

CLASS ROOM SUPERVISION OF THE HEADMASTER/OBSERVER

School:

Date:

Name of the

Teacher: SRI/SMT.

Class:

Designation: SGT/S.A., /TGT/PGT/CRT

Subject:

S.No.	Item of Observation	Detailed remarks of the Observer
1	Whether the <i>Syllabus Completed</i> as per Academic Calender? If not, <i>reasons for non-completion</i> of the Syllabus.	
2	Whether the Teacher taken <i>Extra Class/ Efforts to cover the incomplete Syllabus?</i>	
3	Whether the Teacher Writing Teaching Notes/ Diary or not?	
4	Whether the Teacher Writing <i>Lesson Plans/Unit Plans/Annual Plan or not?</i>	
5	Whether the Teacher Using <i>Text Books QR CODES Effectively</i> or not?	
6	Whether the Teacher using <i>TLM i.e. Teaching Aids /Reading Cards/Lab/Maps/Charts/IFPs</i> etc during classroom transaction effectively or not?	
7	Whether the Teachers <i>Correction work of Notebooks/Work Books/Home Works/Assignments</i> is Regular Up to Date or not?	
8	Whether the Children actively <i>involved in Activities</i> or not?	
9	Whether the Teacher making the Children to think and actively involve in Teaching Learning Process or not? Method of teaching?	
10	Whether the Children Writing Notes on their own or not?	
11	What is the level of the Children in various Standards of the Subject? (SPECIFY LEARNING OUTCOMES)	
12	Whether Project works are given to the children or not?	
13	Whether Project works are done and exhibited in the class by the children or not?	

14	Whether any Test conducted in this week?	
15	Whether answer papers corrected or not?	
16	Whether marks/Grades register maintained or not?	
17	Whether the Teacher conducted any innovative programme during the month?	
18	Whether the Teacher identified backward children in the respective subject? (Proof of records to be shown)	
19	Measures taken to improve the Standards of the backward children (appropriate records and registers to be maintained by the teacher)	
20	On random verification during the class supervision, the average child attained the LEARNING OUTCOMES Specified for the class or not	
21	On random verification, whether the children could READ fluently in TELUGU/HINID/ENGLISH	
22	On random verification, whether the child is able to perform basic ARITHMETIC skills or not (+, -, X, /)	
23	Whether the teacher attending regularly School complex meetings / DIKSHA/TPD online course completion or not?	
24	OVERALL IMPRESSION/SUGGESTIONS OF THE HEADMASTER/OBSERVER:	

Signature of the Teacher

Signature of the HM/OBSERVER

PERFORMANCE APPRAISAL OF THE TEACHER FOR THE MONTH OF..... YEAR.....																	
..... SCHOOL of mandal of district																	
Name of the Teacher										Designation							
I ATTENDANCE																	
1 No of Working Days in the month																	
2 No of leaves availed by the Teacher																	
STRENGTH of the Class as on last date of the month & Average attendance (Class Teacher)																	
3																	
Class		Enrollment						Average attendance of the Month									
		B			G			B					G				
4 Measures taken to improve the Attendance of the Students																	
II ACADEMIC CONCERNS																	
1 Whether the Syllabus Completed as per Academic Calendar, If no, reasons for non-completion of Syllabus																	
2 Whether the Teacher taken Extra Class/ Effort to cover the incomplete Syllabus																	
3 Whether the Teacher identified backward children in their respective subject																	
4 Measures taken to improve the standards among the backward children																	
5 Whether the Teacher conducted any innovative program during the month																	
6 Whether the Teacher using TLM prepared by teacher /IFPs /Reading Cards or other material in TaRL/Maps/Charts/Laboratory/Library/ Byju's Tabs/ Class room activities / etc effectively or not																	
7 Whether the Teachers Correction work of Notebooks/Work Books/Home Works/Assignments is Regular & Up to Date																	
8 Whether the Teacher Writing Teaching Notes:																	
9 Whether the Teacher Writing Lesson Plans & Diary:																	
III Name of the Exam conducted in the month & Grading Particulars in the Subject																	
Class Dealing																	
Subject																	
Grade																	
		B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
IV SYLLABUS / CORRECTION WORK / ASSIGNMENTS / TESTS - CLASS WISE / SUBJECT WISE																	
CLASS/Sub																	
Whether Syllabus Completed?																	
Whether Correction of H.W/Note books up-to-date?																	
No of Assignments/ Tests conducted/Project work																	
12 Furnish steps are being taken to improve Standards for C&D Grade students																	
13 Progress Cards Issued or not, if not issued, reasons to be mentioned																	
14 Assignments/Compositions/Science Records/Correction Work etc are being conducted as per DCEB/ACADEMIC Calendar or not if no Reasons for not completing																	
V CO & EXTRA CURRICULAR ACTIVITIES																	
1 Details of Subject Club Programs conducted during the month																	
2 Details of Quiz programs conducted during the month																	
4 Details of any other activities conducted during the month, as per Academic Calendar:																	
5 Are the Library & Health Education Periods Properly implemented																	
VI Whether SSC 100 Days Action plan is being implemented properly or not																	

Signature of the Teacher

Signature of the Head Master

TEACHING NOTES

NAME OF THE TEACHER:

SUBJECT:

CLASS:

MONTH:

SEMESTER:

CONCEPT OF THE LESSON	AIM	SYNOPSIS	ACTIVITIES	REFERENCE BOOKS	TEACHER REMARKS

Signature of the teacher:

verified by Headmaster with date: