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CREATIVE ARTS



Educator's File

Name: _____

School: _____

Grade/s: _____



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Personal details



PERSONAL DETAILS

A. Particulars of school:

Name of school: _____ EMIS no: _____

Postal address: _____ Code: _____

Tel no: _____ Fax: _____ E-mail: _____

Name of principal: _____ Cell no: _____

B. Particulars of educator:

Surname and name: _____ Persal: _____

Date of birth: _____ Cell no: _____

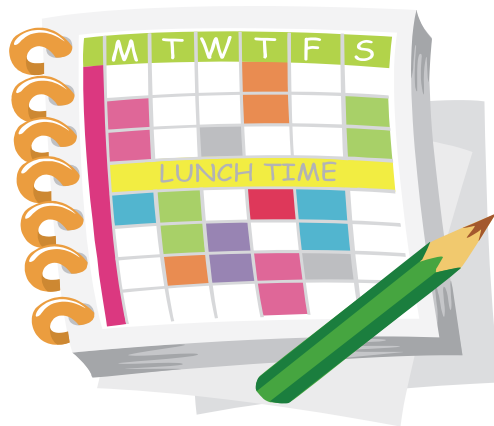
Qualifications: _____

Qualifications in learning area: _____

Total teaching experience: _____ Experience in subject: _____

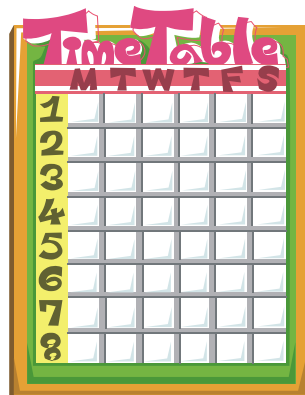


Timetable



TIMETABLE

Periods	1	2	3	4	5	6	7
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
Day 8							
Day 9							
Day 10							



