakrishnan Salai 7 <sup>th</sup> Lane (Tamil medium) Mylapore, Chennai - 600004
St.Pauls Matriculation School, Semmencheri, Chennai
Ponneri Matriculation School Vellapanchavadi Chennai

Morning Star Matriculation School,  
Vanniar 2nd St, Krishnapuram, Choolaimedu,  
Chennai, - 600094

Little Flower Convent for the Visually impaired ,  
G N Chetty Road, T Nagar  
Chennai 600017

Vijay Human Services, Royapettah  
Chennai 600014

**A Montessori unit on an experimental basis has been initiated** at the centre since 2013 wherein the children who are ready to be mainstreamed are placed for a year or two. **The preschool environment** at the Montessori provides the child a transitory platform to learn **adaptive behavioral skills** apart from **functional academics**.

**Outcome :**

**2012 – 2013** – A total of 13 children passed out from the center in April 2013. Among them 7 moved to mainstream schools, one of them was an outstation student, and 4 moved to other special schools.

**2013 - 2014** - A total of 20 children passed out from the Centre in April 2014. Among them 7 Children moved to the mainstream/special schools and thirteen children moved to the Montessori unit of MNC.

**2014-2015** – A total of 9 children passed out from the Centre in April 2015. Among them 1 child moved to our Montessori section, 3 to other special schools and 5 to mainstream schools.

**Feedback from parents/siblings of children who have mainstreamed to normal schools**

**Mrs Sudha Madhavan , mother of Master Lakshminarayanan**

*“My son is a child with Ataxia. Today I stand here as a proud mother, but I still remember those days when he was young and when I used to cry every day. I had seen all the hospitals in Chennai, hoping for a miracle that my child will be all right. That had not happened till date. Then I came to MNC where I was motivated, given acknowledgement and he is on the way to good days. Now I am able to motivate many mothers who are coming to the center. The training and experience in MNC has helped me to come out with flying colors in the Special Education course that I took up.”*

**“Miss Archana, Sister of Baby Abhinaya**

*I was 8 years old when my sister was born. We found that she had problems and brought her to MNC. After coming to MNC she interacted with all and with me in particular so much so that she shares her feelings with me along and accepts all my commands. I now work in Valluvar Gurukulam Higher Secondary School in Tambaram and being the sibling of a special child helps me to easily handle special children in my school and to counsel mothers of special children.”*

**Mrs. Shashikala Mother of Baby Abhinaya**

*“My child Abhinaya is microcephalus. At the age of 5 we brought her to MNC. MNC helped me to understand my child's level - how to handle her, how to teach her and how to motivate her. She got her basic training at MNC. They also identified her vision problems and helped in medical intervention. MNC helped me become a special educator and now I am Principal of Maithree School in Ullagaram.”*

**Mrs. Bhagyavathi - Mother of Master Hanish**

*“After coming to MNC, I must list the confidence level of my son as the first among many areas of improvement. Not only did his confidence level show improvement but that in the process my own level of confidence in my child took an upward trend. I could get out of my depression level to a great extent. Hanish has particularly shown a lot of improvement in the developmental areas of “Self Help” and “Cognition” in the sense that to a great extent he is self- managing in accomplishing his day to day tasks, understands our expectations of him and also conveys what he wants from us.”*

**Mrs. Jaya Balasubramaniam - Mother of Master Karthik**

*“The forum that MNC provides to meet other mothers, to talk to them, to exchange feelings of fears and frustrations, this was indeed a great help to each of us. We were able to share concerns of our children with one another. My thanks to MNC - for providing that forum. After MNC I took my son to a school where he learnt to read and write and computer skills. Now he helps me in my business by operating the computer.”*

**Mrs. Aruna Srikanth - Mother of Master Anirudh**

*“I was advised by the mainstream school teacher that my son is not able to follow lessons and that I should consult a good doctor. When we knew that he was autistic we were shattered. I came to MNC and took intervention for 4 years. In the process I completed my Diploma in Special Education and am now helping other mothers. The twin objective of helping my child and lifting me out of my depression was possible only because of MNC”*

### Details of school visits

Year	No. of School Visited	No. of Children Visited	No. of Teachers met
2012-2013	23	22	25
2013-2014	21	21	25
2014-2015	12	12	12

(A detailed tabulated statement showing the schools visited, children and teachers met, comments of the teachers is given in annexure 8)

#### The feedback from the visits to the schools:

Visiting schools to which our children have been mainstreamed reinforces MNC's belief that early intervention helps children to be better integrated into mainstream society, starting from school.

Given below are the observations of MNC staff who visit the school:

- Mainstream teachers must motivate the children by giving them words of appreciation like V.Good, God boy, Smart girl etc.
- The teachers must make the special child sit near a high functioning normal child and ensure that the normal child checks if the special child has carried out the task given to him/her.
- Interact with the parents frequently and inform about the child's responses in class both positive and negative.
- MNC should recognize the contribution of the Heads of Institutions for admitting our children in their school.
- MNC must recognize the services of the teacher in the mainstream school, through appreciation.

#### Key achievements and Social Impact of Objective 1

##### Key Achievements

- On completion of the Early Intervention program **33 children out of 336 enrolled between April 2013 and March 2015 that is 10%**(2013-2015 – 2 accounting years) have moved ahead–**8 have joined regular mainstream schools, 12 have joined other special schools and 13 have moved to MNC Montessori unit.**

- **Out of the 30 children** selected for the Project Annapoorna, which takes care of the nutritional aspect of early intervention, **17 children showed improvement in weight, the increase per child for the year ranging from 0.5 kg to 3 kg. Only 2 children recorded a reduction in weight, the others maintaining same weight, 21 children showed an increase in height ranging from 2 cm to 8 cms and 21 children recorded a rise in hemoglobin ranging from 0.5 mg to 3.90 mg.**
- **90 children (2013-2014) and 68 children (2014-2015)** were assessed for vision by the Special Educators at MNC. Children identified with vision problems were referred to Sankar Netralaya for further thorough assessment and suggestions for medical interventions were followed. Some of the children were assessed by Ms. Deiva (Perkins Voice and Vision) and her technical inputs helped the Special educators to plan Individualized Education Programs for the children.
- **63 underwent audiology screening** by the staff of the Audiology Department of SRM Medical College and Hospital and medical interventions were suggested to many of them. The staff of SRM also discussed therapy for others with the class teachers and helped in making IEP for the children. Hearing aids were obtained for a couple of them from the SRTC free of charge.
- **85 Children were assessed** for Speech and Language by the Speech and Language pathologists of SRM Medical College and Hospital, at the center. Those with problem were asked to come to SRM Medical College and Hospital for a detailed examination. Intervention techniques were discussed with the class teachers and they helped the teachers to plan effective IEPs.
- **6 children came back to MNC** after counseling through Sankarshana project.
- **More than 200 (2013-2015)** children were taken out on experiential training through project Sambhavam. The children are taken in batches of 10 – 15 and twice to every location once for the experiential learning and the second time for reinforcement.

**The total number of children impacted** by Upanayan Early Intervention Programme at MNC during this accounting year is **138**.

### **Social Impact**

- High quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities. Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.
- Stress, such as extreme poverty, abuse and neglect, or severe maternal depression can damage the developing brain, leading to lifelong problems in

learning, behavior, and physical and mental health. Through early intervention offered at MNC, the brain of the child is strengthened by positive early experiences, especially stable relationships with caring and responsive adults, safe and supportive environments, and appropriate nutrition.

- Early social/ emotional development and physical health provide the foundation upon which cognitive and language skills develop. This enables these children to be mainstreamed in schools and gives them more opportunities for inclusion in society.
- A significant impact of mainstreaming is that children are integrated into the larger community and are accepted by peers and teachers.

Nutritional intervention through Project Annapoorna has positively impacted the children. Their health condition shows an improvement thereby ensuring regular attendance to school and improved participation in class activities.

- The experiential learning provided at MNC enables the children to learn the use of public transport, public spaces like malls and parks and follow set routines, etiquette and discipline.
- Early intervention has led to a decrease in problem behaviors and self-stimulatory behaviors among the children.

## **Objective 2 - Rehabilitation of Parents and their Empowerment**

### **1. Training Programs**

MNC offers various trainings continuously to the parents with a focus on

- a. Improving their self-confidence
- b. Inculcating the skills required to train children
- c. Providing leadership quality

The various trainings they attend include -

- Parents as members of the interdisciplinary team are trained in determining the IEP for their child at the time of assessment, setting goals and objectives and carrying out the IEP (150).
- Parents are trained by the Special Educators to become effective carry over agents at home (170 parents).
- Parents are counseled by specialists from different fields as and when needed (120 parents).
- Additional skills developed in the parents enabling them to handle other children and become recognized as teacher helpers / trained teacher aides (9 parents as parent helpers).

- Parents are encouraged to take up bridge/short term courses, take up the diploma course conducted by the training center AVMVK Academy to enhance their knowledge (10 parents during this social accounting period).
- Parents plan all activities at the Centre, including celebrations of festivals and national events, children's birthdays, annual day and sports day activities by taking up all the responsibilities.
- 7 parents after completion of the Diploma course in the AVMVK Academy are working as Special Educators in other special Schools and 3 of the parents have joined MNC as Special Educators.
- Parents are given opportunities by rotation to organize, compere and take part in cultural activities in the center.
- Ongoing yoga orientation training for parents of MNC, by Sri N K T Jeyagopal and his team from the Sathyananda Yoga Ashram.
- Specific awareness on the importance of yoga given to MNC parents by Shri N K T Jeyagopal and his team from the Sathyananada Yoga Ashram.
- Mrs. Kalpalathika one of our parents presented a paper for Refresher Training for Child Development project officers on "Focus on Early Childhood Stimulation under three years" in Jan 2014.
- Orientation on nutrition for all parents.
- 27<sup>th</sup> June 2014, Mrs. Kavitha Rao conducted a workshop for MNC parents on Language Development (self monitoring).
- 2<sup>nd</sup> August 2014 – Mrs. Priya Rajkumar conducted workshop at Bala Mandir for their staff on Nutrition, some of our parents attended the workshop.



**Parents showing their talent on the stage at the Annual Day celebrations**

## 2. Events

### a. Nutrifest

Nutrifest is an event specially designed to focus on the importance of nutritional intervention in caring for children with mental retardation. “**Healthy Foods, Healthy Kids**”. It is celebrated yearly in March.

#### 2012-2013

Nutrifest was celebrated on March 7<sup>th</sup> 2013. The theme selected for the year for “Nutritious and Balanced Meal” appropriate for a family of 4-6 members. The food should be cost effective, attractive and motivate the child to eat. The parents were asked to prepare the food at the center. The parents of birth to 2 years and 2-4 years together prepared Lunch while the parents of 4-6 years prepared Dinner. The menu was based on balanced diet suitable for the children. The background work in preparing charts for display, menu preparation was done by all the parents (totaling about 90) while the cooking was done by representatives of the group. The event was judged by Mrs. Bamini, Chief Dietician of Sundarm Medical Foundation, Chennai, and Ms. Ayesha Tabussam, Dietician, Chennai. The winners were the parents of children birth to two years who had made a Lunch which was simple, nutritious and balanced.

#### 2013 – 2014

Nutrifest was celebrated on 7<sup>th</sup> March 2014. The theme selected for the year was “**Nutritious and Balanced Meal**” for children in the age group of one to one and half, one and half to three years, three years to six years. The parents were asked to prepare a menu for the whole day (cooked at home - Breakfast, Lunch, and Dinner). The menu should be restricted to dishes that they would serve at their home every day. The menu should be balanced and nutritious. The judge was Mrs. Avanti Prabhakar from the Nutrition Department of Justice Basheer Ahmed Sayeed College for women and Ms Meenakshi Bajaj, Dietician from TN Government Multi Super Specialty Hospital. About 80 parents participated in the competition and vied for the first prize.

#### 2014- 2015

It was celebrated on 13.3.2015. This year the focus was on “Millets”. The theme selected was “**Parambariyathudan Koodiya Siru Dhaniya Unavu**” literally meaning “Traditional food made out of millets.” The theme was selected by the Special educators of the center to ensure that the parents were made aware of the high nutritional value of our traditional food made out of millets. First, the benefits of the millets were taught to the parents. The students from the Department of Nutrition, Justice Basheer Ahmed College for Women, Chennai came and outlined the benefits of millets and also took classes on how to use them in everyday food. On the day of the festival the parents with their children, teachers and other invitees gathered in MNC prayer hall to be part of the event marked by color and gaiety with a colorful array of dishes vying with each other for taste and display. 100 dishes came out on the table and three judges were put to much

difficulty in selecting the dishes that were outstanding. The judges were Dr. Padmalochani (MNC consultant), Mrs. Bamini, Chief Dietician of Sundaram Medical foundation and Ms. Nachal, a practicing Organic farmer. About 90 parents participated. Some of the innovative recipes were:

- Bajra Mini pizzas
- Little millet balls
- Jowar Rajma Rolls
- Varagu Veg Biryani

#### **b. Father's Day**

It is usually the mothers who get involved in the day to day training of the child. Towards orienting the fathers in the care and management of the children with special needs, MNC decided to invite them to spend a day at the center. The fathers were invited on the Father's day while the mothers took backseat. 2014 – 2015 – The Father's day was celebrated on 20<sup>th</sup> Sept 2014.

#### **Process:**

A letter to individual father was sent both in English and vernacular

A confirmatory note from the parent was obtained on their participation

Initially fathers were given an overview of the activities of their children and instructions were given on how they should participate in the training of their child

All fathers were made to train the child through Individualized Education Program.

At the end of the day a feed-back session was held.

A total of 58 fathers participated in the father's day.

This created awareness in the fathers on the process of Early Intervention being given to their children. This facilitates in sensitizing the fathers on the need to interact with the child at home in a more structured way.

**(A sample feedback obtained during the father's day event is given as Annexure 9)**

#### **Key Achievements and Social Impact of Objective 2**

##### **Key Achievements**

- 10 parents have gained professional qualifications by pursuing a diploma in Early Childhood Special Education (MR) at the AVMK Academy since 2013 and three of them are employed in MNC.

- Parents became carry-over agents and created awareness on Early Intervention within the community and Society.
- 20 children have been referred to MNC by parents in 2014 -15, 18 in 2013-2014 and 20 children in 2012-2013. Parents have formed a strong support system, and sensitize the larger community and bring/refer children with special needs to MNC for the Early Intervention program.
- 9 parents have been appointed as teacher helpers for the current accounting period

### **Social Impact**

By Developing the Parenting Skills in the parents has led to their Empowerment as partners in the training program of their child, at MNC

- Parents become the spokespersons to the community at large on the importance of early intervention.
- They become role models to the community at large, which helps other parents in similar situations to handle disability in the family.

### **Objective 3 - Creating Awareness on the Importance of Early Detection / Early Intervention by**

#### **1. Hosting Conferences, Lectures and workshops**

MNC organized the 4<sup>th</sup> International Conference and the 10<sup>th</sup> National Workshop on Early Intervention in Mental Retardation on 20<sup>th</sup> Nov to 23<sup>rd</sup> Nov 2013 at Hotel Savera. **34 distinguished experts of national and international repute** from areas of special education, medicine, Para- medicine, therapeutics, human resources, and child's right advocacy formed the faculty members of the workshop. **About 120 delegates** drawn from several walks of life attended the workshop. The theme Early Intervention was presented under the heads:

- a. Recent trends in research :Science and Medicine in Prevention and Early detection of Mental retardation and associated disabilities
- b. The Miracle: That is the brain – A Continuing discovery – Autism, Cerebral palsy and Downs syndrome
- c. Early identification and provision of services – human resources development
- d. Effective Classroom Management - In mainstream school environment – post early intervention
- e. Policy and action plan – The societal approach – beginning with teaching and teachers.

