

## **ANGANWADI ASSESSMENT PROGRAM REPORT**

### **1. Introduction**

## **2. Objectives**

### **General Objective**

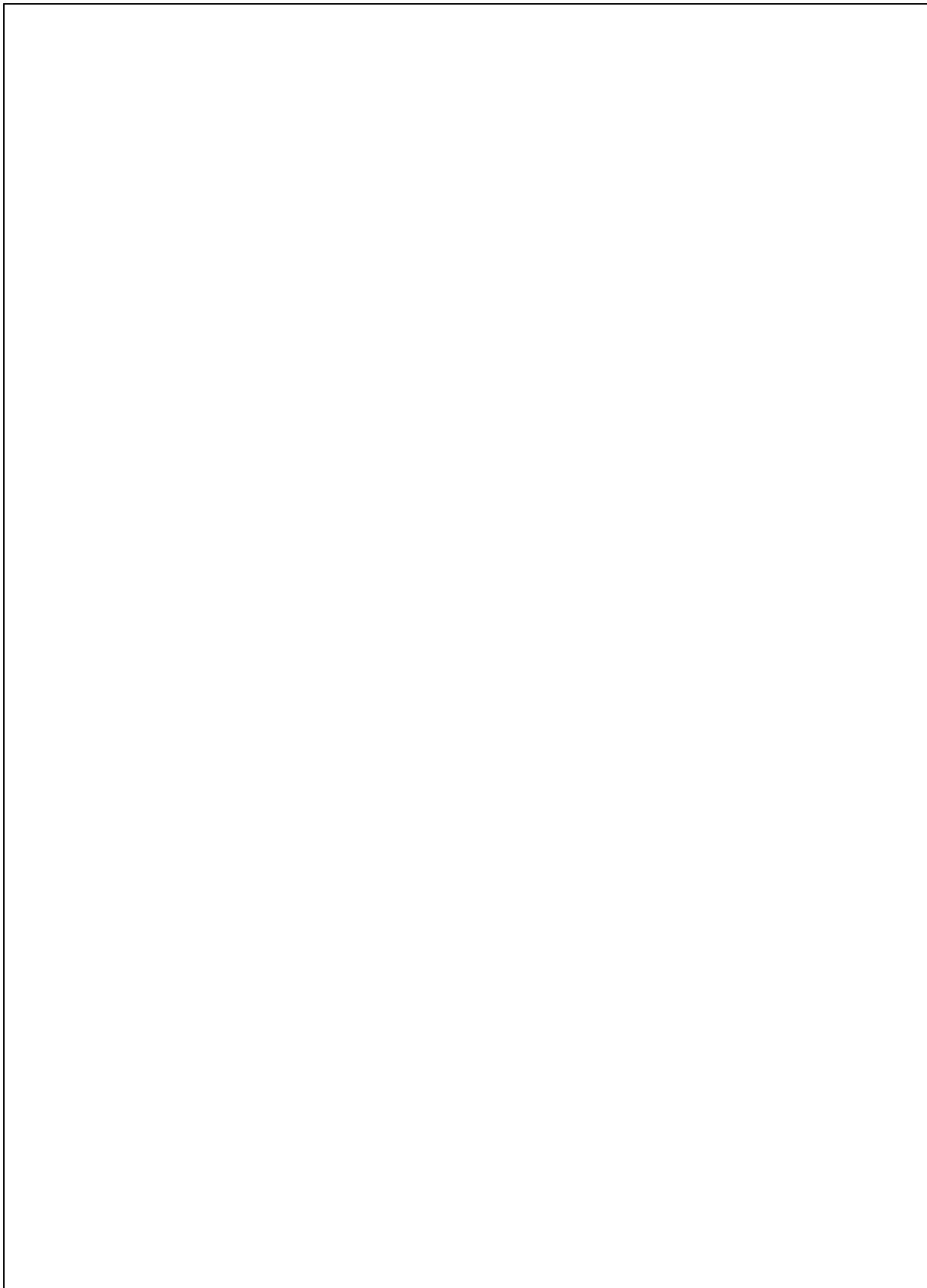
### **Specific Objectives**

### **3. Assessment of the Anganwadi Center**

**4. Services Provided Under the Anganwadi Center****5. Staffing Pattern**

Sr. No.	Designation	Name (if applicable)

## **6. Physical Layout of the Center**



## **7. Weekly Schedule of the Anganwadi**

<b>Day</b>	<b>Activities Conducted</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

## **8. Weekly Diet Menu for Children**

<b>Day</b>	<b>Breakfast</b>	<b>Lunch</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

## **9. Activities Carried Out by Nursing Students**

## **10. Health Assessment of Anganwadi Children :**









**The common problems identified among the anganwadi children are as follow:**

SRNO	CONDITIONS	NUMBER OF PROBLEMS IDENTIFIED	PERCENTAGE (%)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

## **11. Conclusion and Summary**

**MANIKAKA TOPAWALA INSTITUTE OF NURSING**  
**A CONSTITUENT OF CHARUSAT**  
**COMMUNITY HEALTH NURSING**

**EVALUATION CRITERIA OF ANGANWADI ASSESSMENT PROGRAMME**

**Name of the student:**

**Student ID No.:**

**Date of submission:**

**Place:**

Sr. No.	Evaluation Component	Max Marks	Marks Allotted
1	<b>Introduction</b> Clear context and relevance of the program	5	
2	<b>Objectives</b> Defined general and specific objectives	5	
3	<b>Assessment of Anganwadi</b> Evaluation of infrastructure and accessibility	5	
4	<b>Services Provided</b> Detailed and accurate listing of ICDS services	5	
5	<b>Staffing Pattern</b> Correct mention of worker/helper and roles	5	
6	<b>Physical Layout &amp; Schedule</b> Layout understanding, activity planning per week	5	
7	<b>Weekly Diet Menu</b> Appropriate, nutritious, and varied menu	5	
8	<b>Student Activities</b> Active involvement and variety of contributions	5	
9	<b>Health Assessment of Children</b> Accurate screening data and interpretation	5	
10	<b>Conclusion and Summary</b> Clarity in summarizing key findings and reflection	5	
	<b>Total</b>	<b>50</b>	

**Remarks:**

**Name of Evaluator:**

**Signature of Evaluator:**

**Date of Evaluation:**