

<p style="text-align: center;">Punjab Education Foundation</p> <p style="text-align: center;">19 Ahmed Block Garden Town Lahore Tel 042-9230729</p>		Document No. PEF-M&E-TICSS							
		Subject							
		Date of Visit:							
TEACHING IN CLUSTERS BY SUBJECT SPECIALISTS (PEF-TICSS)									
Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.									
1	District:	Tehsil:							
2	Name of Head & Address of School	Contact #							
3	Fee Structure of School	Rs. _____ To _____ per month _____							
4	Name of SS-TICSS	Contact #							
5	Level of School	Elementary <input type="checkbox"/> Secondary <input type="checkbox"/>	School Timing _____ to _____						
6	Type of School	Boys <input type="checkbox"/>	Girls <input type="checkbox"/> Co-Edu <input type="checkbox"/>						
7	Date of Joining in PEF (by SS-TICSS):	Date of Joining in School:							
8	Class(es) taught	class	6th	7th	8th	9th	10th	Total	
		Period/time							
		Number of Students							
9	Name of Regular Teacher:	Qualification:	No of leaves: _____	No of Working Days: _____					
10	Are monthly tests being conducted.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
11	Has the school improvement plan (SIP) been prepared by SS?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
12	Was summer camp arranged by the SS ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
13	Has Daily activities book been prepared ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
14	Has lesson plan prepared ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
15	Is S.S giving any input for preparation of tests/exams paper ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
16	Is the attendance of S.S being recorded in the school ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
17	Is there any corporal punishment by SS ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
18	Is the behaviour of SS cooperative with other colleagues ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
19	Has the SS coordinated for conduction of CBT in the school ?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
20	Is SS engaged in other activities assigned by PEF? If yes please specify.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
21	Is QAT result shared with school management? If yes then mention QAT result.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
22	General Remarks								
Filled By		Name							
		Designation							
		Date (day/month/year)							
		Signature							