

MY SEWA PROMISE FORM

(To be filled by each student and signed by the Parents)

Dear Student,

SEWA is a firm step to prepare you for life. It is a voluntary project experience. You have to complete **My SEWA Promise Form** and obtain prior approval for the activity/project. Selection of a SEWA activity, development, implementation of the proposal and evaluation of the activity is the responsibility of each student. Signature of the parent indicates review and approval of this proposal.

Student's Name : Class:

(Print or type)

Brief Description of the Activity :

Duration (Days and Time) : Estimated Hours :

Name of Mentor/Teacher :

Student Signature : Date :

Parents Signature : Date :

HEALTH RECORD

	Primary	Class 1st	Class 2nd	Class 3rd	Class 4th	Class 5th	Class 6th	Class 7th	Class 8th	Class 9th	Class 10th	Class 11th	Class 12th
Physical Health													
VISION													
R.E. L.E.													
Squint													
Conjunctiva													
Cornea													
EARS RIGHT/LEFT													
External													
Middle													
Oral													
TEETH OCCLUSION													
Caries													
Gums/Colour													
POSTURE EVALUATION													
Head Forward													
Kyphosis													
Lordosis													
Scoliosis													
Bow Leg													
Knock Knees													
Flat Foot													
GENERAL BODY MEASUREMENT													
Height													
Weight													
Pulse Rate													
Blood Pressure													
HEALTH STATUS													
BMI													
Major Injury/ Illness													

To be done by an RMP as part of Annual Checkup

SEWA SELF APPRAISAL FORM

(To be filled by each Student at the Completion of the Project)

The following questions should be addressed at the end of each activity/project. These are guiding questions. Candidates can either answer on this form or write a reflective, continuous text incorporating responses to these questions.

My Name

My Activity/Project

My Commitment Towards the Project/Activity

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This Activity/Project has been a great learning experience because

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.....

I initially felt that the project could not have achieved its outcomes because

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The project has definitely changed me as a person in terms of behaviour, attitude and life skills because

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.....

The details of beneficiary (ies). Any significant comment received from them; please quote

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The challenges I faced and the things I might do differently next time so as to improve?

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