The conference was preceded a day before at MNC with a **case presentation by Dr. Lucy Raymond, MA, D. Phil, FRCP, Consultant Geneticist, and Senior Lecturer Dept. of Medical Genetics, University of Cambridge UK.**

The purpose was to review children with identified inherited conditions associated with Intellectual Disability. Eight children from MNC, SRC, NIEPMD were selected for the case presentation based on the pre disposing genetic condition. Considering the pattern of the population at MNC and other special schools in Chennai, Mrs. Jaya Krishnaswamy, Director, felt that despite the genetic origin and the associated impeding developmental conditions in the child, given the intensive and earliest possible intervention inputs to the child, along with the needed medical interventions, a comparison of the developmental progress with that of a similar population of children in other countries would be beneficial to understand different perspectives across the globe. The post presentation discussions held arrived at the following consensus:

- **While high quality genetics services exist on an 'as and when' basis, the broader aim is in developing a referral and a network of consultation system,**
  - **Developing a template for establishing robust pathways and processes for accessing genetic services locally,**
  - **A beginning would be made for establishing genetic counseling services at early intervention centers.**
- The 11<sup>th</sup> National workshop was conducted between Nov 7<sup>th</sup> and Nov 8<sup>th</sup> 2014, on the theme 'Early Intervention in Mental Retardation and Associated Disabilities – Discovering Differences and Developing Strengths. 9 eminent resource persons of National repute gave their in-depth presentations. About 150 delegates benefitted from the workshop.
  - MNC participated in a workshop for Master Trainers at the Tamilnadu Corporation for Welfare of Women on Mental Retardation. Mrs. Jaya Krishnaswamy, Mrs. Sumitra Manoharan and Mrs M Sumathi presented papers on the causes, types and prevention of mental retardation.
  - Between 19<sup>th</sup> and 21<sup>st</sup> November MNC conducted a workshop for SSA teachers on “Orientation on writing lesson plans”. Mrs. Jaya Krishnaswamy conducted the workshop and explained in detail to the teachers present.
  - A similar workshop as mentioned above was conducted for over 50 Special educators on the 24<sup>th</sup> and 25<sup>th</sup> of Nov 2014 by Mrs. Andal Raghavan, Mrs. Rajalakshmi, Mrs. Sumitra Manoharan and Mrs. Priya Rajkumar.
  - On the 9<sup>th</sup> and 10<sup>th</sup> December 2014, Mrs. Jaya Krishnaswamy, Mrs. Sumitra Manoharan and Mrs. Priya Rajkumar conducted a workshop for SSA teachers.

- Mrs. Sumitra Manoharan gave a lecture on Activities of Daily living for parents at Little Flower Convent for the visually impaired on 12<sup>th</sup> Feb 2015.  
Mrs. Priya Rajkumar and Mrs. Jaya Krishnaswamy conducted a session at Michelin Tyres for anganwadi workers on Nutrition and Child Development in coordination with Bala Mandir on the 8<sup>th</sup> June 2014.
- Mrs. Priya Rajkumar attended the Board of Studies meeting at the Nutrition Department of SIET College as a member on 6<sup>th</sup> Feb 2015.
- Mrs. Andal Raghavan attended a workshop on Research Methodology at Vishakapatnam.
- Mr. S Vijayan attended the South Region C.S.O. meeting at SPASTN on the 12<sup>th</sup> and 13<sup>th</sup> June 2014.
- Mrs. Jaya Krishnaswamy and Mrs. Sumitra Manoharan attended a workshop on SSA curriculum at the DPI on the 10<sup>th</sup> of July 2014.
- Mrs. Priya Rajkumar attended a workshop on ABA (Applied Behavioral Analysis) at Bangalore on the 6<sup>th</sup> Sept 2014.
- Mrs. V. Jeyashree and Mrs. Rajalakshmi attended the RCI Coordinators meeting at Hyderabad.
- Mrs. Vimala Kannan and Mrs V Jeyashree were the external examiners for the practical examination at NIMH and Life help center respectively on 31<sup>st</sup> Jan 2015.

#### **Memorial Lectures**

- In memory of our **Founder Director Air Vice Marshal V Krishnaswamy**, the first AVMVK Memorial lecture was conducted on 19<sup>th</sup> Nov 2013 at Hotel Savera, Chennai. The memorial lecture was delivered by Padmabhushan Dr. M K Bhan, National Professor of Science, IIT, New Delhi. Dr. Bhan spoke on the topic of **“Maternal and Child Health Care related to Nutrition and Infections, pertaining to Prevention of Disabilities”**.
- The second memorial lecture was conducted on 11<sup>th</sup> December 2014, at Hotel My Fortune, Chennai by **Dr. Rajiv Bahl, MD (Pediatrics), PhD and currently Coordinator, R&D, Dept of Maternal, Newborn, Child & Adolescent Health, WHO, Geneva**. His oration revolved around maternal care and neonatal development. He stressed the need for **“community based intervention to improve infant feed practices in an effort to avoid youth - infant's infections including infant mortality”**.

#### **Workshop conducted by MNC**

SRTC Training Programme conducted by resource persons from MNC for **40 Special educators** and **40 MSW students** in April 2015.

- Refresher Courses conducted between 17<sup>th</sup> Nov 2014 and 25<sup>th</sup> Feb 2015, for the 89 **special educators** in the Govt. Early Intervention centre in the 32 districts of Tamilnadu. This was done in 10 clusters (two in each cluster) Tiruvannamalai, Chennai, Nilgris, Coimbatore, Madurai, Trichy, Thanjavur, Cuddalore, Sivagangai, and Tirunelveli.

### **Silver Jubilee celebrations of the Centre**

The centre celebrated its 25<sup>th</sup> anniversary on 12<sup>th</sup> Dec 2014 by:

- Organizing the release of a book “**A World of Difference**” chronicling the center's journey of 25 years since inception in 1989. The book was authored by Mrs. Ranjitha Ashok, a free lance writer. The book was released by Hon. Justice Sanjay Kishan Kaul, Chief Justice of Madras High Court.
- The annual day was celebrated by presenting a capsule of MNC history in cluster of five years by a dance drama enacted by children, parents and staff member of MNC on the theme “Silver to Golden pathways – MNC journey”.

### **2. Media Coverage**

**Press** interviews and Television Programs – All events celebrated are covered by the leading dailies of the city like The New Indian Express, The Hindu, Deccan Chronicle and regional newspapers.

**Communication** - Bringing out 'Kalpatharu' a bi annual in house magazine, reaching out to about 400 people.

### **3. MNC Website**

**MNC Website**– [www.mncindia.org](http://www.mncindia.org) – A redesigned and updated version launched in June 2013. Website provides apart from information of activities, an online contact form which enables public to send queries to the center. The yearly workshop information and a downloadable registration form is provided for delegates to register online.

### **Key Achievements and Social Impact of Objective 3**

#### **Key Achievements**

- **357 special educators** (from the 32 districts in Tamil Nadu- 116 in 2013, 115 in 2014, and 126 in 2015) have undergone the refresher course for trainers during **2013-2015**.
- Dissemination of information has been achieved by conducting **four international conferences** and **eleven national workshops** during the last few years the proceedings of which have been circulated to all key stakeholders.

- This information has also been published in the national press, MNC website and our in-house journal 'Kalpatharu' - a bi-annual publication with 400 copies circulated

### **Social Impact**

- The media coverage of the various conferences/workshops/functions conducted at the centre sensitizes the community at large on the concept of Early Intervention in Mental Retardation and Developmental delays.

20 children were referred to the center by the parents, 32 by well wishers, 59 by professionals reflecting the awareness created about Early intervention.

### **Objective 4 – Outreach Programmes**

The objective is based on the Vision Statement – to reach out to every child with MR and provide Early Intervention. MNC partners with both the State and Central Government in establishing the EI centers and also mentoring. MNC also supports other organizations in setting up EICs and also provides need based support on a continuing basis.

#### **1. National Rural Health Mission (NRHM) and the State Health Society, Tamilnadu(SHS TN)**

A pilot project was mooted between The State Health Society–Tamilnadu (SHS TN) a part of Government of Tamilnadu, Department of Health and Family Welfare acting as the Nodal Agency for National Rural Health Mission (NRHM) to implement the Reproductive and Child Health (RCH) Project Phase – II program in the State of Tamilnadu and MNC. The project aims “to strengthen and expand preventive services of the existing health system by establishment of Early Intervention Centers in two districts (Thoothukudi and Cuddalore) for management of screened cases of newborn, infants and children with birth defects and facilitate referral services after detection of disabilities in collaboration with Madhuram Narayanan Centre for Exceptional Children as a strategy”.

#### **Role of MNC**

In this context MNC became responsible for:

- **Provision of early intervention services** to children with mental retardation through a systematic program
- **Supervision and monitoring** consultant for the NGO in the project
- **Providing Human and Material Resources** for Program Implementation.

In short played the **role of a mentor**

The various activities MNC was involved includes –

- a. Monitor Infrastructure issues like Water, Electricity, Sanitation, Safety

- b. Interaction /Coordination with the PHC Medical Officers & VHNs at their meetings in the PHCs
- c. Programme Implementation - Monitoring, Guiding – Programming Co-ordinating Special Education/ Therapy, Parent Counseling
- d. Facilitating Benefits to Children, like ID card, Maintenance Grant, Bus pass, Midday meals, Health check up

**Establishment of EICs as Fully Functional Units:**

- **Training of Medical Officers and Other Personnel** from the PHCs in the respective districts by preparing Training Modules and conducting Workshops for Training
- **Recruitment of Special Educators** simultaneously and positioning them at MNC for a period of three months as internees before posting them at the EICs
- **Equipping** each of the Centers with the required training materials needed for the provision of early intervention services, including the equipment needed for therapy.

**Installing**, in each EIC, computer systems with the Software UPANEETA – for documenting the manually recorded data, into the system.

The EICs are fully functional from 2012 and are providing Early Intervention Services to the rural public who otherwise would have to come to the city for such services.

**Government Early Intervention Centre**

The Government of Tamilnadu with a vision on the need and importance of Early Intervention Centers for Children with mental disabilities planned for Early Intervention Centers to be established one in each district in the year 2007. MNC was identified by the office of the State Commissioner for the Disabled Persons, Government of Tamilnadu as the Non-Governmental Organization (NGO) to start an Early Intervention Centre at Chennai, and is a beneficiary of their aid to support such a programme. As on date, 43 children have been enrolled in the centre, located in our premises. The facilities that MNC children enjoy are all extended to them. Apart from Intervention through Upanayan they are included in Therapy, Yoga, Nutrition projects of the Centre, Outings, and Medical Check up and get to participate in all MNC functions.

**Early Intervention Centre for Autism/MR at State Resource Training Centre at K K Nagar, Chennai**

In the year 2012 the State Commissioner for Differently Abled, had selected MNC to establish an Early Intervention Centre for Autism/Mental Retardation at State Resource

Training Centre, K K Nagar, Chennai 600078. 25 children (15 in Autism and 10 in Mental retardation) are enrolled in this centre from nearby and far off places. MNC is the mentor for the centre. The special educators and staff have been trained by MNC in the implementation of Upanayan Early Intervention Programme Weekly visits by the senior special educators to the centre ensures that assessment forms are filled properly, Individualized Education Programmes have been drawn up properly and implemented in the right way. Evaluation is done periodically by the Principal or the Coordinator, Programme Implementation and recorded. The progress of the children is monitored for mainstreaming. Special educators are included in the refresher courses conducted by MNC and they bring their problems to MNC for solutions.

### **Sarva Siksha Abhiyan**

'**Anaivarukum Kalvi Thittam**' or **Universal Education** is an effort to universalize elementary education through community ownership of the schooling system. It is a programme designed to universalize elementary education within a definite time frame.

- Arduous efforts have been made in the last four decades for universalization of Elementary Education and to fulfill the mandate of the Indian Constitution.
- The "National Policy on Education" 1986 and 1992 also gave top priority to the achievement of Universal Elementary Education. Many projects and programmes at the micro and macro levels have been undertaken in the past in this direction.
- Sarva Shiksha Abhiyan is an attempt to improve capabilities of all children through provision of community owned quality education in a mission mode.
- A '**Train the Trainer**' programme was held at SSA where **168 mainstream teachers** including a few special educators underwent an orientation program on Early Intervention for children with special needs. This in turn enabled them to take it to 27000 mainstream teachers under SSA across TN. Further this also facilitated in developing a curriculum for SEN children in inclusive setting.

**2. Mehtva Special School at Kalpakkam** – This special school has benefitted by MNC's guidance for its entire programme since 1995, through regular evaluation of the implementation of the Early Intervention Programme. This is carried out on a quarterly basis.

**3. Disha Learning Centre, Alwarpet, Chennai** – The object of the visits once in two months is to provide consultation on how to complete case history, training in assessment and selection of goals and objectives and evaluation. This work is being carried out since 2013.

**Given below is the list of institutions/organizations covered in our outreach programmes**

<b>Institutions/organizations</b>	<b>State/ Central/ Private</b>	<b>No. of centers</b>	<b>No. of children covered</b>	<b>Special Educators Therapists</b>
National Rural Health Mission	Central Govt.	8	240	16
32 District Early Intervention centers sponsored by the Government of Tamilnadu	State Govt.	32	960	89
Tamilnadu Dist Early Intervention Center at MNC	State Govt.	1	43	4
Tamilnadu Dist Early Intervention center for Autism at SRTC, K K Nagar	State Govt.	1	10	2
Tamilnadu Dist Early Intervention center for MR at SRTC, K K Nagar	State Govt.	1	15	2
Disha Learning center	Private	1	7	1
Mehtva Special School, Kalpakkam	Private	1	15	6
<b>Total</b>		<b>45</b>	<b>1290</b>	<b>120</b>

#### **4. Reaching the benefits accorded by the Government of Tamilnadu to the Differently abled children of MNC.**

##### **National Identity Card for the Disabled Persons**

National Identity cards are issued by District Differently Abled Welfare Officers based on the Disability Certificate. The person should have 40% disability.

##### **Maintenance allowance**

The Government of Tamilnadu gives a maintenance grant of Rs.1500 per month to the Mentally Retarded persons with 45% retardation and above. The allowance is sent through Core Banking System to the bank account.

##### **NIRAMAYA - Health Insurance Scheme (Revised Scheme w.e.f. April, 2015)**

'Niramaya' Health Insurance Scheme for the welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.



"Niramaya" a health insurance scheme has been conceived by the National Trust with the following objectives.

- To provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities.

To encourage health services seeking behavior among persons with developmental disability.

To improve the general health condition & quality of life of persons with developmental disability

MNC has been helping the parents in getting these benefits from the Government bodies by helping them to procure the right forms, fill them, submit them on their behalf and reach the benefits to the children.

### Children Benefitted – 2012-15

Type of facility availed	No. of children		
	2012-13	2013-2014	2014-15
Identity card	51	105*	411*
Bus passes	41	96*	113*
Maintenance Grant	30	75*	154*
Mid-day-meals	43	150*	207*
Niramaya Insurance Cards	NA	NA	61*

The NRHM Government Early Intervention Centers were started in 2012. The figures include the Government E I Centers too.

## Key Achievements and Social Impact of Objective 4

### Key Achievements

- The Tamil Nadu state government has recognized Upanayan Early Intervention program and has adopted the same for implementation in all the 32 districts of the state
- National Rural Health Mission (NRHM) is a Central Government scheme to ensure effective healthcare to rural areas through a range of interventions. MNC continues to be a partner in this public / private partnership program since 2012 when the EICs were established.
- The State office of the Sarva Siksha Abhiyan mooted by the Central Government has chosen MNC as its partner in curriculum adaptation and training their teachers/special educators.
- Upanayan Early Intervention program package has been chosen by the following institutions/centers for implementation:
  1. Asha Speech and hearing clinic, No. 15/76, Old Rajender Nagar, New Delhi, Delhi 110060
  2. Holy Cross College, Madurai Road, Tiruchirappalli, Tamil Nadu 620002
  3. Ramakrishna Mission Vivekananda University (RKMVU) Coimbatore
  4. Sarva Siksha Abhiyan, Project Office, Chennai
- A '**Train the Trainer**' programme was held at SSA where **168 mainstream teachers** including a few special educators underwent an orientation program on Early Intervention for children with special needs. This in turn enabled them to take it to 27000 mainstream teachers under SSA across TN. Further this also facilitated in developing a curriculum for SEN children in inclusive setting.

### Social Impact

- Successful in creating awareness about prevention, early detection of disabilities and early intervention for children diagnosed with disabilities
- The existing Government health delivery mechanism has been effectively used to reach these services to remote villages
- The parents of the children coming to MNC are fully sensitized to avail all the benefits given to them by the State and Central Government and help them in obtaining these benefits.
- MNC has been able to help the Government in providing useful inputs in evolving policy decisions in the field of disability.

### **Objective 5: To establish a training center**

#### **1. To conduct accredited courses of the Rehabilitation Council of India, towards increasing the number of special educators in the country**

For the last three decades there has been a steady increase in the awareness of mental disability and developmental delays in children. Many institutions have been established that offer early intervention to such children. The increase of Special educators meanwhile has not been in tune with the increase of these institutions. MNC sensed this dearth of Special educators and to bridge the need decided to offer accredited courses in Special Education.