Annual Teaching Plan

ATP



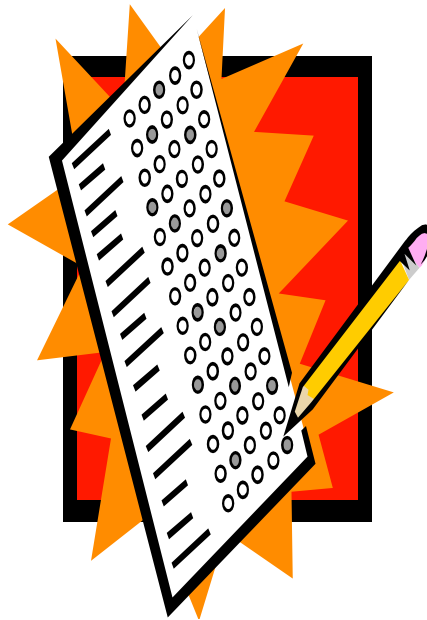
Handover Tools

				
1				
2				
3				
4				
5				
6				

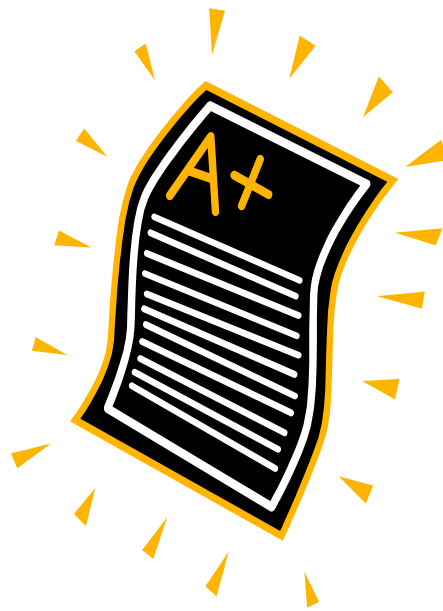
Lesson plans



Informal assessment tasks/ Class activities



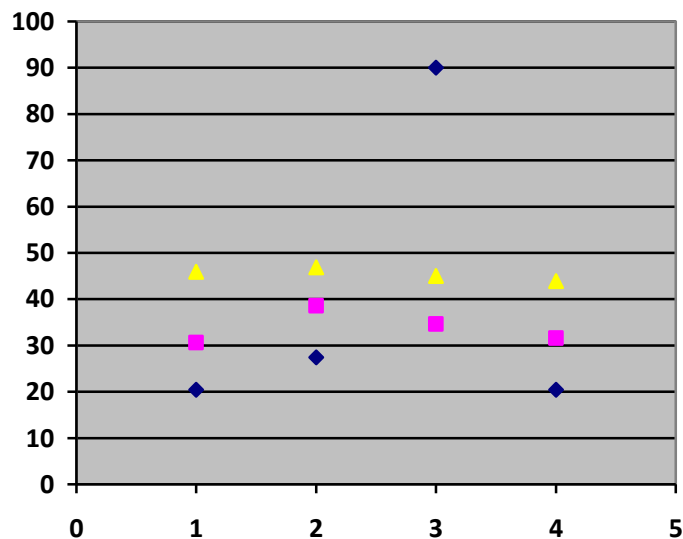
Program of Assessment



Formal Assessment tasks

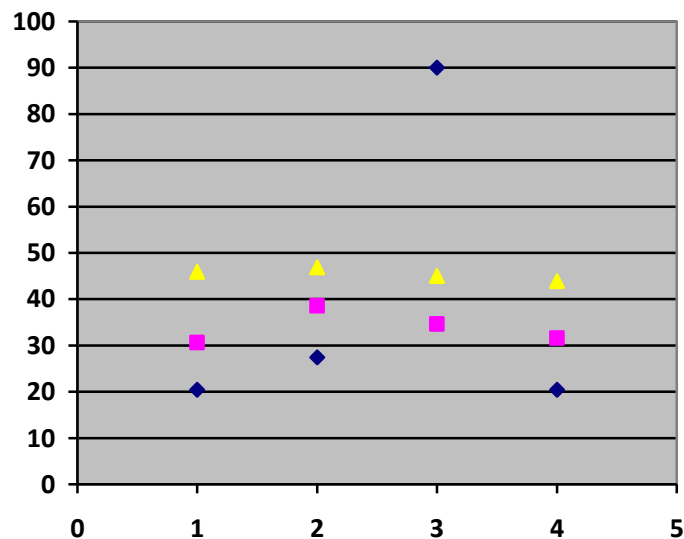


Memorandum/Rubrics

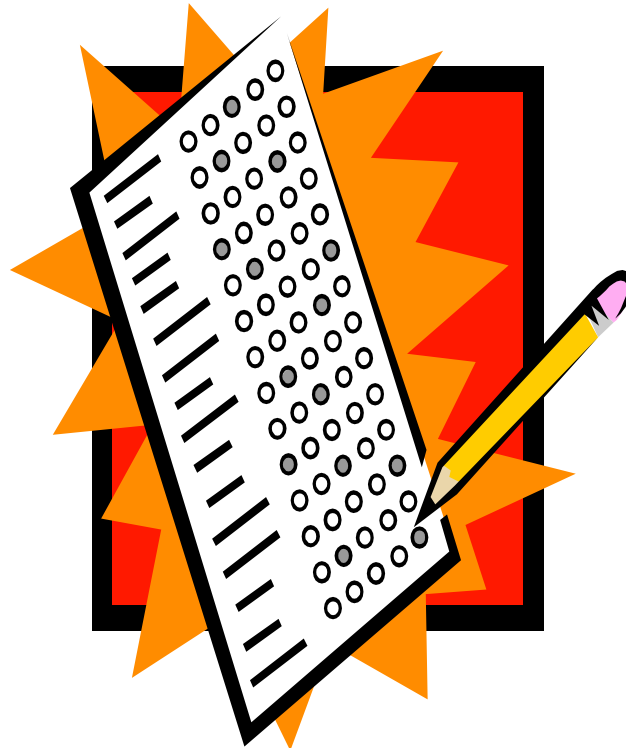


Moderation tools:

