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|  **HEALTH AND ACTIVITY RECORD****GENERAL INFORMATION**Aadhar Card no. of student (optional) ………………………………………………………………………………………………………………………**STUDENT’S NAME:** ……………………………………………………………………………………………………………………………………………………Admission No. …………………………………………………………………. Date of birth :………………………………………………………**MOTHER’S NAME:** …………………………………………………………………………………………………………………………………………………..Year of Birth:……………………… Weight ……………………….. Height …………………………. Date of Birth………………………..Aadhar Card No. (Optional)……………………………………………..**FATHER’S NAME:** …………………………………………………………………………………………………………………………………………………..Year of Birth:……………………… Weight ……………………….. Height …………………………. Date of Birth………………………..Aadhar Card No. (Optional)……………………………………………..Family Monthly Income …………………………………………………………………………………………………………………………………………..Address……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………….Phone No…………………………………………….. Mobile:……………………………………CWSN, SPECIFY……………………………………………………………………………………………………………………………………………………….Signature of parents/ guardian……………………………………………………………. Date……………………………… |

**Health and Physical Education**

**MY SEWA PROMISE FORM**

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| **Student’s Name:……………………………………….. Class:………………………****Brief Description of the Activity:****………………………………………………………………………………………………………………………………………………………………………………….****………………………………………………………………………………………………………………………………………………………………………………….****………………………………………………………………………………………………………………………………………………………………………………….****………………………………………………………………………………………………………………………………………………………………………………….****………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****………………………………………………………………………………………………………………………………….………………………………………………****Duration (days and time):……………………………………………….. Estimated Hours:……………………………****Name of the Mentor Teacher:………………………………………….** **Student’s Signature:……………………………………………………….. Date:………………………………………………****Parent’s Signature:…………………………………………………………. Date:………………………………………………** |

**Mentor’s Signature:………………………………………**

**Health and Physical Education - SEWA HOURLY SCHEDULE**

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| --- | --- | --- |
| **Hour Count** | **Date and Day** | **Proposed Activity Plan** |
| **Hour 1** |  |  |
| **Hour 2** |  |  |
| **Hour 3** |  |  |
| **Hour 4** |  |  |

**Health and Physical Education - SEWA HOURLY SCHEDULE**

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| --- | --- | --- |
| **Hour Count** | **Date and Day** | **Proposed Activity Plan** |
| **Hour 1** |  |  |
| **Hour 2** |  |  |
| **Hour 3** |  |  |
| **Hour 4** |  |  |

**Health and Physical Education - SEWA HOURLY SCHEDULE**

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| --- | --- | --- |
| **Hour Count** | **Date and Day** | **Proposed Activity Plan** |
| **Hour 1** |  |  |
| **Hour 2** |  |  |
| **Hour 3** |  |  |
| **Hour 4** |  |  |

**Health and Physical Education - SEWA HOURLY SCHEDULE**

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| --- | --- | --- |
| **Hour Count** | **Date and Day** | **Proposed Activity Plan** |
| **Hour 1** |  |  |
| **Hour 2** |  |  |
| **Hour 3** |  |  |
| **Hour 4** |  |  |

**Student’s Signature………………………. Parent’s Signature………………….**

**Mentor’s Signature……………………………………..**

**Health and Physical Education - Reflective Musings( Classroom Activity)**

|  |  |
| --- | --- |
| **1 – 4 Hours** | **4 – 8 Hours** |
|  |  |
| **8 – 12 Hours** | **12 – 16 Hours** |
|  |  |
| **16 – 20 Hours** | **20 – 24 Hours** |
|  |  |
| **24 – 28 Hours** | **28 – 32 Hours** |
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| **32 – 36 Hours** | **36 – 40 Hours** |
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| **40 – 44 hours** | **44 – 48 hours** |
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**Name of my project :…………………………………………………………………………………………………………………………………………………….**

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**My Role in the Project: ……………………………………………………………………………………………………………………………………………………………………………………..**

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**Project Focus/Rationale (Reason behind choosing a particular project)**

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**Target Area**

* **Which group/community is the focus?**

**……………………………………………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………………………………..**

* **Which particular aspect of society is being dealt with? Why?**

**……………………………………………………………………………………………………………………………………………………………………………………..**

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**Process/ Methodology adopted to do the Project**

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**SEWA Hour Log**

| **Date** | **Activity** | **Hours** | **Mentor’s Signature** |
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**\* Attach visual evidences also in form of pictures**

**SEWA SELF APPRAISAL FORM**

The following questions should be addressed at the end of each activity/project.

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| My Name …………………………………………………………………………………………………………………………………………My Activity/Project ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..The activity/project has been a great learning experience because……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………I initially felt that the project could not have achieved its outcomes because ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………The project has definitely changed me as a person in terms of behavior, attitude and life skills because……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………The details of beneficiary(ies). Any significant comment received from them; please quote……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………The challenges I faced and the things I might do differently next time so as to improve?……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

**Mentor’s Observation**

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| Attendance :……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Involvement:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Regularity:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Commitment:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Additional Comments:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..The activity/project was (Circular appropriate response)Satisfactory completely Not Satisfactorily completed……………………………………………. ………………………………………Activity/Project/Mentor’s Signature Class teacher’s SignatureNameSeal of school |