**Students of our diploma course attending a session**

#### **AVMVK Training Academy**

The launch of AVMVK Training Academy, an academic wing of MNC, in memory of our Founder Director Air Vice Marshal V Krishnaswamy on the 5<sup>th</sup> September is an important landmark in the history of MNC. MNC applied to the Rehabilitation Council of India to conduct Diploma course in Early Childhood Special Education (MR) in 2012 and was given approval for the year 2012-2013. As per the norms of the RCI, a course coordinator was appointed. The faculty consists of qualified staff and visiting experts from the areas of Physiotherapy, Family Intervention, Medicine, and Speech Therapy.



**Prof. Visveswaran, retired Professor from Madras School of Social Work giving a lecture on Family Intervention**

### **Key Achievements**

- 13 students during the year academic year 2012-2013, 7 students during 2013-2014 and another 6 students in the year 2014-2015 have successfully passed the Diploma Course. (DECSE-MR).
- Seeing the results RCI has extended approval to MNC for the next five years (2013-2018).

### **(RCI approval to conduct Diploma Course – Annexure 10)**

#### **2. Refresher/ Orientation courses to staff**

- 5<sup>th</sup> Nov 2014 Mrs. Padma Shastry conducted a simulation workshop for MNC staff and parents on disabilities.
- On the 17<sup>th</sup> and 18<sup>th</sup> October, 2014 Mr. Karthick Ranaganatha Rao conducted a workshop on Sensory Integration for MNC staff and parents.
- 27<sup>th</sup> June 2014, Mrs. Kavitha Rao conducted a workshop for MNC Staff on Language Development (self monitoring).

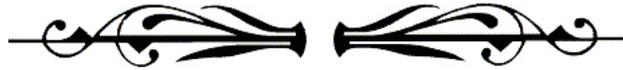


## KEY ACHIEVEMENTS FOR THE PERIOD 2013-2015

- **1574 children** are presently undergoing ' Upanayan Early Intervention Programme' in Tamilnadu.
- On completion of the Early Intervention program **33 children out of 336 enrolled between April 2013 and March 2015 that is 10%** (2013-2015 – 2 accounting years) have been mainstreamed – **8 have joined regular mainstream schools, 12 have joined other special schools and 13 have moved to MNC Montessori unit.**
- **10 parents** have gained professional qualifications by pursuing a diploma in Early Childhood Special Education (MR) at the AVMVK Academy since 2013 and three of them are employed in MNC.
- 'Train the Trainers' -As a step towards 'inclusion **60 special educators** from SSA were given training on Early Intervention Program for 5 days.
- **Silver Jubilee celebrations of the Centre** - The centre celebrated its 25<sup>th</sup> anniversary on 12<sup>th</sup> Dec 2014 by:
  - Organizing the release of a book “**A World of Difference**” chronicling the center's journey of 25 years since inception in 1989. The book was authored by Mrs. Ranjitha Ashok, a free lance writer. The book was released by Hon. Justice Sanjay Kishan Kaul, Chief Justice of Madras High Court.
  - By presenting a capsule of MNC journey in cluster of five years by a dance drama enacted by children, parents and staff member of MNC on the theme “Silver to Golden Pathways”.
  - The Tamil Nadu state government has recognized Upanayan Early Intervention programme and has adopted the same for implementation in all the 32 districts of the state.
  - The existing Government health delivery mechanism has been effectively used to reach these services to remote villages.
  - Writing of the social accounts for the third time (with a gap of every two years)and subjecting the centre to a social audit brings clarity to develop more professionalized systems.
  - The corpus is being consolidated towards financial sustainability.
  - The AVMVK Training Academy established is helping to add to the number of

Special educators to the community, when there is a dearth of them.

- The academy also helps to empower parents by giving them an opportunity to equip themselves with accredited diploma course in Early Childhood Special Education (MR).
- MNC received the Resource Alliance India & Rockefeller Foundation **NGO Award 2013** in the category : Annual Budget less than Rs. 50 Lakhs.
- Mrs. Jaya Krishnaswamy- Director, MNC received the “**Best Social Worker Award 2012** in the field of Differently Abled Persons. The Award was presented by Hon'ble Chief Minister of Tamil Nadu Selvi J Jayalalitha on 15<sup>th</sup> Aug 2012.
- One of our special educators received the Ascendas Excellence Award – 2012 in supporting the Differently Abled.



## **ECONOMIC IMPACT**

All organizations, whatever their nature, have an economic impact on their stakeholders and on the local community in which they operate. This impact can be significant and until recently was usually under-reported.

### **Creating employment**

MNC employs 37 full time staff, 5 part Time staff and 8 consultants. The services of Volunteers are used as needed. 4 new jobs have been created within the last twelve months. Around Rs.36 lakhs is being paid as Honorarium to the employees at MNC annually. More than 80% of the workforce lives locally. (within T Nagar)

### **Using volunteers**

Volunteers work for around 8 hrs a week for MNC's benefit. Most of them are not paid and this valuable contribution has enabled MNC to employ lesser staff.

### **Investment in training**

Training is offered twice in a year to all the special educators and therapists – refresher training and also on the latest happenings in the field. The training is done in-house and only incidental expenses are incurred.

### **Inward investment**

MNC's expenses are met by 15 % from Government grant 65 % corporate donors and 20 % from individual donors. Government Grants are in the form of Grant in Aid from the Ministry of Social Justice & Empowerment, Government of India, and State Commissioner for Differently Abled Government of Tamil Nadu. The government projects are aided in full by the respective Government bodies.

### **Purchasing policies**

95% of the annual spend goes to local suppliers and 5 % to National suppliers. All purchases are made at fair trade shops and local retail vendors.

### **Contributions to the community**

MNC's Prayer Hall is used for meetings convened by the state government disability department, and also for training of persons of other institutions. The value may be estimated at approximately Rs. 20,000 per year. Our staff members devote 12 to 15 hours per week to working for the benefit of the community apart from doing their main job within the social enterprise.



## ENVIRONMENT IMPACT

### Green Office Checklist

<b>Paper</b>	<b>Y/N/NA</b>
Are photocopies double sided?	Y
Are non-essential copies photocopied on re-used paper?	Y
To avoid mistakes, do you trial copy before printing big batches?	Y
Is scrap paper turned into useful notepads?	Y
Is e-mail used whenever possible?	Y
Are copy documents kept on disk rather than paper?	Y
Are computer printout margin sizes, fonts etc set to minimize paper use?	Y
Does the office use recycled paper?	N
<b>Energy</b>	
Does your office source any energy from renewable sources?	N
Are lights always turned off in empty rooms?	Y
Are lights turned off as soon as there is enough daylight?	Y
Are windows kept clean, free from obstructions etc?	Y
Are all lights energy efficient?	Y
Are electrical equipment, PC monitors, photocopiers etc switched off when not in use?	Y
<b>Office Supplies</b>	
Are long life products chosen over short life ones?	Y
Are materials bought in large packs to avoid excessive packaging?	Y
Do you purchase eco-efficient or "green" products? – recycled, refillable, water based ink etc.	N
Do you use paperclips rather than staples?	Y/Partly

<b>Paper</b>	<b>Y/N/NA</b>
<b>General Office</b>	
Is the toilet paper / hand towels made from recycled fibre?	NA
Are aerosol products with CFC propellant avoided?	NA
Are dripping taps repaired quickly?	Y
Have low flush volume WCs been installed?	Y
Do you use environmentally friendly cleaning materials?	Y
Do you use washable cups rather than disposable ones?	Y
Do you purchase fairtrade or organic tea and coffee?	Y
Do you purchase supplies from local shops?	Y
<b>Recycling</b>	
Is all used paper saved for recycling?	News papers are used for making paper bags
Does the office store then recycle glass, cans etc?	N
Does the office separate and compost materials?	N
Is there a paper recycling bin next to the photocopier	Y
Does the office recycle its electronic equipment, toner cartridges etc?	Periodically
If plastic cups are used are they recycled?	N
Are you utilizing recycling opportunities by co-operating with nearby businesses ?	NA
<b>Transport</b>	
If you have pool or company cars do they run on unleaded petrol or diesel?	NA
Do you have information available on prices and timetables of public transport?	Y
Are office working hours flexible enough to allow people to use public transport?	Y

<b>Paper</b>	<b>Y/N/NA</b>
Are employees taught and encouraged to drive in an environmentally friendly manner?	Y
Is it policy to use buses for business purposes whenever possible?	Partly
<b>Health and Safety</b>	
Is fresh fruit available alongside biscuits at break time or for visitors?	Y - Butter milk / coconut water made available
Is clean drinking water available?	Y
Are house plants grown in the office to lower stress and absorb chemicals?	Y
Is sitting at the computer for long hours discouraged?	Y
Are policies on long working, safe use of equipment etc enacted?	Y
<b>Implementation</b>	
Is there a green office notice board in a prominent position?	N
Does the office have a suggestion box for environmental ideas?	Y
Does the office hold events with a green theme?	N
Does the office have an environmental policy?	N
Is there an opportunity to raise environmental issues at staff meetings?	Y
Is resource use monitored and are environmental effects audited?	Y



## **CONFORMANCE TO STATUTORY REQUIREMENTS**

1. Registered as a Section 25 company of the Company Act 1956, Government of India issued by the Registrar of Companies, Madras. Vide their letter number 20495/ CIV/S.21/97 dated 16.10.1997.
2. Certificate of registration from the office of the State Commissioner of Tamil Nadu as an institution under Section 52 of the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 valid up to 31.3.2016. Renewal application has been filed.
3. Financial Audit report for the assessment year 2014-2015 has been filed with the Registrar of Companies.
4. 4 Board meetings with adequate quorums were held during the accounting year 2014-2015.
5. School recognition certificate issued by The State Commissioner for the Disabled, Tamil Nadu validated up to 31.3.2016.
6. No objection certificate issued by Fire Safety Department valid till 6.4.2016.
7. IT returns for the assessment year has been filed for 2013-2014.
8. Approval under Section 80 G (5) (vi) of the I.T. Act , 1961 .
9. Valid FCRA ( Foreign Contribution Regulatory Act ) registration from the Ministry of Home Affairs , Government of India.



## KEY ASPECTS CHECK-LIST FOR SOCIAL ACCOUNTS

This check-list has been devised to allow organizations to report simply on the Key Aspects of the organizations

<b>1. Human Resources</b>		
<b>1.1 Number of Employees</b>	<b>Y/N/NA</b>	<b>Date/Details/Comments</b>
Full time	YES	37 (Annexure 3)
Part time	YES	5 (Annexure 3)
Volunteer	YES	3 (Annexure 3)
Contract Employees	NO	
Parent helpers	YES	9 (Annexure 3)
Consultants	YES	8 (Annexure 3)
<b>1.2 Number of members/ shareholders ( For Co- operatives/Companies etc)</b>	NO	Although a Section 25 Company, as per provision of the Companies Act, the organization has been incorporated without any share holders or share capital
<b>1.3 Policies and Procedures in place</b>		
Employee contracts	NO	
Employee job descriptions	YES	Given in the forthcoming pages
Staff appraisals	YES	No formal appraisal process Merit award – criteria (as per internal assessments)
Provident fund	NO	
Health Insurance	NO	
Life Insurance	NO	
Grievance procedures	YES	Group Head, Teacher Coordinator, Parent Coordinator – counseling and discussion in weekly meetings
Disciplinary procedures	NO	

	Y/N/NA	Date/Details/Comments
Equal Opportunities	YES	Self improvement and enhancing knowledge
Safety protocols	YES	No objection certificate from the Fire safety systems, tie-up with Bharathi Raja Hospital (Emergency health reasons)
Others	YES	Gratuity scheme implemented
<b>1.4 Consultations</b>		
1. With paid employees	YES	Group discussions (periodical)
2. With Volunteer/Part-time staff	YES	Group discussions (periodical)
3. With families of employees	NO	
<b>1.5 Facilities</b>		
Crèche	NO	
Transport	NO	
Travel Allowance	YES	Making house visits of MNC children Conducting workshops outside MNC Attending workshops both in and out of the city
Medical Allowance	YES	Medical assistance is provided for staff
Subsidized meals	NO	
Children's allowance	YES	As per Government grant
Staff outings	YES	Once a year – 2 days trip to places outside Chennai but within India. Twice a year within Chennai
Others	NA	

	Y/N/NA	Date/Details/Comments
<b>2. Good Governance and Accountability</b>		
2.1 Legal form of Organization Constitution (tick appropriate)		
Sole trader	NO	
Partnership	NO	
Company limited by shares	NO	
Section 25 company	YES	Certificate attached
Registered Society	NO	
Registered Trust	NO	
Others	NO	
2.2 Appropriate annual return filed	YES	Filed with the Registrar of Companies
2.3 Annual General Meeting held	YES	Minutes of meeting
2.4 Regular Board/Management Committee	YES	Quarterly minutes of meeting available
Number of Board Members	YES	8 - (Annexure 3)
Composition of Board	YES	Attached - (Annexure 3)
<b>2.5 Advisory Council</b>		
Number of Advisory council	YES	Five
Composition of advisory council	YES	Mr. N Kumar Mr. S Krishnan Mrs. Jaya Krishnaswamy Mrs. Vimala Kannan Mrs. Sowmya Raghavan
Frequency of Advisory Council meetings ( please state number of meetings in a year)	YES	Monthly – 12 meetings
Annual report published	YES	2014-2015 attached

	Y/N/NA	Date/Details/Comments
2.6 Membership increased/ decreased (delete as appropriate)	NA	
2.7 Social Accounts prepared	YES	2014-2015
2.8 Social Accounts verified by Social Audit	To be verified	2014-2015
Panel	YES	Mrs. Latha Suresh – Chair Dr. K Prabhakar – Member Mrs. Maya Gaitonde – Member Ms. Praveena Yagnambhat – Member Mr.V C Krishnan - Member
2.9 Social Accounts reported to stakeholders	To be reported	2013-2015
2.10 Consultations		
a. With members of the organization	YES	2013-2015
b. With members of the board or the management committee	YES	2013-2015
c. With advisory council members (if appropriate)	YES	2013-2015
<b>3 Financial Sustainability</b>		
3.1 Annual Accounts prepared and filed (please state which regulatory	YES	Registrar of Companies
3.2 Balance sheet been strengthened/weakened	YES Strengthen - ed	Explanation will be given orally
3.3 Profit / Loss for the year (Please delete as appropriate and give figure)	YES	Attached
3.4 Plough / Reinvestment	NO	
3.5 Distribution of Profits	NA	

**Additional Information****Financial Sustainability Plan**

As the Central Government grant is getting reduced to about 15% of the total income efforts have been taken to ensure that the income is sustained through corporate funding and other sources. This has resulted in creation of a corpus which has ensured financial sustainability

<b>4. Environmental Sustainability</b>	<b>Y/N/NA</b>	<b>Date/Details/Comments</b>
4.1 Environmental policy in place	NO	
4.2 Reports on Environmental practices available Energy use: heat and light	YES	
4.3. Carbon footprint calculated	NO	
<b>5. Economic Impact</b>		
5.1 Purchasing policies defined	NO	
5.2 Report on effect of purchasing policies available	NO	
5.3 Local multiplier effect of organization calculated	NO	
5.4 Other (please describe )	YES	In house greeting cards, Earthen lamps, paper bags and fridge bags are made and sold
<b>Additional information</b>		
<b>Revenue Generation</b> Paper bags Lamps and greeting cards Fridge bags 'Upanayan Early Intervention programme kit' <b>2013-2014 - Rs.125288/-</b> <b>2014-2015 - Rs.166914/-</b>		

## OTHER VIEWS OF STAKEHOLDERS

### Donors

- “Keep up the good work. Not everyone can do what you are doing”

Ms. Roma Bose -  
United Way Worldwide  
701 N Fairfax Street  
Alexandria  
Virginia, USA /7.12.2012

- “You run a fantastic center. It has been a real inspiration to interact with staff and pupils. Keep up the excellent work. Would be delighted to be of assistance in future. (His daughter spends time in teaching the children here during her holidays)”

Dr. Mahadevan MD, FRCP, FCCP  
Consultant Physician, UK  
3, Devereux Place  
Braintree, Colchester CO45 DT, UK

- “**Boeing** recognizes the good work done by each and every one here. YES YOU MAKE A DIFFERENCE”.