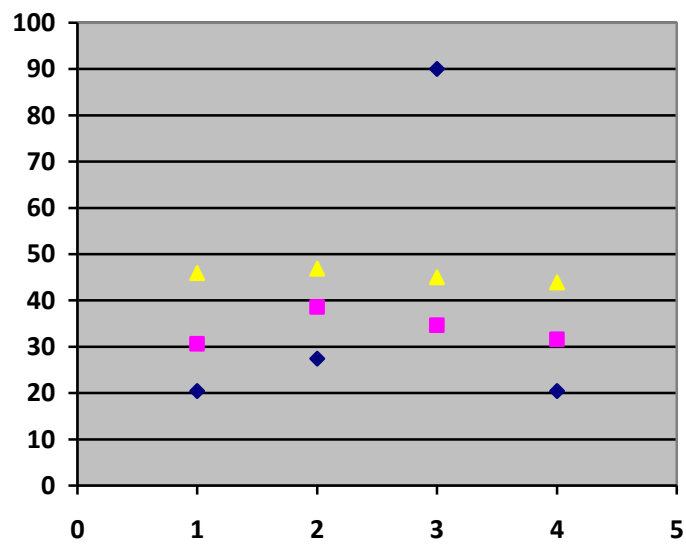
Pre and Post



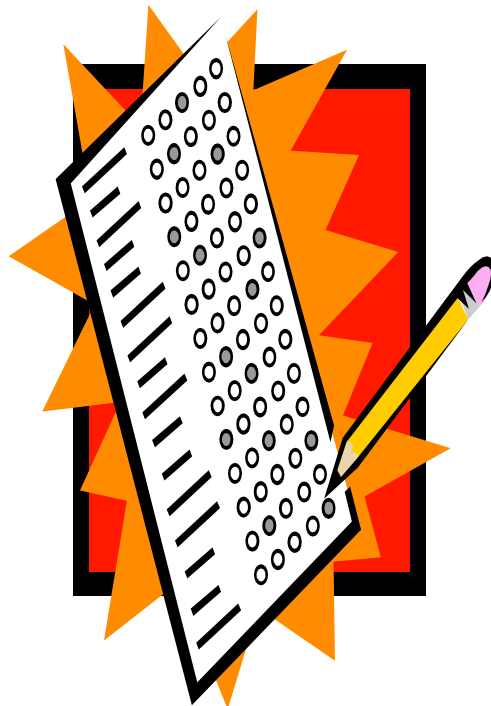
Mark Sheets



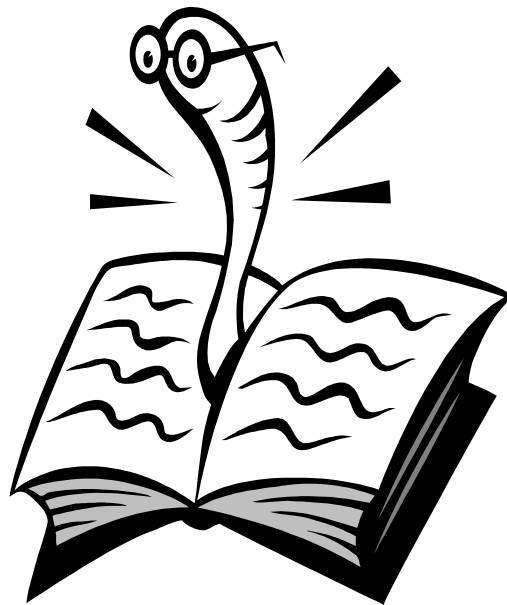
Item Analysis

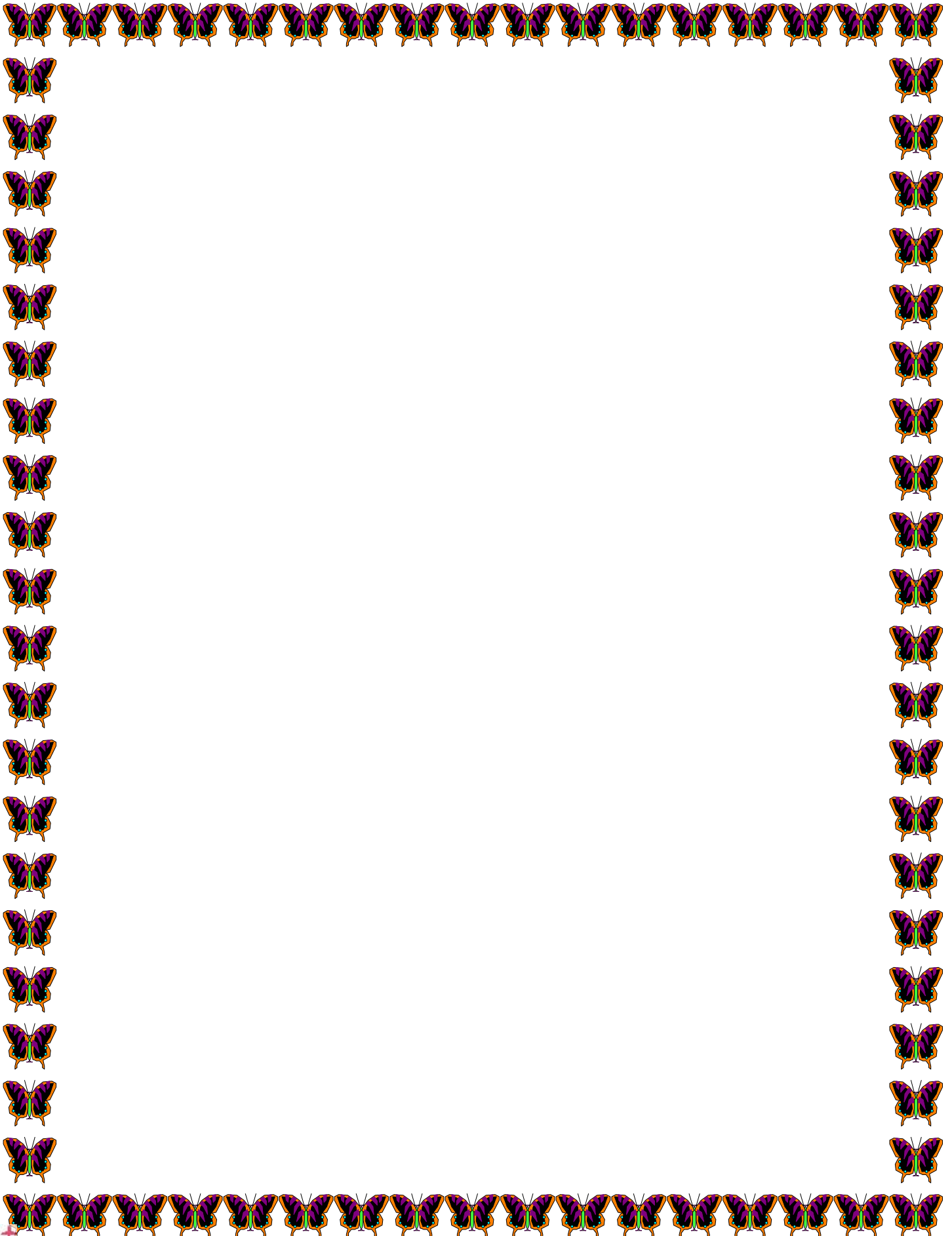


Subject Improvement Plan



Textbook lists/LTSM control sheet





TEXTBOOK/LTSM CONTROL FORM

SCHOOL: _____

GRADE: _____ YEAR: _____

EDUCATOR: _____

TEXTBOOK/LTSM TITLE: _____

	Name of learner	Textbook no.	Date received	Sign	Date returned	Sign
