


## ACTIVITY REPORT

1.	Name of the activity	Voice screening in school going children with ADHD Screening
2.	Date	06-01-23
3.	Time	9 AM to 2 PM
4.	Venue	ENT OPD
5.	Total number of participants/beneficiaries	40 children in age group of 9 to 14 years
6.	Faculty / Medical team	Dr Kamalika P Roy, Dr Shivani P, Dr Mishal Ibji Archana Raje (Clinical Psychologist)
7.	In-charge	Dr Kamalika P Roy
8.	Brief summary of the event in around 100 words (purpose, conduct, feedback, impact, suggestions)	The screening was conducted among boys and girls of Indrayani English Medium School, Talegaon in order to identify the voice and speech problems in School aged children. Studies show an increased incidence of voice problems in children with ADHD. So such children were identified by the teachers and after parental consent were screened for presence of voice disorder. A Vocal Handicap index questionnaire was used and a voice outcome survey was conducted. Children requiring Videolaryngoscopy and speech therapy were counselled and treated appropriately.



**Prof & Head**  
**Department of ENT**  
MIMER Medical College & BSTRH  
Talegaon Dabhade - 410507



ANNEXURE - 1

To  
The Principal  
MIMER Medical College & Dr BSTR Hospital

Subject: Permission to conduct activity

Respected Madam,

Seeking your kind permission and guidance for the conduct of an activity, the details of which are as follows -

No	Headings	Details	Remarks (by Principal)
1.	Organizing Department/ Committee	ENT	
2.	Activity planned (mention in details)	VOICE SCREENING OF SCHOOL CHILDREN.	
3.	Occasion (if any)	NONE	
4.	Program/Schedule (if prepared)	<del>VOICE</del> VOICE ASSESSMENT OF SCHOOL CHILDREN BY SPEECH THERAPIST.	
5.	Coordinator	DR. KAMALIKA P ROY	• VOICE SCREENING BY ENT. • VIDEO LARYNGO SCOPY (if required)
	Contact number :	9435492494	
	Email :	kamalika.roy16@gmail.com	
6.	Date/dates of activity	6 <sup>th</sup> JANUARY '23	
7.	Day	FRIDAY	
8.	Timings	9:00AM TO 1:00PM	
9.	Duration	4 HOURS	
10.	Venue	ENT OPD	
11.	Audience (students, faculty, patients etc.)	UG STUDENTS, PG STUDENTS.	
12.	Guest (if any)	NONE	
13.	In association with (if any)	DEPT. OF PSYCHIATRY - SPEECH THERAPIST - INDRAVANI SCHOOL	

14.	Accreditation	NONE	
<b>REQUIREMENTS</b>			
1.	Audio-Visual requirement	NONE	
2.	Projector (Presentation)	NONE	
3.	Tea/Coffee/Food required (specify number)	NONE	
4.	Photography	NONE	
5.	Videography	NONE	
6.	Online streaming	NONE	
7.	Print materials		
	• Banner/ Flex	NONE	
	• Pamphlet		
	• Certificates		
	• Other		
8.	Rangoli	NONE	
9.	Transport (for guest)	NONE	
10.	Floral arrangements	NONE	
11.	Felicitation kit	NONE	
12.	Gifts or guest (Saplings, etc.)	NONE	
13.	Special requirement/s (if any)	NONE	
14.	Press Note		

It will be ensured that the activity will be conducted in accordance with the prescribed norms of the institute.

The report of the activity will be made and sent to relevant committee within seven days.

Thanking You

Name :

Designation :

Date :

*[Signature]*  
 Prof & Head  
 Department of ENT  
 MIMER Medical College & BSTRH  
 Tahs. - 410507



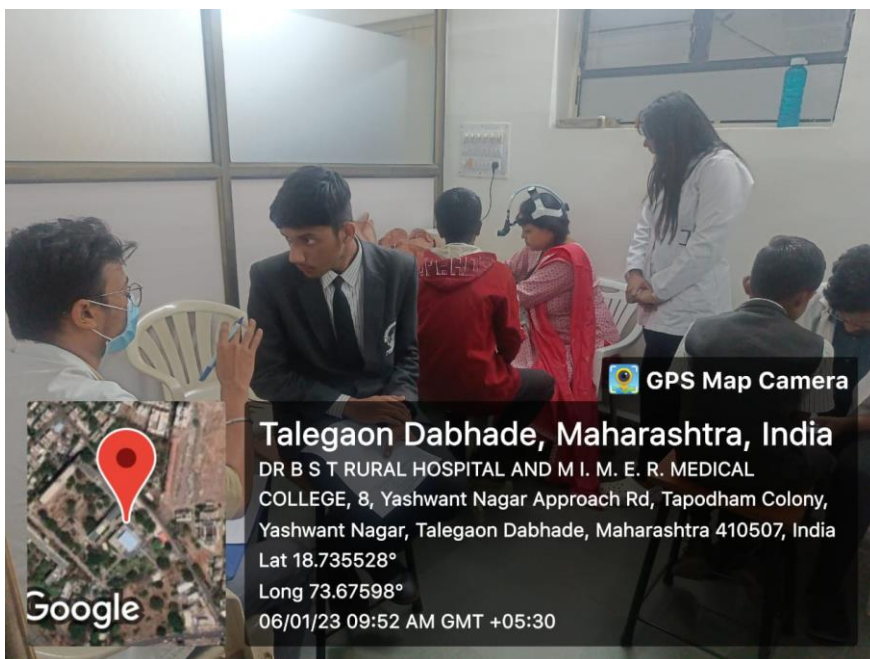
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**Talegaon Dabhade, Maharashtra, India**

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Lat 18.735596°  
Long 73.676031°  
06/01/23 10:23 AM GMT +05:30



GPS Map Camera



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**Talegaon Dabhade, Maharashtra, India**

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