Mr. Pratyush Kumar – President Boeing India and VP Boeing International  
Mr. Abishek Mitra – Director Operations and Ms. Praveena from the President's office,  
Boeing/12.12.2014

### Well wishers

- “Wonderful program. The dedication and love given to the children and family is so heartwarming. Thank you for sharing the same with us. As parents of a son with Down's syndrome, I would like to contribute to the enhancement of this program.”

Mr. K Suresh  
Mrs. Uma Suresh  
11727 Creek Bluff Drive  
Poway  
California, USA - 27.1.2014

- “Scientific work in a divine method being done here. Let the almighty shower the children, staff and parents of this institute with all of his best blessings.”

Mr. D D Sinil Das  
Mr. Riyas  
Mr. Fayas  
Ms. Jaya Narayanan  
Ms. Parveen  
VKM Special School for Mentally challenged  
Puramanoor (via)  
Valancheri  
Malappuram, Dist  
Kerala/7.5.2014

### **Resource Persons**

“In my 50 years of life, today is the happiest day. I was amazed with the enthusiasm and knowledge of the parents. It shows how MNC gives importance to Nutrition. I am honoured to be a part of MNC. Thank you so much for inviting me. You made my day.”

Mrs. Bamini  
Chief Dietician  
Sundaram Medical Foundation  
Chennai – 7.3.2013

“MNC had given me an awesome and genuine experience. Amazing part of the entire show is the extent of knowledge among the parents. Loads of appreciation for you. Warm and hearty wishes for this lovely support full journey. Thank you.”

Ms. Ayesha Tabbassum R  
Dietician  
Chennai – 7.3.2013

Prof. Camille Catlett  
Scientist  
University of North Carolina  
Frank Porter Graham Child Development Institute. – 20.11.2013

- “Thank you for providing an opportunity to visit your extraordinary program and I leave wiser and better prepared.”

## INCOME AND EXPENDITURE ACCOUNT

<b>MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN</b>			
<b>(SECTION 25 COMPANY)</b>			
<b>INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2015</b>			
<b>INCOME</b>	<b>Project Rs.</b>	<b>Others Rs.</b>	<b>Total Rs.</b>
Grant from Government			
Contributions & Donation	7,118,754	1,926,650	9,045,404
Interest		3,584,805	3,584,805
Miscellaneous Income		206,250	206,250
<b>TOTAL</b>	<b>7,118,754</b>	<b>5,717,705</b>	<b>12,836,459</b>
<b>EXPENDITURE</b>			
Salaries and Wages	3,610,363	1,030,020	4,640,383
Administrative Expenses (See Note 1)	2,551,379	2,062,442	4,613,821
Depreciation		210,681	210,681
Excess of Income over Expenditure (+) /	957,012	2,414,562	3,371,574
Expenditure over Income (-)			
<b>TOTAL</b>	<b>7,118,754</b>	<b>5,717,705</b>	<b>12,836,459</b>

<b>Note 1 : Administrative Expenses</b>	<b>Project Rs.</b>	<b>Others Rs.</b>	<b>Total Rs.</b>
Professional charges	29,956	243,000	272,956
Rent	240,000	-	240,000
Transport Allowance	-	-	-
Office Maintenance	212,250	-	212,250
Repair & Maintenance	271,168	-	271,168

<b>Note 1 : Administrative Expenses</b>	<b>Project Rs.</b>	<b>Others Rs.</b>	<b>Total Rs.</b>
Travelling & Conveyance	693,413	-	693,413
Anniversary Expenses	357,568	-	357,568
Security Charges	180,000	-	180,000
Electricity Charges	89,271	-	89,271
Printing & Stationery/Books & Periodicals	146,750	-	146,750
Communication	119,766	-	119,766
Project expenses	-	561,838	561,838
RCI - course expenses	-	477,158	477,158
Membership fee	60,000	-	60,000
Seminar & Training	93,519	-	93,519
Others	49,291	-	49,291
Audit Fees	8,427	-	8,427
Book Release expenses	-	780,446	780,446
<b>TOTAL</b>	<b>2,551,379</b>	<b>2,062,442</b>	<b>4,613,821</b>

<b>MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN</b>			
<b>(SECTION 25 COMPANY)</b>			
<b>Sub Schedule of Administrative Expenses</b>	<b>Project Rs.</b>	<b>Others Rs.</b>	<b>Total Rs.</b>
<b>Details of others</b>			
Bank Charges	8003		8003
Entertainment Expenses	15,710	-	15,710
Rates & taxes	13,040	-	13,040
General Expenses	12,338	-	12,338
Shifting expenses	200	-	200
<b>TOTAL</b>	<b>49,291</b>	<b>-</b>	<b>49,291</b>

## MAIN ISSUES & RECOMMENDATIONS

- The greatest achievement which MNC realized during the drafting of the social accounts is the fact that, MNC's activities has a measurable positive impact on the lives of children with mental retardation and associated disabilities.
- The parents of these children have also come to terms with their child's condition and have been counseled well to accept their child in their lives. MNC has been able to bring dignity and empowerment in the lives of these children and their parents thereby bringing acceptance and inclusion amongst the society.
- Early intervention strategies have a far reaching impact on the development of the child, and making parents realize this, has always been a great effort, due to various other socio-religious influences amongst the parents.
- For future strengthening of MNC's work, actions will be made to replicate the Upanayan models across the country by forging institutional partnership for imparting training on the same.
- A robust feedback mechanism should be in place to capture regular feedback from all the stakeholders.
- MNC should work towards setting benchmarks in the field of early intervention.
- Documentation of the model in various Indian languages will help in replicating nationally. More doctors, pediatricians specifically, need to be made aware of the Upanayan tool which would help them recommend therapy for children with mental retardation.
- Using technologies to upgrade the existing software Upaneeta, Data analytics for Research and Development, use of newer tools like Mobile apps, Tablets for dissemination and to reach out to other countries across the globe.
- To help towards inclusion in mainstream schools, an orientation programme is being designed for mainstream school teachers.



## **STRENGTHS AND WEAKNESSES OF THE SOCIAL ACCOUNTING PROCESS**

MNC has successfully concluded its third social accounting exercise. The process has helped to:

### **Strengths**

- Reinforce our belief in the efficacy of early intervention services to children with mental retardation and associated disabilities.
- Helped to assess, report and articulate MNC's program both quantitatively and qualitatively, based on the reflections of the previous year's social accounts reports through specific indicators, and based on our Vision, Mission and Values statement.
- Gain clarity about the working systems already in place.
- We have included the establishment of a training academy (objective V) for social accounting.

### **Weakness:**

- We have not been able to consolidate views of the secondary stakeholders, apart from the primary, on the organization, their expectations and directions for future.
- Improve our parameters of evaluation on programs that have been newly included (music, yoga, movement therapy).
- Formal appraisal systems of internal staff should be put in place.



## **PLANS FOR THE NEXT SOCIAL ACCOUNTING CYCLE**

- The next social account cycle will be conducted in **2016-2017** including major stakeholders.
- Data reporting to be improved with technological upgradation that will reflect an objective analysis.



## **DIALOGUE AND DISCLOSURE**

1. On certification of Social Accounts by the certified Auditor, the Accounts will be printed in a booklet form.
2. These booklets will be arranged to be sent to all resource persons, Governmental agencies, donors and well wishers.
3. An internal meeting will be organized for all the staff, volunteers and management staff to explain the certified accounts.
4. A parent meeting will be organized to disseminate information on the social accounting process and MNC's commitment to its stake holders.
5. The summary of social accounts will be uploaded in MNC's website.
6. The summary of the social accounting will be included in our Newsletter "KALPATARU" which is being circulated to all persons associated with MNC.



## **ANNEXURES**

### **ANNEXURE 1 – QUESTIONNAIRES**

#### **QUESTIONNAIRE FOR PARENTS**

- 1 Name of child
- 2 Parents' name and occupation
- 3 Child's age at present
- 4 Age when admitted
- 5 How long has your child been the program?
- 6 Birth order/siblings
- 7 Why did you bring your child to the Centre?
  - Overall development delays
  - Speech and motor delay
  - Hearing/visual impairment
  - Cerebral palsy
  - Autism
  - Down's Syndrome
  - ADHD
  - Other (specify)
- 8 Who referred you to MNC?
  - Government hospital/health centre
  - Private hospital
  - Doctor attending the child
  - Friend/well wisher
  - School where child was admitted earlier
  - Website
  - Parents of past/present MNC students
  - MNC staff
  - Other (specify)
9. What are your expectations from MNC for your child?
10. What are the benefits of admitting your child to MNC?

## QUESTIONNAIRE FOR SPECIAL EDUCATORS

1. Name of the teacher
2. Which class are you presently in charge of?
3. How long have you been in MNC?
4. Why did you choose this Centre over others?
5. What do you feel about the
  - a) *Upanayan program*
  - b) *special education provided here*
  - c) *working environment in the school*
  - d) *Infrastructure*
6. What were your expectations before joining the Centre?
7. How far do you think they have been met?
8. Are there any defined parameters for teachers' assessment?
9. What are the avenues for self-improvement?
10. Any other feedback you would like to share



## ANNEXURE 2

### ANALYSIS OF QUESTIONNAIRES AND SURVEY

#### The questionnaire and the response from Parents

#### 1. Why did you bring your child to the Centre?

##### Diagnosed with specific conditions—

Down's syndrome	14%
Cerebral palsy	20%
Autism/ ASD	26%
ADHD	11%
Developmental delay	23%
Other	6%

#### 2. How did you come to know about the Centre?

Doctor attending the child	48%
Friends and well-wishers	28%
Special schools the child Attended previously	-
Others	24%

Among the other 24% came Physiotherapists, Staff of MNC, Bala Mandir Staff and self introduction, after learning about MNC from the newspapers/magazines or the internet.

#### 3. How long has your child been in the Centre?

Less than one year	32%
One to two years	32%
Two to three years	16%
More than three years	20%

#### 4. What were your expectations when you brought your child to the Centre?

Normal school	8%
Normal development	40%
To perform better	40%
To be ready for vocational training	12%

In addition to the above specific areas, parents also sought to achieve toilet training for their children through the Program. They also sought guidance to identify a suitable mainstream school for their children.

#### How has your child benefited after attending the Centre?

**Marked all round development - 80%**

- i) Improved speech and communication
- ii) Child has learnt to interact with others
- iii) Sits in one place
- iv) Sits with support
- v) Improvement in cognition levels
- vi) Has learnt yoga and prayers
- vii) Has achieved toilet control
- viii) Has joined mainstream school

**Other - 20%**

Among the remaining 20 %, three children have improved vision, and one child has joined the program just recently and it was too soon to register any progress.

One common benefit parents have realized is that children enjoy coming to the Centre, and do not want to miss even a day. They are happy that there is marked improvement in areas where the child had earlier shown delays. They also said that they have gained enough confidence to handle any special child.

#### Parent's feedback on infrastructure and facilities at the Centre Infrastructure and facilities

- Well equipped
- Good service
- Parent's feedback given due consideration

- Affordable
- Better individual attention
- Need more time for vision intervention

#### **Staff**

- Very devoted
- Very helpful
- The staff understands the problems of the parents.

#### **Interview with Special Educators as Stakeholders**

The special educators form the backbone of MNC's Early Intervention Program, and provide a dynamic and vital support system to the parent throughout the child's education in the Centre. Their major areas of work are to:

- Implement the training program, steering it through the structured course during the appointed time.
- Maintain detailed records of the child's progress.
- Mentor the parents as partners in the process of training and as the child's carry-over agents at home.

The stakes that the special educators have in the program implementation are: the habilitation that is the progress of the child - an indicator of the impact of early intervention and, the rehabilitation of the parents, that is, to integrate them into the structure of the Early Intervention Program as co-educators and co-therapists.

#### **The methodology included:**

- One to one interaction, using a ten-point questionnaire.
- Informal observations in class room settings.
- Observations made at the time of assessments, staff meetings and parent counseling sessions.
- Mrs. Sowmya Raghavan our volunteer was present during all the interviews/feed-back sessions.

#### **Selection of Special Educators**

The interviewer interacted on a one to one basis with fourteen special educators working in the center.

## **Consolidated response from Special Educators**

### **Work atmosphere**

- Cordial working atmosphere
- Staff are committed to the cause
- Inter-relationship among staff is good
- Staff would like more interaction with top management
- Presence of group head very reassuring
- Senior teachers very helpful and impart knowledge

### **About the Early Intervention Program**

- Very well structured program, easy to follow
- Program developed in-house - matter of pride
- Comprehensive which is unique
- Training and program content are very good
- Full freedom for innovative ideas
- Parent's involvement in the program and sharing of goals make it very interesting
- Progress tests benefit the child and parents, as they give a very clear picture of where the child stands
- Parents must be informed of changes in the program to their children

### **Self Improvement**

- Awareness as a special educator and ability as a teacher have increased.
- Have become very self-reliant and self-confident after joining MNC.
- Seminars and workshops are very useful.
- Avenues for self-expression and creativity are available in respect of teaching method.
- Refresher courses are very helpful in enhancing knowledge and improving self confidence.
- Government projects afford great opportunities for self improvement .

### **Job satisfaction**

- Very involved in the centre and wish to continue to work here.
- Teachers were initially given adequate freedom, but not in the last few year.
- Increased work overload over the years, no time for file work, evaluation and assessment.

- A speech therapist required to strengthen the system.
- Leave and permission for urgent work – a system to be established .

#### **Infrastructure and facilities**

- Introducing new facilities – computer training introduced, which is good.
- Present building is very nice compared to old one.

#### **Other feedback**

- New therapies like music therapy, movement therapy, yoga are all unique to MNC and are very good.
- The opportunities given to parents to enhance their knowledge in special education and to take part in all cultural functions are very welcome.

#### **Interview with management team**

##### **The team consists of 8 people. The team is involved in:**

- Establishing systems, frequent monitoring and course correction where required
- Budgeting, Planning
- Innovation
- Assisting policy framework

##### **The methodology included:**

- One to one interaction
- Monday meetings

#### **Selection of Management team**

The interviewer interacted on a one to one basis with eight persons of our management team and was present on all Monday meetings.

#### **Consolidated response from the management team**

- Taking into consideration the feedback obtained and doing course correction is the first priority.
- Providing better working environment.
- MNC to be a dynamic institution and a role model for other Early Intervention Centers.
- Preserve value systems.

