

**FORMAT 3 – MONTHLY SCHOOL REPORT**

*Annexure 3*

Name of School:		Village/Town/City:	Block :	District:	
Type of School: Govt./Govt. Aided/Residential Schools/ Others, specify/.....		Name of the Nodal Teachers/Principal:			
Reporting Month and Year:		Classes in School: (pls tick ) 6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> /9 <sup>th</sup> /10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup>			
<b>I. IFA Consumption</b>		<b>Girls</b>		<b>Boys</b>	
Total no. of Students in 6 <sup>th</sup> to 12 <sup>th</sup> Classes		a)		b)	
No. of Student in 6 <sup>th</sup> to 12 <sup>th</sup> Classes consuming at least 4 IFA tablets in this month		c)		d)	
Coverage %		$c/a \times 100 =$		$d/b \times 100 =$	
Total number of teachers and other staff consuming at least 4 IFA tablets in this month					
<b>II. Albendazole Tablet Consumption ( February /August )</b>		<b>Girls</b>		<b>Boys</b>	
No. of Students in 6 <sup>th</sup> to 12 <sup>th</sup> Classes consuming Albendazole tablets		m)		n)	
Coverage %		$(m)/(a) \times 100 =$		$(n)/(b) \times 100 =$	
III. Students with moderate/severe anaemia (Based on physical check-up only)		<b>Girls</b>		<b>Boys</b>	
		Identified			
		Referred			
<b>IV. Nutrition and Health Education</b>					
IV a. Number of Nutrition and Health Education sessions planned in the month					
IV b. No. of Nutrition and Health Education sessions conducted					
<b>V. Adverse Effects</b>					
No. of students who experienced adverse effects following IFA consumption					
No. of students referred to health facility for management of adverse effects					
<b>VI. Stock Details</b>		<b>Opening Stock</b>	<b>Stock received in the month (if any)</b>	<b>Stock Utilized in the month</b>	<b>Balance Stock with expiry date</b>
IFA Tablets					
Albendazole Tablets					
Nodal Teacher 1		Nodal Teacher 2		Head Teacher	