

ANNEXURE B

Medical Certificate

Date: _____ OPD NO. _____

Name of the Child: _____

Date of Birth: _____ Age: _____ Sex: _____

Date of Registration: _____ LD No.: _____

Father's Name: _____

Mothers Name: _____

School's Name: _____ Class Studying in _____

Psychological Assessment: _____ Date: _____

ISC Verbal IQ: _____ Performance IQ: _____ Global IQ: _____

Interpretation: _____

KBI Performance IQ: _____

Educational Assessment: _____ Date: _____

Dyslexia, Dysgraphia, Dyscalculia, Slow Learner, Intellectual Disability, Autistic ADHD

Diagnostic: _____

Recommendations

1. Remedial Education
2. Treatment for ADD/ADHD
3. Provisions
 - a.
 - b.
 - c.
 - d.

Signature of the Doctor with seal