### **ANNEXURE 3**

#### **ORGANISATION & STAFF DETAILS**

##### **Full time/Part time Staff details**

	<b>Name</b>	<b>Position</b>	
1	Mrs. Andal Raghavan	Director	FT
***	Mrs. Angelina G Priya Rajkumar	Principal, Deputed to AVMVK Academy as Course Coordinator	*** listed under AVMVK Academy
2	Mrs. Sumitra Manoharan	Coordinator - Programme Implementation	FT
3	Mrs. M. Sumathi	Group Head (Birth to 2 years)	FT
4	Ms. A. Sarojini	Group Head ( 2 – 4 years)	FT
5	Mrs. A Hemalatha	Group Head (4-6 years)	FT
6	Ms. M. Thayammal	Special Educator	FT
7	Mrs. V Bhavani	Special Educator	FT
8	Mr. V Venugopal	Physiotherapist	FT
9	Mr. K. Subramonian	Physiotherapist	FT
10	Mr. T Palanisamy	Physiotherapist	FT
11	Ms. Mariammal	Special Educator	FT
12	Mrs. B Muthulakshmi	Physiotherapist	FT
13	Mrs. S Vidyalakshmi	Special Educator	FT
14	Mrs. C Helen Rose	Special Educator	FT
15	Ms. C Thenmozhi	Special Educator	FT
16	Mrs. V R Jeyashree	Special Educator Vision & Hearing	FT
17	Ms. K Premila Devi	Special Educator	FT

18	Ms. B Ramya	Yoga Teacher	FT
19	Mrs. V R Jeyashree	Special Educator	FT
20	Ms. K Revathi	Special Educator	FT
21	Ms. Revathy Kannan	Special Educator	FT
<b>Government Early Intervention Centre at MNC</b>			
22	Ms. S Sasirekha	Special Educator	FT
23	Ms. A Dheivanai	Special Educator	FT
24	Ms. S Ranjitha	Special Educator	FT
25	Ms. S Lydia Kanmani	Special Educator	FT
<b>AVMVK Academy</b>			
26	Mrs. Angelina G Priya Rajkumar	Course Coordinator	FT
27	Mrs. M Rajalakshmi	Faculty – AVMVK academy	FT
<b>Montessori Teacher</b>			
28	Mrs. Thangathai	Montessori teacher	FT
<b>ADMINISTRATION</b>			
29	Mr. K V Krishnan	Manager-Accounts	FT
30	Mr. S Vijayan	Manager-Admin	FT
31	Capt R Chandrasekaran	Manager – PR	FT
32	Mrs. Vaijyanthi Desikan	Office assistant	FT
33	Miss Karpagam	Office assistant	FT
34	Mr. K Kumar	Driver	FT
35	Mr. C Senthil	Office assistant	FT
36	Mrs. Vasantha	Housekeeping staff	FT
37	Mrs. Valli	Housekeeping staff	FT

<b>Part Time Staff</b>			
1	Ms. K Muthuperiyanayagi	Special Educator	PT
2	Ms. Ramya B	Yoga Teacher	PT
3	Mr. Janardhanam .N	Drawing Teacher	PT
4	Mrs. Sowbhagyalakshmi	Music Teacher	PT
5	Miss Lakshmi	Language Teacher	PT

<b>Consultants</b>		
1	Mrs. Nirmala Venkateswaran	Occupational Therapist
2	Mrs. V Vimala	Special Educator
3	Mr. Karthik Ranganatha Rao	Mr. Karthik Ranganatha Rao
4	Dept of Audiology and Speech Pathology, SRM University Kattankulathur 603203	Speech Therapy
5	Dr. Rajan	Eye Specialist
6	Mr. Jeyagopal	Yoga Expert
7	Mrs. Rajam Shankar	Musician
8	Mr. Sudarshan	Software

<b>VOLUNTEERS</b>		
1	Mrs. Sowmya Raghavan	Volunteer
2	Mrs. Padmini Sharma	Volunteer
3	Mrs. Kamala Rao	Volunteer

<b>Parent Helpers</b>		
1	Ms. Manimozhi	Parent Helper
2	Ms. Manjula	Parent Helper
3	Ms. Vaitheeswari	Parent Helper
4	Ms Meena	Parent Helper

5	Ms Vidhya	Parent Helper
6	Ms Zahira Banu	Parent Helper
7	Ms. Nirmala	Parent Helper
8	Ms Shakela	Parent Helper
9	Ms. Esakkithai	Parent Helper

### **Job description of Staff, Part time staff, Consultant, and Volunteer**

#### **Role of the Principal**

- Implementation, Establishment and maintenance of various systems for effective functioning of MNC.
- Development of expertise in the teaching staff.
- Bringing in improvisation continuously wherever and whenever required.
- Coordination and integrating the various groups leaders and members in conducting the various events in MNC.
- Striving for the adherence and espousment of the value systems of MNC as an institution by constantly interacting with all members of MNC towards its maintenance and development.

#### **ACCOUNTABILITY**

- Successful Implementation of the IFSP using the **UPANAYAN EARLY INTERVENTION PROGRAM** working towards the development of all the children to the satisfaction of the parents.
- Ensuring the quality and standards of MNC in all areas of activities to uphold the reputation of MNC.

#### **RESPONSIBILITIES**

- Registration and planning for the Assessment of the child.
- Ensuring specific action plans are chalked out and reviewing the same on quarterly basis.
- Ensuring smooth conduct of various events of MNC.
- Processing the procurement on time of various materials resources.
- Fostering camaraderie and self discipline and its maintenance even in times of crises among staff members.

- Assessing of GROUP HEADS and suggest plans for their improvement.
- Interacting with parents in building rapport in making them adhere to the rules & regulations of MNC.

### **Coordinator - Programme Implementation**

#### **ROLE**

- Effective implementation of Upanayan programme through IEP in both Individualized and group settings.
- Training Group heads in their functioning.
- Monitoring all the activities connected with the program and implementation of supportive programs.
- Coordinate with Principal and other consultants.

#### **ACCOUNTABILITY**

- Assessment to Evaluation for each and every child – complete responsibility, monitoring IEP activities.
- Therapy coordination.
- Counseling parents after assessment and placing children in the relevant groups.
- Setting up goals with respect to Yoga, Voice and Vision, Physical Education and handing over to the Principal for implementation.
- Conducting weekly meetings with the Group heads.
- Coordinate with office administration regarding collection of parents contribution

### **PROGRAM GROUP - BIRTH TO TWO YEARS**

#### **Role of a Group Head - Special Educator**

- Ensure the successful implementation of the Upanayan Birth to 2 years program.
- Ensure that the benefits of this program reach all the children.
- Ensure that all teachers in the Birth to 2 years will be well trained well equipped, effective teachers so as to transfer the program to the children and parents.
- Ensure the effective use of teaching aids by the teachers.

#### **ACCOUNTABILITY:**

- All teachers will effectively implement the Upanayan Birth to 2 years program, among the group 2 of them will be model teachers.

- Appropriate teaching aids for the skills are selected by the teachers and effectively used for the development of the child, displayed and changed once a month.
- All the children in the Birth to 2 years group will develop the skills selected in each quarter as per the expected level of each child given in the IFSP and be prepared to move to the next level

## **PROGRAM GROUP - TWO TO FOUR YEARS**

### ***Role of Special Educator***

- Ensure the successful implementation of the Upanayan 2-4 years program.
- Ensure that the benefits of this program reach all the children.
- Ensure that all teachers in the 2 to 4 years will be well trained, well equipped effective teachers so as to transfer the program to the children and parents.
- Ensure the effective use of teaching aids by the teachers.

### **ACCOUNTABILITY**

- All teachers will effectively implement the Upanayan 2 to 4 years program, of them 2 will be model teachers.
- Appropriate teaching aids for the skills are selected and effectively used by the teachers for the development of the child, displayed and changed once a month.
- All the children in the 2 to 4 years group will develop the skills selected, each quarter as per the expected level for each child given in IFSP and be prepared to move to the next level.

## **PROGRAM GROUP - FOUR TO SIX YEARS**

Pre preparatory preschool program

### **Role of Special Educator:-**

- Ensure the successful implementation of the Upanayan 4-6 year's program.
- Ensure that the benefits of this program reach all the children.
- Ensure that all teachers in the 4 to 6years will be well trained, well equipped effective teachers so as to transfer the program to the children and parents.
- Ensure the effective use of teaching aids by the teachers.

### **ACCOUNTABILITY:**

- All teachers will effectively implement the Upanayan 4 to 6 year's program and all of them will be model teachers.

- Appropriate teaching aids for the skills are selected by the teachers and effectively used for the development of the child, displayed and changed once a month.
- All the children in the 4 to 6 years group will develop the skills selected, each quarter as per the expected level for each child given in IFSP and move ahead to the school program
- All the children in the class will benefit from the secondary program  
(Developmental therapy, speech therapy, yoga therapy, counseling, pranic healing, pediatric consultation)

### **Therapy Department**

#### **Role of a Group Head Therapist**

- Ensure the successful implementation of the Upanayan Early Intervention Program facilitated by the appropriate therapy program for each child.
- Ensure that the benefits of the therapy program reach all children.
- Ensure that all the therapists are well trained, well equipped, effective therapists working as part of the inter disciplinary team, transfer the program to the children through the parents
- Ensure that the department has appropriate equipments and aids for the training of the children.
- Ensure that the goals selected for the children are appropriate, and selected as per the IFSP to facilitate the development of the skills.

#### **Accountability:-**

- An inter - disciplinary team of therapists will effectively plan and facilitate the child's development through therapeutic activities, as per the IFSP
- All the children in the Upanayan Program will develop the skills selected, each quarter as per the expected level in the IFSP for each child.
- Each therapist will use appropriate equipment and aids for the training of the children in the therapy department.

#### **Therapist's Role:-**

- Ensure the successful implementation of the Upanayan Early Intervention Program facilitated by the appropriate therapy program for each child.
- Ensure that the benefits of the therapy program reach all children given to the therapist.

- Ensure that the goals selected for the children are appropriate, and selected as per the IFSP to facilitate the development of the skills.

#### **Accountability:-**

- An inter - disciplinary team of therapists will effectively plan and facilitate the child's development through therapeutic activities, as per the IFSP
- Each of the children will be trained to develop the skills selected, each quarter as per the expected level in the IFSP for each child.
- Appropriate equipment and aids for the training of each of the children.

#### **Part Time Staff**

Part time staff will be involved with specific tasks or projects. This will be decided in consultation with the management board. They will be assigned tasks or projects taking into consideration their area of interest and experience. They will put in a minimum number of working hours each day and a monthly honorarium will be paid. Their assignment will be usually on a long time basis.

#### **Consultant**

A specialist in a particular field may be appointed as a consultant depending on the need. Their job will be to train, advice, assist, staff, parents and children. They will also be suggesting improvements in systems and monitoring activities. They will be paid consultation fees as per their expertise and time spent at MNC.

#### **Volunteer**

A Volunteer at MNC is assigned specific task oriented jobs. The details of the tasks may include support in planning, implementation and training of children, parents and staff. The task will be time bound and mostly on a short time basis. Volunteer will coordinate with the respective full time staff depending on the task. Their services are voluntary in nature without monetary considerations. However expenses incurred on local transportation may be reimbursed.



## **ANNEXURE 4**

### **Disability – Wise Data Findings**

**Disability wise and age group wise data in a table form are as follows:**

(Based on the objectives taken for each child)

#### **Tables – Programme group ( Birth to 2 years)**

**Table 1**

<b>Down's syndrome 4 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
MSK	29	19	66
SHSK	38	21	55
LSK	31	13	42
CSK	31	19	61
SSK	24	14	58
<b>Total</b>	<b>153</b>	<b>86</b>	<b>56</b>

**Table 2**

<b>DD+CP 5 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
MSK	24	10	42
SHSK	35	12	34
LSK	34	15	44
CSK	31	16	52
SSK	32	17	53
<b>Total</b>	<b>156</b>	<b>70</b>	<b>45</b>

**Table 3**

DD+Vision 2 children	Skill		% Achievement
	Selected	Achieved	
MSK	11	5	45
SHSK	16	8	50
LSK	9	1	11
CSK	9	2	22
SSK	9	2	22
<b>Total</b>	<b>54</b>	<b>18</b>	<b>33</b>

**Consolidated table for the age group Birth – 2 years**

Disability	MSK		SHSK		LSK		CSK		SSK	
	Selected	Achieved								
Down's syndrome	9	19	38	21	31	13	31	19	24	14
DD+CP	24	10	35	12	34	15	31	16	32	17
DD+Vision	11	5	16	8	9	1	9	2	9	2
Total	44	34	89	41	74	29	71	37	66	38
Percentage		77%		46%		39%		52%		51%

**Notes explaining the above tables**

1. The age group taken is Birth to 2 years.
2. The initial and final data recorded for 11 children has been represented by:

Those children who have been present for the **entire year**, to avoid any aberration.

Five areas of development namely Motor skills (MSK) Self Help (SHK) Language and Communication (LSK) Cognition (CSK) and Socialization (SSK) are recorded for progress.

Each area of development has 50 skills for training.

The initial and final scores are based **only on the objectives taken in each developmental area** for all children.

Language skills may show lesser achievement than other areas since this group includes children from birth to two years.

**Note:**

**This Table displays the achievement made by the children in the skills set by the special educator, after the assessment made in consultation with the Interdisciplinary Team of Experts.**

During the course of the intervention it is observed that the child displays a spurt in development as a natural development when there has been developmental delays; also that there is a manifestation of lateral skills springing alongside the progress on the skills for which training has been imparted.

It is to the credit of the special educator and the parent that such observations are noticed and recorded as and when they occur, importance given in sustaining and blending them into the different activities planned daily for the children.

This developmental pattern, an exclusive experience in early intervention programme, is recorded for each child in the respective file.

**Tables – Programme group ( 2 years to 4 years)**

**Table 1**

DD+CP 4 children	Skill		% Achievement
	Selected	Achieved	
MSK	16	8	15
SHSK	25	11	44
LSK	14	8	57
CSK	14	8	57
SSK	8	6	75
<b>Total</b>	<b>77</b>	<b>41</b>	<b>53</b>

**Table 2**

<b>Autism 2 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
MSK	6	3	15
SHSK	6	4	67
LSK	7	3	43
CSK	4	1	25
SSK	4	2	50
<b>Total</b>	<b>27</b>	<b>13</b>	<b>48</b>

**Table 3**

<b>DD+Hearing 2 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
MSK	4	1	25
SHSK	15	3	20
LSK	7	1	14
CSK	7	2	29
SSK	8	2	25
<b>Total</b>	<b>41</b>	<b>9</b>	<b>22</b>

**Table 4**

<b>Microcephaly+CP 2 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
MSK	6	2	33
SHSK	12	4	33
LSK	6	2	33
CSK	8	5	63
SSK	6	2	33
<b>Total</b>	<b>38</b>	<b>15</b>	<b>39</b>

### Consolidated table for the age group 2 – 4 years

Disability	MSK		SHSK		LSK		CSK		SSK	
	Selected	Achieved								
DD+CP	16	8	25	11	14	8	14	8	8	6
Autism	6	3	6	4	7	3	7	2	7	2
DD+Hearing	4	1	15	3	7	1	7	2	8	2
Microcephaly + CP	6	2	12	4	6	2	8	5	6	2
Total	32	14	58	22	34	14	36	17	29	12
Percentage		44%		34%		41%		47%		41%

#### Notes explaining the above Tables:

1. The age group taken is 2 plus to 4 years
2. The initial and final data recorded for 10 children has been represented by:

Those children who have been present for the **entire year**, to avoid any aberration

Five areas of development namely Motor skills (MSK) Self Help (SHK) Language and Communication (LSK) Cognition (CSK) and Socialization (SSK) are recorded for progress.

Each area of development has 50 skills for training.

The initial and final scores are based **only on the objectives taken in each developmental area** for all children.

#### Note:

**This Table displays the achievement made by the children in the skills set by the special educator, after the assessment made in consultation with the Interdisciplinary Team of Experts.**

During the course of the intervention it is observed that the child displays a spurt in development as a natural development when there has been developmental delays; also that there is a manifestation of lateral skills springing alongside the progress on the skills for which training has been imparted.

It is to the credit of the special educator and the parent that such observations are noticed and recorded as and when they occur, importance given in sustaining and blending them into the different activities planned daily for the children.

This developmental pattern, an exclusive experience in early intervention programme, is recorded for each child in the respective file.

**Tables – Programme group (4 years to 6 years)**

**Table 1**

<b>Down's Syndrome 4 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
Communication	8	7	88
Meal Time Activities	10	9	90
Personal daily living	7	3	43
Home living	7	4	57
Social interaction	10	7	70
Community use	9	5	56
Self Direction	10	7	70
Health and safety	7	3	43
Reading & Writing	12	6	50
Number	6	2	33
Leisure	7	4	57
Work	8	5	33
<b>Total</b>	<b>101</b>	<b>62</b>	<b>61</b>

**Table 2**

<b>PDD 5 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
Communication	13	8	62
Meal Time Activities	13	8	62
Personal daily living	14	9	64
Home living	14	7	50
Social interaction	12	6	50
Community use	13	8	62
Self Direction	13	6	46
Health and safety	13	4	31
Reading & Writing	24	16	67
Number	16	14	88
Leisure	12	4	33
Work	16	11	69
<b>Total</b>	<b>173</b>	<b>101</b>	<b>58</b>

**Table 3**

<b>ADHD 2 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
Communication	3	3	100
Meal Time Activities	5	3	60
Personal daily living	6	3	50
Home living	7	5	71
Social interaction	4	3	75
Community use	5	4	80
Self Direction	6	5	83
Health and safety	4	3	75
Reading & Writing	6	4	67
Number	6	4	67
Leisure	4	2	50
Work	4	3	75
<b>Total</b>	<b>60</b>	<b>42</b>	<b>70</b>

**Consolidated table for the age group 4 – 6 years**

<b>DS - 4 PDD - 5 ADHD 11 children</b>	<b>Skill</b>		<b>% Achievement</b>
	<b>Selected</b>	<b>Achieved</b>	
Communication	24	18	75
Meal Time Activities	28	20	71
Personal daily living	27	15	56
Home living	28	16	57
Social interaction	26	16	62
Community use	27	17	73
Self Direction	29	18	62
Health and safety	24	10	42
Reading & Writing	32	26	81
Number	28	20	71
Leisure	23	10	43
Work	28	19	68
<b>Total</b>	<b>324</b>	<b>205</b>	<b>64</b>

### **Notes explaining the above Tables:**

1. The age group taken is 4 plus to 6 years
2. The initial and final data recorded for 11 children has been represented by:

Those children who have been present for the **entire year**, to avoid any aberration.

Twelve areas of development namely Communication, Meal Time Activity, Personal, Home Living, Social Community, Self Direction, Health and Safety, Reading and Writing, Arithmetic, Leisure and Work are recorded for progress.

Each area of development has 50 skills for training.

The initial and final scores are based **only on the objectives taken in each developmental area** for all children.

### **Note:**

**This Table displays the achievement made by the children in the skills set by the special educator, after the assessment made in consultation with the Interdisciplinary Team of Experts.**

During the course of the intervention it is observed that the child displays a spurt in development as a natural development when there has been developmental delays; also that there is a manifestation of lateral skills springing alongside the progress on the skills for which training has been imparted.

It is to the credit of the special educator and the parent that such observations are noticed and recorded as and when they occur, importance given in sustaining and blending them into the different activities planned daily for the children.

This developmental pattern, an exclusive experience in early intervention programme, is recorded for each child in the respective file.



## **ANNEXURE 5**

### **CASE STUDIES**

#### **Report**

<b>Name of Child</b>	: Sandhiya Shree
<b>Date of Birth</b>	: 26/ 06/ 08
<b>Present Age</b>	: 6yrs 9 months
<b>Date of Entry to the Upanayan</b>	: 10 /4 /14
<b>Early Intervention Programme</b>	
<b>Age at Entry</b>	: 5 years 10 months
<b>Condition Diagnosed</b> (As Diagnosed by Dr. Padmalochini)	: slow learner with poor concept learning
<b>Assessment Tool</b>	: Upanayan Checklist
<b>Assessment Team</b>	: Special Educator, Physiotherapist, Occupational Therapist, Speech Therapist and the parent

#### **Family details:**

She lives in a joint Family. She is a second child. Her elder sister is studying in the 4<sup>th</sup> Std. Her father is working as an Assistant Engineer in agriculture department and her mother is a house wife.

#### **Implementation of the Early Intervention Programme at MNC**

#### **Initial Observations:**

An initial assessment to ascertain her developmental level was performed. The assessment showed that the developmental age was not age appropriate, and the functioning level was as follows:

#### **The level of performance as on 28/4/14**

First her assessment was done using the Birth – Two Years, Upanayan Checklist, as she performed those skills she was assessed using Two to Six Upanayan Check list.

#### **Domain: Communication**

Sandhiya states the use of objects in common use in daily living activities (Cup, to drink milk, tooth brush to brush teeth and so on.)

She requests for services for personal needs.

#### **Domain: Mealtime activities.**

She throws plate waste in to a trash can.

**Domain: Personal daily living**

She Flushes and inspects toilet before leaving toilet.

**Domain: Home living**

She assists in picking up washed clothes after drying.

**Domain: Social**

She chooses own friends at play.

**Domain: Community use**

She names day of the week and month

**Domain: Self direction**

She assists friends/ siblings/ peers in small tasks.

**Domain : Health and safety**

She identifies dangerous insects/reptiles cockroaches, ants, lizards, snakes etc.

**Domain: Functional academics**

She identifies 3 colors on request.

**Domain: Number**

She indicates whether an object is heavy or light.

**Domain: Leisure**

She jumps from a height of 12 inches (1 foot) as part of a play.

**Domain: Work**

She peels sticker from sheet, pastes them at assigned place.

**The Report on the assessment:**

Sandhiya Shree was placed in the Upanayan Early Intervention Programme - Two to four years group, with an Individualized Education Plan (IEP).

**Evolving the Individualized Education Plan (IEP)**

Goals and Objectives for working out an **Individualized Education Plan (IEP)** were set

Assessments on Sandhiya Shree indicated need for occupation therapy for which assessments were carried out.

Based on the assessments an activity based, structured and composite individualized programme incorporating, educational, and therapeutic inputs, was evolved for intervention.



**Miss Sandhiya Shree**

**The level of performance as on April 2015**

**Domain: Communication.**

She describes a familiar object using 2-3 of its attributes.

She gives information on request, in a simple format.

She requests for services for personal needs.

**Domain:Mealtime**

She mixes, the main dish (example cereal preparation,) with the side dish (example, curry, or gravy), of served food, and eats along with other food items(example, salads, or any other preparation)

She refills glass from jug (less than a glass) without spilling

**Domain: Personal Daily living.**

She Changes into clean clothes recognizing clothes are soiled.

She performs toilet activities independently.

**Domain: Home living**

She scrapes skin from vegetables.

She grates carrots, peels fruits with fingers.

**Domain: Social Interaction.**

She asks permission to use other's objects.

She chooses own partner at play.

She asks for assistance when having difficulty.

**Domain: Community use**

She names day of the week and month.

She identifies appropriately himself with boys/ herself with girls, at different occasions happening in the community.

**Domain: Self direction.**

She recognizes and greets people, other than family members appropriately

She maintains silence (a group for prayer etc,) for 2 minutes

**Domain: Health and Safety.**

She plays only in designated play area

She performs prescribed yogasana / physical exercise

**Domain: Reading and Writing.**

She points to missing part of a picture

She scans a picture answers questions on it.

She traces along the diamond shaped out line

**Domain: Number**

She matches numerals with objects up to 5

She reads and writes numerals up to 5

She constructs set of 4 and 5 objects

**Domain: Leisure.**

She crawls and creeps under fences and gates or through barrels in obstacle track / race

She rolls the given amount of clay into balls makes clay balls, ropes or any other item of interest.

She throws ball overhead (backward and forward) in instructed organized play.

**Domain: Work.**

She selects a rupee note from other paper items.

She peels sticker from sheet, pastes them at assigned place

She responds / indicates objects as 'closed' or 'open'.

**Present developmental age:**

Communication                      3years 6months

Mealtime                                4years 7months

Personal Daily living	5years 6months
Home living	5years 4months
Social Interaction	5years
Community use	3years 8 months
Self direction	4years 11 months
Health and Safety	4years 9months
Reading	3years 10 months
Writing	3 years 1month
Number	3 years 1month
Leisure	3years 9 months
Work	3years 11months

**Developmental Age: - 4 years 2 months (Chronological age 6years and 9 months)**

**Other Support Systems provided at the Centre**

Opportunities for Sandhiya Sree to participate in the various co-curricular activities like art, craft, yoga, play therapy, brain gym, indoor games, sports, cultural events and entering into events of competition were provided by the special educators at the Centre to build up the child's skills in all facets of development.

**Role of the Parent as a Carry over Agent in the implementation of the IEP.**

The parent was guided closely by the special educators, during the training period provided to the child at the Centre and to perform as a carryover agent at home.

**Remarks:**

Sandhiya is a very friendly child, she interacts well with her classmates, loves playing, likes to perform action songs and interested in music.



## Report

**Name of Child** : V.Yeswin  
**Date of Birth** : 28/03/2008  
**Present Age** : 7yrs  
**Date of Entry to the Upanayan** : 18/06/13

### **Early Intervention Programme at MNC**

**Age at Entry** : 5years 3months  
**Condition Diagnosed** : ADHD  
As Diagnosed byDr. Padmalochani  
**Assessment Tool** : Upanayan Checklist  
**Assessment Team** : Special educator, Physiotherapist,  
Occupational therapist, Speech Therapist and the parent

### **Family details:**

Yeswin is the second child and comes from a nuclear family. His father is a businessman and his mother is a house wife.

### **Implementation of the Early Intervention Program at MNC**

#### **Initial Observations:**

An initial assessment to ascertain his developmental level was performed. The assessment showed that the developmental age was not age appropriate, and the functioning level was as follows:

#### **The level of performance as on 18/06/13**

He performs the birth to two years level check list. Hence he was assessed with Two to six years check list.

#### **The Report on the assessment:**

Yeshwin was placed in the Upanayan Early Intervention Programme –Four to Six years group, with an Individualized Education Plan (IEP).

#### **Evolving the Individualized Education Plan (IEP)**

Goals and Objectives for working out an **Individualized Education Plan (IEP)** were set

Assessments on Yeshwin indicated need for occupation therapy for which assessments were carried out.

Based on the assessments an activity based, structured and composite individualized programme incorporating, educational, and therapeutic inputs, was evolved for intervention.



**Master Yeshwin**

**The level of performance as on April 2014**

1. **Domain:** Communication.  
Performs services on request
2. **Domain:** Mealtime  
Uses pepper / salt from shaker
3. **Domain:** Personal Daily living.  
Combs hair
4. **Domain:** Home living  
Manipulates egg beater
5. **Domain:** Social Interaction.  
Indicates a person's arrival appropriately.
6. **Domain:** Community use  
Matches coins and notes of the same denomination
7. **Domain:** Self direction.  
Picks up named items correctly from the specified place
8. **Domain:** Health and Safety.  
Indicates feeling of sickness
9. **Domain:** Reading and Writing.  
Matches different familiar shapes  
Draws a square

**10. Domain: Number**

Picks up specified number of objects upto 3

**11. Domain: Leisure.**

Throws a ball into a container standing at a distance of four feet

**12. Domain: Work.**

Peels sticker from sheet, pastes them at assigned place

**Present developmental age : 4 Years (chronological age 6 years and 1 month)**

**Other Support Systems provided at the Centre**

Opportunities for Yeshwin to participate in the various co-curricular activities like art, craft, yoga, play therapy, brain gym, indoor games, sports, cultural events and entering into events of competition were provided by the special educators at the Centre to build up the child's skills in all facets of development.

**Role of the Parent as a Carryover Agent in the implementation of the IEP.**

The parent was guided closely by the special educators, during the training period provided to the child at the Centre and to perform as a carry over agent at home.

**Remarks:**

Yeshwin is a very friendly child, he interacts well with his classmates, loves playing, likes to perform action songs and interested in music.



### Report

<b>Name of Child</b>	: V.Samyuktha
<b>Date of Birth</b>	: 29/09/2008
<b>Present Age</b>	: 6yrs 6 months
<b>Date of Entry to the Upanayan</b>	: 02/08/13
<b>Early Intervention Programme at Madhuram Narayanan Centre for Exceptional Children( MNC)</b>	
<b>Age at Entry</b>	: 4years 11 months
<b>Condition Diagnosed by</b> (As Diagnosed by Dr. Padmalochini )	: Mild MR
<b>Assessment Tool</b>	: Upanayan Checklist
<b>Assessment Team</b>	: Special Educator, Physiotherapist, Occupational Therapist, Speech Therapist and the parent

#### **Family details:**

Samyuktha is the only child and comes from a nuclear family. Her father is working as an AC Mechanic and her mother is a house wife.

#### **Implementation of the Early Intervention Programmeat MNC**

##### **Initial Observations:**

An initial assessment to ascertain her developmental level was performed. The assessment showed that the developmental age was not age appropriate, and the functioning level was as follows:

##### **The level of performance as on 29/09/2013**

When her development using the Birth – Two Years , Upanayan Checklist, was assessed she performed those skills. She was assessed using with Two to Six Upanayan Check list.



**Samyuktha doing a peacock dance**

**Domain: Communication**

Samyuktha requests for objects.

She uses words such as sister, brother, grandmother, grandfather, aunt, uncle appropriate to relationship / situations.

**Domain: Meal time activity**

She uses napkin to wipe/ hand, mouth / before and after meals.

She uses only one hand for eating

**Domain: Personal daily living**

She seeks help from appropriate person for any toileting need.

She unbuttons the buttons on the front of dress

She unties shoelaces.

**Domain: Home living**

She responds appropriately to familiar household sounds (door bell, telephone etc)

She labels five household items by category ( e.g.: Bathing items, meal time items, bed time items, etc)

**Domain: Social Relationships**

She imitates movements of another person.

She displays, emotions, such as pride, happiness in achievement, on completion of a task, with suitable expressions.

**Domain: Community Use**

She Identifies/Names environmental sounds - 5 (sound of birds, doorbells, vehicle horn, whistle of the pressure cooker, telephone bell)

She expresses a person's arrival, announcing the person's name.

**Domain: Self direction**

She carries out 2 successive commands given at the same time.

She identifies situations by sounds and responds as needed. (Puja bells with prayers in puja room, Phone ringing by answering the phone and saying hello, etc)

**Domain: Health and safety**

She expresses, appropriately to indicate hunger, sleep.

**Domain: Functional academics: Reading and writing**

She sorts 10 different pictures of objects each into the named category ( 5 categories).

She identifies, names 3 colors on request.

She identifies / names three shapes (Square, Triangle, Circle).

**Domain: Number**

She identifies, picks up long/short objects.

**Domain: Leisure**

She climbs up and slides down a 4-6 feet slide.

She skips and hops playing games, dances.

**Domain: Work**

She places blocks/boards one behind the other.

She imitates actions in rhymes/action songs.

Samyuktha was placed in the Upanayan Early Intervention Programme – Four to Six years group, with an Individualized Education Plan (IEP).

**Evolving the Individualized Education Plan (IEP)**

Goals and Objectives for working out an **Individualized Education Plan (IEP)** were set.

Assessments on Samyuktha indicated need for occupation therapy for which assessments were carried out.

Based on the assessments an activity based, structured and composite individualized programme incorporating, educational, and therapeutic inputs, was evolved for intervention.

**The level of performance as on - April 2015**

**Domain: Communication.**

She requests for services for personal needs.

She requests for information.

She categorizes by naming groups (toys, animals, food items, vehicles, birds, vegetables, fruits, etc).

**Domain: Mealtime**

She eats different types of food without spilling.

She identifies the drinking water facility in public places.

**..Domain: Personal Daily living**

She identifies own inner garments.

She cleans self after using toilet, flushes and inspects toilet before leaving toilet.

**Domain: Home living**

She assists in setting the table before meals.

She pours liquid into glass from a jug.

She peels appropriately (onions, Groundnuts, pea pods. etc).

**Domain: Social Interaction.**

She points out difference between self and others.

She shares belongings/food with peers.

She asks for assistance when having difficulty.

**Domain: Community use**

She associates vehicles with the mode of transport for which each is used

She communicates for simple needs.

**Domain: Self direction.**

She retrieves physically, objects placed in positions such as on, in, under, over, inside, etc.

She attends to assigned task until completion.

She chooses item appropriately from a given choice

**Domain: Health and Safety.**

She identifies dangerous insects/reptiles such as cockroaches, ants, lizards, Snakes etc.

She seeks adult help to climb down, low compound wall / fences.

**Domain: Reading and Writing.**

She draws oblique lines by copying a given sample.

She points to missing part of a picture.

She reads simple 2-3 letter words.

**Domain: Number**

She reads and writes numerals up to 5.

She constructs set of 4 and 5 objects.

She picks up specified number of objects up to 10.

She matches numerals with objects up to 10.

**Domain: Leisure**

She hits a rolling ball with bat.

She jumps 10 times moving forward.

She runs a distance of 50 feet in 8 second.

**Domain: Work**

She identifies and picks up the object named by its colors / size/ and also shape.

She classifies pictures based on its function.

She screws together objects with thread grooves.

**Present developmental age: (chronological age 6 years 5months)**

Communication	3 years 6 months
Mealtime	5years 8 months
Personal Daily living	5 years 5 months
Home living	5 years 1 months
Social Interaction	4years 8 month
Community use	3 years 7 months
Self direction	4years 2 months
Health and Safety	4 years 11 months
Reading	3 years 7 months
Writing	3 years 7 months
Number	3 years 1month
Leisure	3 years 2 months
Work	4 years 4 months

**Other Support Systems provided at the Centre**

Opportunities for Samyuktha to participate in the various co-curricular activities like art, craft, yoga, play therapy, brain gym, indoor games, sports, cultural events and entering into events of competition were provided by the special educators at the Centre to build up the child's skills in all facets of development.

**Role of the Parent as a Carry over Agent in the implementation of the IEP.**

The parent was guided closely by the special educators, during the training period provided to the child at the Centre and to perform as a carryover agent at home.

**Remarks:**

Samyuktha is a very friendly child, She interacts well with her classmates, loves playing, likes to perform action songs and interested in music.



### Report

**Name of Child** : S. Ramprasath

**Date of Birth** : 19/04/2008

**Present Age** : 7yrs

**Date of Entry to the Upanayan** : 5/06/13

#### **Early Intervention Programme at MNC**

**Age at Entry** : 5years 2months

**Condition Diagnosed** : Global Developmental Delay

As Diagnosed by Dr. padmalochini

**Assessment Tool** : Upanayan Checklist

**Assessment Team** : Special Educator, Physiotherapist, Occupational Therapist, Speech Therapist and the parent

#### **Family details:**

Ramprasath is one of twins living in a nuclear family. His father is a senior engineer in Enmas GP power and his mother is a house wife.

#### **Implementation of the Early Intervention Program at MNC**

##### **Initial Observations:**

An initial assessment to ascertain his developmental level was performed. The assessment showed that the developmental age was not age appropriate, and the functioning level was as follows:

##### **The level of performance as on 7/06/13**

Ramprasath follows verbal instruction.

He walks, runs, jumps independently.

He eats independently.

He locates toilet in familiar settings.

He answers "yes" or "no" questions.

He says different words.

He attends to easy & familiar task for 1-5 minutes when supervised.

He scribbles.

He greets peers and familiar adults when reminded.

He imitates movement of another child at play.

He imitates adult in simple tasks.



**Master Ramprasath**

**Report on the assessment:**

Ramprasath was placed in the Upanayan Early Intervention Programme – Four to Six years group, with an Individualized Education Plan (IEP).

**Evolving the Individualized Education Plan (IEP)**

Goals and Objectives for working out an **Individualized Education Plan (IEP)** were set.

Assessments on Ramprasath indicated need for Developmental therapy for which assessments were carried out.

Based on the assessments an activity based, structured and composite individualized programme incorporating, educational, and therapeutic inputs, was evolved for intervention.

**The level of performance as on April 2015**

**Domain:** Communication.

Ramprasath uses adjective to describe an object in two word phrases.

He answers “wh” questions appropriately.

He performs services on request.

**Domain:** Mealtime

He mixes, for self, the main dish (example cereal preparation,) with the side dish (example, curry, or gravy), of served food, and eats along with other food items (example, salads, or any other preparation).

He transfers from a serving vessel to storing vessel.

**Domain:** Personal Daily living.

He cleans self after using toilet (urination/defecation) with water from tap/hose pipe.

He changes into clean clothes recognizing clothes are soiled.

**Domain:** Home living

He identifies the material used to make the object. (e.g. Dress/ cloth/ chair/ wood/etc.)

He pours liquid into glass from a jug.

**Domain:** Social Interaction.

He chooses own partner at play.

He follows rules and procedures in classroom.

**Domain:** Community use

He identifies post office, bus stand, public telephone booth, railway station, etc in community environment.

He associates an item with the type of shop from which it is procured (e.g. petrol from petrol pump, book from bookstore, etc ).

**Domain:** Self direction.

He picks up named items correctly from the specified place.

He identifies boy/ girl in others.

**Domain:** Health and Safety.

He washes fruit before eating.

He responds appropriately upon hearing car horn, bus horn etc.

**Domain:** Reading and Writing.

He continues drawing the pattern in a sequence.

He draws a triangle.

He identifies / names six colors.

He identifies / reads own name.

**Domain:** Number

He arranges objects in order of size from the smallest to biggest and vice versa.

He differentiates, indicates the group of objects having more or less number of items.

He indicates whether object is heavy or light.

**Domain: Leisure.**

He plays a ring-a –ring of roses with a group of children.

He crawls and creeps under fences and gates or through barrels in obstacle track/ race.

**Domain: Work.**

He looks for an object in its usual location. (E.g. Tumbler on kitchen shelf etc.).

He gets required materials for a specific activity.

**Present developmental age : (chronological age 6 years)**

Communication	3years 3 months
Mealtime	5 years 1month
Personal Daily living	5 years 1month
Home living	4 years 7 months
Social Interaction	4 years
Community use	2 years 11 months
Self direction	3 years 3 months
Health and Safety	3 years 5 months
Reading	3years 10 months
Writing	3 years 10month
Number	2 years 5 months
Leisure	4years
Work	3years 5 months

**Developmental Age:-3 Years 7 months**

**Other Support Systems provided at the Centre**

Opportunities for Ramprasath to participate in the various co-curricular activities like art, craft, yoga, play therapy, brain gym, indoor games, sports, cultural events and entering into events of competition were provided by the special educators at the Centre to build up the child's skills in all facets of development.

**Role of the Parent as a Carry over Agent in the implementation of the IEP.**

The parent was guided closely by the special educators, during the training period provided to the child at the Centre and to perform as a carryover agent at home.

**Remarks:**

Ramprasath is a very friendly child, he interacts well with his classmates, loves playing, likes to perform actions in action songs and interested in music.

## Report

<b>Name of Child</b>	: S.Gnana sai kamalesh
<b>Date of Birth</b>	: 05/01/2010
<b>Present Age</b>	: 5yrs 3 months
<b>Date of Entry to the Upanayan</b>	: 03/01/13
<b>Early Intervention Programme at MNC</b>	
<b>Age at Entry</b>	: 3 years
<b>Condition Diagnosed</b>	: ADHD
<b>As Diagnosed by</b>	: Dr. Padhmalochini
<b>Assessment Tool</b>	: Upanayan Checklist
<b>Assessment Team</b>	: Special educator, Physiotherapist, Occupational therapist, Speech Therapist and the parent

### **Family details:**

He lives in a joint Family. He is a single child. His father is an archaghar in a temple and his mother is a house wife.

### **Implementation of the Early Intervention Program at MNC**

#### **Initial Observations:**

An initial assessment to ascertain his developmental level was performed. The assessment showed that the developmental age was not age appropriate, and the functioning level was as follows:

#### **The level of performance as on 28/4/14**

He performs the birth to two years level. Hence he was assessed with Two to Six check list.

#### **Domain**

#### **The Report on the assessment:**

Gnana Sai Kamlesh was placed in the Upanayan Early Intervention Programme - Four to Six years group, with an Individualized Education Plan (IEP).

#### **Evolving the Individualized Education Plan (IEP)**

- Goals and Objectives for working out an **Individualized Education Plan (IEP)** were set.
- Assessments on Gnana Sai Kamlesh indicated need for occupation therapy for which assessments were carried out.

- Based on the assessments an activity based, structured and composite individualized programme incorporating, educational, and therapeutic inputs, was evolved for intervention.



**Master Gnana Sai Kamlesh**

**The level of performance as on April 2014**

**Domain:** Communication.

Performs services on request

**Domain:** Mealtime

Uses pepper / salt from shaker

**Domain:** Personal Daily living.

Combs hair

**Domain:** Home living

Manipulates egg beater

**Domain:** Social Interaction.

Indicates a person's arrival appropriately.

**Domain:** Community use

Matches coins and notes of the same denomination

**Domain:** Self direction.

Picks up named items correctly from the specified place

**Domain:** Health and Safety.

Indicates feeling of sickness.

**Domain:** Reading and Writing.

Matches different familiar shapes.

Draws a square.

**Domain:** Number

Picks up specified number of objects up to 3.

**Domain:** Leisure.

Throws a ball into a container standing at a distance of four feet

**Domain:** Work.

Peels sticker from sheet, pastes them at assigned place.

**Present developmental age : 4 Years (chronological age 4 years and three months)**

**Other Support Systems provided at the Centre**

Opportunities for Gnana Sai Kamlesh to participate in the various co-curricular activities like art, craft, yoga, play therapy, brain gym, indoor games, sports, cultural events and entering into events of competition were provided by the special educators at the Centre to build up the child's skills in all facets of development.

**Role of the Parent as a Carry over Agent in the implementation of the IEP.**

The parent was guided closely by the special educators, during the training period provided to the child at the Centre and to perform as a carryover agent at home.

**Remarks:**

Gnana Sai Kamlesh is a very friendly child; he interacts well with his classmates, loves playing, likes to perform action songs and is interested in music.



## **ANNEXURE 6**

### **Impact of Project Annapoorna**

**List of children for Annapoorna - 2014 – 2015 (Initial readings taken in June 2014 and final readings in April 2015)**

Sl. No.	Regn. No.	Name of the child	DOB	Weight in kgs Initial	Weight in kgs Final	Height in cms initial	Height in cms Final	Hb Initial	Hb Final
1	4941	Shaswathi	28/9/2011	13	13.25	80	85	9.7	10.2
2	5095	S. Krish	1/7/2010	11	11.01	84	86	10.4	10.2
3	4845	Dhanu Shree. E	1/2/2011	12.7	12.75	94	94	9.6	10.3
4	4948	D. Deepa Shri	13/4/2011	11.3	12.0	83	83	10.6	8.3
5	5191	Sai Krithivik	12/3/2010	11	11	91.5	92	9.2	13.1
6	5120	Sam Vincent	20/8/2008	13	12.5	96	96	12.1	13.1
7	5053	M. Bhavatharani	14/11/2008	16.3	16.5	109	115	12.3	11.9
8	5136	Akash. A	5/10/2009	11.5	12.5	90	96	11.3	11.1
9	4683	Adithyan	20/6/2009	14	14.5	96	97	11.7	12.0
10	4980	Gulam Mohammed	8/3/2009	13	13	95	95	10.9	11.0
11	4271	Mohammed Irfan	5/10/2008	10	10	84	86	12.4	13.0
12	4107	M. Keerthana	17/8/2008	13	13	95	98	13.9	13.2
13	4615	Devish	26/6/2009	20	23	100	108	10.5	11.0
14	4773	Gnana sai kamalesh	5/1/2010	18	17.5	109	109	12.0	12.4
15	5047	Rafiya Fathima	4/3/2006	12.3	12.3	105	108	12.9	13.1
16	5049	Anand Raj	16/5/2007	15.3	15.5	105	107	11.9	12.7
17	5130	P.S. Deepa	5/3/2010	12	12	91	95	10.6	10.5
18	4922	MohammeAqueel.S.R	25/9/2010	8.4	9	87	90	10.9	11.1
19	5167	Mukundhan	4/10/2010	12.2	12.50	94	94	10.6	11.0
20	4914	Palaniappan	25/10/2008	20	20	113	115	11.3	11.0
21	5011	Yeswin	28/3/2008	18.4	18.6	108	110	11.5	11.2

22	4930	Leshwanth Kumar	13/11/2009	14	14.5	93	95	12.3	13
23	5036	Ronish	29/10/2008	18	16	105	106	10.4	9.8
24	4988	Vishal	27/12/2010	13	13.5	93	93	11.6	11.8
25	5190	Yuvaraj	10/1/2013	6	7	71	71	12.6	13
26	5187	Poorvaja	17/11/2012	9.6	9.6	67	68	11.7	8.8
27	3875	Yognath	29/9/2006	17.2	17.2	116	118	10.9	11.3
28	5205	Mohammed Aymaan	31/10/2010	14	13	90	92	11.8	12.3
29	4717	Angalaparameshwari	6/10/2008	13	13.2	101	103	10.9	11.2
30	3875	Yoga Bharath	29/9/2006	17.2	17.5	116	116	12.3	11.0

#### Result

- **Improvement in height averaging 2 cm to 8 cm**
- **Improvement in weight averaging 0.3 kg to 3 kg**
- **Improvement in Hemoglobin 0.5 mg to 3.90 mg**

**17 children** showed improvement in weight, the increase per child for the year ranging from 0.5 kg to 3 kg. Only 2 children recorded a reduction in weight.

**21 children** showed increase in height ranged from 2 cm to 8 cms

**21 children** recorded a rise in hemoglobin ranging from 0.5 mg to 3.90 mg



## ANNEXURE 7

### Project Sankarshana – Details of house visits

Sl. No.	Name of the child	Locality	Date Visited	Remarks
1	Teja Sree	Saidapet	23.7.2014	Came back to MNC
2	Akshaya	K K Nagar	30.7.2014	Came back to MNC
3	Iswariya	Nerkundram	30.7.2014	Came back to MNC
4	Tharun Teja	Saligramam	16.12.2014	Came back to MNC
5	Lakshaya	Koyembedu	30.3.2015	Came back to MNC
6	Dharshan	Nungambakam	23.7.2014	Came back to MNC
7	Shrinka	Thiruvotriyur	6.8.2014	Dropped out due to domestic reasons and is at home. Counseled to attend either MNC or other special school
8	Miracle Daniel	Pallavaram	25.11.2014	Dropped out due to domestic reasons and is at home. Counseled to attend either MNC or other special school
9	Krish Narayanan	Perambur	27.3.2015	Dropped out due to domestic reasons and is at home. Counseled to attend either MNC or other special school
10	Sumanesh	Mylapore	23.7.2014	Joined Andhra Mahila Sabha Primary School, Mylapore
11	Dheekshika Sree	Kolathur	29.10.2014	Joined a Montessori school nearer to her house
12	Kishore Mani	Medavakkam	25.11.2014	Joined Apple Kid Montessori School nearer to the house
13	Oviya Priya	K K Nagar	16.12.2014	Joined Maithree Special School, K K Nagar

14	Gautham Vijay Krishna	Seven hills, St. Thomas Mount	6.8.2014	Attending regular school nearer to home
15	Hanurithe	Ambattur	7.4.2015	Joined Bala Vihar Primary School
16	Jeevitha	Vysarpadi	6.8.2014	Found to be age appropriate
17	Jeevika Shree	Medavakkam	25.11.2014	Due to domestic reasons, the child is kept at home. Counseled the need for a special school for the child.
18	Dhanyashree	Mogappair	29.10.2014	Taking only therapy, counseled the need for a special school
19	Tharun Raj	Tambaram	25.11.2014	House locked, address changed, trying to get the new address
20	Aswini	Porur	16.12.2014	House locked, address changed, trying to get the new address
21	Yashika	Mugappair	18.3.2015	House locked, address changed, trying to get the new address
22	P Kishore	K K Nagar	30.7.2014	House locked, address changed, trying to get the new address



## ANNEXURE 8

### DETAILS OF SANMARGAM

SCHOOL VISIT REPORT					
Sl. No.	Name of the school	Date of Visits	Name of the child	Class studying	Remarks/comments
1	Trinity Matriculation School West Mambalam, Chennai 33	2/8/2013	Mahadevan	1 <sup>st</sup> Std	<p>Has good communication skills</p> <p>Answers to queries.</p> <p>Handwriting is not legible.</p> <p>In Math he writes figures fully in the boxes given.</p> <p>Advised class teacher to provide him small boxes so that he can write it within the boxes.</p> <p>Mother has to work with the child at home</p>
2	St.Josephs Mat School, Chennai	2/8/2013	Naresh Krishna	1 <sup>st</sup> Std	<p>School is located in a market place, class rooms are divided by curtains, very noisy.</p> <p>Child is coping up with the situation.</p> <p>He interacts with class mates.</p> <p>Mother has to work with the child more, for his development.</p>
3	Children Garden Memorial School, Mylapore, Chennai 600004	30/8/2013	Sania Fathima	UKG	<p>Doing well in the class.</p> <p>Her hand writing is neat and legible she understands number concepts.</p> <p>She tries to say rhymes and imitates action.</p> <p>No clarity in speech.</p>
4	Children Garden Memorial School, Mylapore, Chennai 600004	30/8/2013	Meganathan	5 <sup>th</sup> Std	<p>Meganathan has a very good academic record.</p> <p>Teachers are very much proud of him.</p>

Sl. No.	Name of the school	Date of Visits	Name of the child	Class studying	Remarks/comments
5	Children Garden Memorial School, Mylapore, Chennai 600004	30/8/2013	Sri Akila	2 <sup>nd</sup> Std	<p>Sri Akila is having little Echolalia.</p> <p>She is more comfortable in Tamil language than English.</p> <p>She finds difficulty in understanding math concepts</p> <p>There should be an Asst teacher for her to help in academics.</p>
6	St.Ebbas Matriculation School, Mylapore, Chennai 600004	30/8/2013	Aaron	2 <sup>nd</sup> Std	<p>Is doing well in the class.</p> <p>He interacts well with his peers.</p> <p>Answers to queries.</p> <p>He finds difficulty in Math concepts.</p>
7	New Modern Nursery & Primary School, Teynampet, Chennai 600018	19/9/2013	Adithya	UKG	<p>Lacks eye contact.</p> <p>He is good in orals.</p> <p>He recites rhymes.</p> <p>In writing he copies words, anyhow verbal prompting is needed for writing</p> <p>Has Behavior problems like pinching, hitting his class mates.</p> <p>His teacher handles him with patience showing love &amp; affection.</p>
8	Shamrock Matriculation School, East Mugapair, Chennai 600037	6/11/2013	S.A.Vicranth	UKG	<p>Severe Echolalia</p> <p>Good in recitation</p> <p>Does not understand the concepts in Math</p> <p>Writes only when told.</p> <p>Passes urine in the class. Toilet training is a must.</p> <p>His school HM feels he is not able to cope up with the syllabus.(next year 1 std will be more difficult for him.)</p>

Sl. No.	Name of the school	Date of Visits	Name of the child	Class studying	Remarks/comments
9	Metro English School, Kodambakkam, Chennai	6/11/2013	Mehaboob	UKG	His mother is with him in the class room, working as Asst. Teacher. Mehaboob responds well and communicates by asking questions. Clarity of speech has to be improved HM felt he should be more regular to school for his continuous development. Has to be Toilet trained.
10	Metro English School, Kodambakkam, Chennai	6/11/2013	Suhas	LKG	Has good receptive language. His mother is with him in the class room. He enjoys rhymes.
11	Little Flower Convent for Visually impaired, Chennai	8/11/2013	Sabari Girish.K	LKG	Sabari is good in orals Recites Thirukural and numbers Listens well in class
12	Little Flower Convent for Visually impaired, Chennai	8/11/2013	Habibunisa	1 <sup>st</sup> Std	Good in orals Not started reading in Braille. She is not doing Math using
13	Little Flower Convent for Visually impaired, Chennai	8/11/2013	Deepika	1 <sup>st</sup> Std	Deepika has just started to learn Braille. She is good in orals recites - rhymes & numbers.
14	Little Flower Convent for Visually impaired, Chennai	8/11/2013	Siva	3 <sup>rd</sup> Std	Siva is good in orals and reads Braille. Parents support should be more for his development.

Sl. No.	Name of the school	Date of Visits	Name of the child	Class studying	Remarks/comments
15	Karpagavalli Matriculation School, Nungambakkam, Chennai	9/12/2013	Sandhya	LKG	<p>Can speak a little</p> <p>Listens in the classroom</p> <p>Follows simple commands</p> <p>Very shy</p> <p>Co-operates only when interacted.</p> <p>No writing gives exam orally under one to one situation.</p>
16	Washington Nursery & Primary School, Triplicane, Chennai	9/12/2013	Advaith	1 <sup>st</sup> Std	<p>Advaith writes well and has good handwriting</p> <p>Understands concepts in math.</p> <p>Writes exam and secures 'A' grade in exams.</p> <p>Plays well with his new born baby sister.</p> <p>Mother is happy about his interaction with sister.</p>
17	Washington Nursery & Primary School, Triplicane, Chennai	9/12/2013	Surya	1 <sup>st</sup> Std	<p>Surya is good in orals</p> <p>hand writing is not legible</p> <p>Writes exams.</p> <p>Behaviors like pinching &amp; hitting others has to be controlled.</p> <p>Advised mother to pay more attention to keep him engaged.</p>
18	Annai Velankanni Matriculation School, Saidapet, Chennai	24/1/2014	Nithya Sree	Pre. KG	<p>Nithya Sree is good in orals,</p> <p>Writing not yet started.</p> <p>Teacher feels her walking has improved, but she is weak &amp; falls sick often, her physical health has to be improved.</p>

Sl. No.	Name of the school	Date of Visits	Name of the child	Class studying	Remarks/comments
19	Krishnaswamy Nursery & Primary School, Pudupet, Chennai	24/1/2014	Mohammed Azeem	2 <sup>nd</sup> Std	<p>Azeem interacts with his peers.</p> <p>He identifies alphabets and numbers,</p> <p>Not able to read words, formation of writing is poor.</p> <p>He does copying in the note book, not able to copy it down from the black board.</p> <p>More improvement is possible if mother works with him.</p>
20	Bala Mandir Vidyala, T.Nagar, Chennai	30/1/2014	Manimegalai	4 <sup>th</sup> Std	<p>Manimegalai interacts well with her class mates, through sign language</p> <p>Copies from the blackboard and in the notebook in legible handwriting</p> <p>Plays well in the ground.</p> <p>Her receptive language is good, but expressive language is not so good.</p> <p>Class teacher takes good care of her</p>
21	Bala Mandir Vidyala, T.Nagar, Chennai	30/1/2014	Mookesh	2 <sup>nd</sup> Std	<p>Mookesh has developed a lot in the past 8 months was the feedback from his class teacher.</p> <p>He tries to imitate his peers in orals &amp; tries to talk.</p> <p>He does counting</p> <p>Identifies alphabets and basic colors.</p> <p>Indicates toilet needs and has toilet control.</p> <p>Advised teacher to give him pre writing skills like Zig Zag curves &amp; lines,</p> <p>Class teacher shows much love &amp; affection towards the child.</p>

ANNEXURE 9

SAMPLE OF FEEDBACK FROM FATHERS WHO ATTENDED FATHER'S DAY EVENT

<u>S.NO.</u>	<u>CHILD'S NAME</u>	<u>FATHER'S REMARKS.</u>
1.	M. N. SANDAIYA SHREE	<p>MNC ತಿಂಗಳ ೧೬ ರಂದು, ತಂದೆ ದಿನದಂದು                      ಪಾಲ್ಗೊಂಡು ಮಗುವಿನ ಬಗ್ಗೆ ವಿವರವಾಗಿ                      ತಂದೆಗೆ ತಿಳಿಸುವ ಸಲಹೆಗಳನ್ನು                      ನೀಡಲಾಯಿತು. ಸರ್ವಿಸ್ ಔಟ್ ರಿಟರ್ನ್ಸ್ ಬಗ್ಗೆ                      ವಿವರವಾಗಿ ತಿಳಿಸಲಾಯಿತು. ಸಂವಿಧಾನ ಶಿಕ್ಷಣದ ಬಗ್ಗೆ.</p>
2	V. Samyuletha	MNC is great.
3	S.S.GUNNA SARI KAMALESH Father's name: S.S.HARMA	<p>ಮಗು 1 1/2 ವರ್ಷದವನು ಎಂದು ತಂದೆ ತಿಳಿಸಿ                      ಮಗುವಿನ ಬಗ್ಗೆ ವಿವರವಾಗಿ ತಿಳಿಸಲಾಯಿತು. ತಂದೆಗೆ ಸಲಹೆ.</p>
4	S. GOKUL SUTY Father's Name: R. Sathish Kumar	<p>ತಂದೆಗೆ ವಿವರವಾಗಿ ತಿಳಿಸಲಾಯಿತು. ತಂದೆಗೆ                      ಮಗುವಿನ ಬಗ್ಗೆ ವಿವರವಾಗಿ ತಿಳಿಸಲಾಯಿತು.                      MNC ತುಂಬಾ ಒಳ್ಳೆಯದು.</p>
5	Pranavmossity - father dont write as he was unable to write.	

Child's Name

- ① S. Jagambanti
- ② P/o V. Srinivasulu

Feedback

உயர்வான சிந்தனைகளை வெளிப்படுத்தும்  
பாடல்களைக் கொண்டு பாடல்களை சுவை  
பாடல்களைக் கொண்டு பாடல்களை  
சுவை செய்து கொடுக்கிறார்.

- ③ Arul Murugan,  
F/o. Pranjit.A.V.

This wonderful atmosphere made me feel  
like being home rather than being in a  
school. The teachers are very caring  
which is much appreciated.

## ANNEXURE 10

### RCI APPROVAL TO CONDUCT DIPLOMA COURSE



भारतीय पुनर्वास परिषद्

भारतीय पुनर्वास परिषद्  
(सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार के अधीन एक संविधिक निकाय)  
**REHABILITATION COUNCIL OF INDIA**  
(A Statutory Body under the Ministry of Social Justice and Empowerment)

सं/No..... 17-658/D.E.C.S.E(MR)/11/RCI 61

दिनांक/Date..... 24 July 2013  
SPEED POST

Mrs. Jaya Krishnaswamy  
Director  
Madhuram Narayanan Centre  
for Exceptional Children  
No. 1, Giriappa Road,  
Opp. Bala Mandir Kamaraj Trust,  
T. Nagar, Chennai – 600 017

**Sub:** Proposal for seeking permission to continue the ongoing D.E.C.S.E (MR) training programme – reg.  
Madam,

I am directed to refer to the subject mentioned above & to inform you that on the basis of the inspection report submitted by the team of visiting experts, permission to continue the D.E.C.S.E (MR) training programme has been accorded to your institution for 05 years from the academic year 2013-14 to 2017-18 with an intake of 25 students.

2. In this connection, you are requested to remit the approval fee of Rs. 10,000/-.
3. Permanent Approval Certificate will be issued on receipt of the approval fee.

Yours faithfully,

(Dr. Subodh Kumar)  
Deputy Director (Acads.)

बी - 22, कुतुब इंस्टीट्यूशनल एरिया, नई दिल्ली - 110 016  
B - 22, Qutub Institutional Area, New Delhi - 110 016  
Ph.: 011-2653 2408, 2653 2384, 2653 4287 Fax : 011-2653 4291  
E-mail : rehabstd@nde.vsnl.net.in, rehabstd@ndc.vsnl.net.in, rehccouncil\_delhi@bol.net.in  
Website : www.rehabcouncil.nic.in

## ANNEXURE 11

PROCEEDINGS OF THE STATE COMMISSIONER FOR THE DIFFERENTLY ABLED,

Jawaharlal Nehru Inner Ring Road, K.K. Nagar, Chennai - 600 078.  
PRESENT: DR.K.MANIVASAN, I.A.S.,

PROC.NO.1928/ST2/2015

DATED: 10.4.2015

**Sub:** Commissionerate for the Welfare of the Differently Abled – Chennai – **MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN, NO.18.PRAKASAM STREET,T.NAGAR, MAMBALAM-GUINDY TALUK, CHENNAI-600017** - Temporary, Conditional Recognition - period from – **26.7.2015 to 31.3.2016** for classes – **EARLY INTERVENTION SECTION(0-2yrs), EARLY INTERVENTION SECTION(2-4yrs),PRE-SCHOOL** - accorded – Orders – Issued – Regarding.

**Ref:**

1. G.O (Ms) No.196, Social Welfare Department dated 10.3.1980.
2. G.O(Ms)No.220, Social Welfare & Nutritious Meal Programme Department, dated 17.12.99.
3. **DDAWO – CHENNAI - Lr.No-3479/A/2015 - Dated-26.3.2015.**

**ORDER:**

Under the powers delegated in the Government Orders 1<sup>st</sup> and 2<sup>nd</sup> cited, the State Commissioner for the Differently Abled, Chennai is pleased to accord, **Temporary, Conditional Recognition** for the period from **26.7.2015 to 31.3.2016** for classes **-EARLY INTERVENTION SECTION (0-2yrs), EARLY INTERVENTION SECTION (2-4yrs),PRE-SCHOOL** to – **MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN, NO.18.PRAKASAM STREET,T.NAGAR, MAMBALAM-GUINDY TALUK,CHENNAI-600017** -

Subject to the following conditions:

1. Qualified Teachers should be appointed in 1:8 ratio within a year.
2. The Building License should be renewed before its expiry date.
3. The Management should run the school in accordance with Provisions of the Tamil Nadu Recognized, Private Schools (Regulations) Act, 1973 and Rules 1974.
4. Application requesting to grant for further continuance of temporary recognition should be submitted three months in advance before the expiry of the temporary recognition now granted, to this office.
5. The Management should not appoint any teachers whose certificates have been cancelled or who have been convicted for offence involving moral turpitude.

6. The Management should maintain economic strength prescribed by the Education Department in all the Standards.
7. The State Government grant will not be given at present.
8. The Management should employ not less than 3% for persons or class of Persons with Disability as per Rule 33 of Chapter VI of the PWD Act 1995.
9. The Rain Water Harvesting facilities should be made in the Institution immediately.
10. The copy of the proceedings should be prominently displayed for the view of parents and general public.
11. The following words should be painted in the Name Board by the School **"Recognized by the State Commissioner for the Differently Abled as Special School for Differently Abled (MR) children for the period From 26.7.2015 to 31.3.2016 for classes EARLY INTERVENTION SECTION (0-2yrs), EARLY INTERVENTION SECTION (2-4yrs), PRE-SCHOOL.**
12. Number of Special educators now available should be maintained. On no account, number of Special educators employed should be reduced. In that case recognition will be cancelled.
13. Structural Stability Certificate, Sanitary Certificate, Building License and No Objection Certificate from Fire Service Department should be renewed periodically without fail.
14. The School authorities should provide barrier free and easily accessible environment to students of Special Schools.
15. This recognition is valid only, if the school is functioning in the address mentioned in this recognition order.

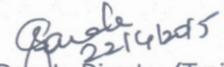
**S/d-K.MANIVASAN,  
STATE COMMISSIONER  
FOR THE DIFFERENTLY ABLED**

**To:  
MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN,  
NO.18.PRAKASAM STREET,  
T.NAGAR,  
MAMBALAM-GUINDY TALUK,  
CHENNAI-600017**

**Copy to:**

- 1) The District Differently Abled Welfare Officer- **CHENGALPATTU**
- 2) Stock file/Spare.
- 3).Special School Section, O/O-SCDA – Chennai .78

//By Order//

  
Deputy Director (Training)

  
22/4/2015

ANNEXURE 12



Company Number : 18-20495

**FRESH CERTIFICATE OF INCORPORATION  
CONSEQUENT ON CHANGE OF NAME**

In the office of the Registrar of Companies, Tamil Nadu, Madras-6,  
(Under the Companies Act, 1956 (I of 1956))

IN THE MATTER OF\* **INDCHEM FOUNDATION**

I hereby certify that.....**INDCHEM FOUNDATION**.....

which was originally incorporated on.....**16th**.....day of.....**Mar. 91.**.....

under\*\* Companies Act, 1956/~~1916~~ and under the name.....**INDCHEM FOUNDATION**.....

.....**INDCHEM FOUNDATION**.....

having duly passed the necessary resolution on.....**19.07.97**.....in terms of Section

21 / ~~22 (1) (a) / 23 (1) (b) / 44~~ of the companies Act, 1956 and the approval of the

Central Government signified in writing having been accorded hereto in the Ministry

of Law, Justice and Company Affairs, Department of Company Affairs, Registrar

of Companies, Madras, Letter No. **20495/C.IV/S.21/97** dated.....**16.10.97**.....

the name of the said company in this day changed to.....**MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN**.....

.....**MADHURAM NARAYANAN CENTRE FOR EXCEPTIONAL CHILDREN**.....

and this Certificate is issued pursuant to Section 23(1) of the said Act

Given under my hand at MADRAS this.....**SIXTEENTH**.....Day of.....**OCTOBER**.....

**TWENTY FOURTH**.....**ASVINA**.....

One thousand nine hundred and **NINETY SEVEN**

One thousand nine hundred and **NINETEEN** (Saka)



(**V. SREENIVASA RAO**)  
Registrar of Companies  
Tamil Nadu

\* Here give the name of the company existing prior to the change.  
\*\* Here give the name of the Act(s) under which the company was originally registered and incorporated.

## SOCIAL AUDIT STATEMENT 2011-2012



### SOCIAL AUDIT STATEMENT

#### Madhuram Narayanan Centre for Exceptional Children

The Social Audit Panel has examined the draft Social Accounts submitted to us and discussed them in detail with Mr Krishnan, Ms Priya, Ms Sumithra, Ms Vimala Kannan and Ms Janaki Rao at the Social Audit Panel meeting held on 28<sup>th</sup> September 2012. I have examined the revised Social Accounts which were prepared following the Social Audit Panel meeting and have taken into account various points discussed at the Social Audit Panel Meeting. We also examined a sample of the data and the sources of information on which the Social Accounts have been based.

We believe that the process outlined above has given us sufficient information on which to base our opinion.

We are satisfied that, given the scope of the social accounting explained in the revised draft and given the limitations of time available to us, the Social Accounts are free from material mis-statement and present a fair and balanced view of the performance and impact of **Madhuram Narayanan Centre for Exceptional Children** as measured against its stated values and objectives and the views of the stakeholders who were consulted.

We have identified some important issues to be taken into consideration during the next social audit cycle. In particular we would refer to the following:

- i) Revisit the stakeholder group and consult all the stakeholders in the next cycle
- ii) Articulate the values statement to all stakeholders and get their feedback
- iii) Report on all the outreach activities and its social impact in detail.

The members of the Social Audit Panel were:

- a) Justice K.P.Sivasubramaniam
- b) Mr R.Narasimham
- c) Mr. S. Sunder
- d) Dr K. Prabhakar

Ms. Latha Suresh  
Chair of the Social Audit Panel



30<sup>th</sup> October 2012.

\* The notes of the Social Audit Panel meeting form part of the social accounting and auditing process and may, by arrangement, be inspected along with the full social accounts at the offices of **Madhuram Narayanan Centre for Exceptional Children** at T Nagar, Chennai, India. Members of the Social Audit Panel have acted in an individual capacity.