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TEXTBOOK/LTSM CONTROL FORM

SCHOOL: _____

GRADE: _____ YEAR: _____

EDUCATOR: _____

TEXTBOOK/LTSM TITLE: _____

	Name of learner	Textbook no.	Date received	Sign	Date returned	Sign
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TEXTBOOK/LTSM CONTROL FORM

SCHOOL: _____

GRADE: _____ YEAR: _____

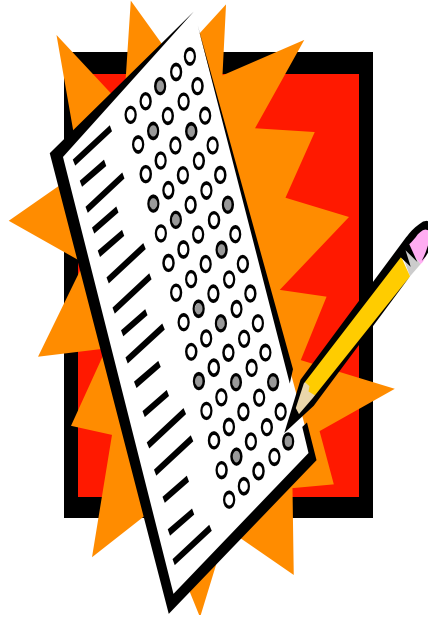
EDUCATOR: _____

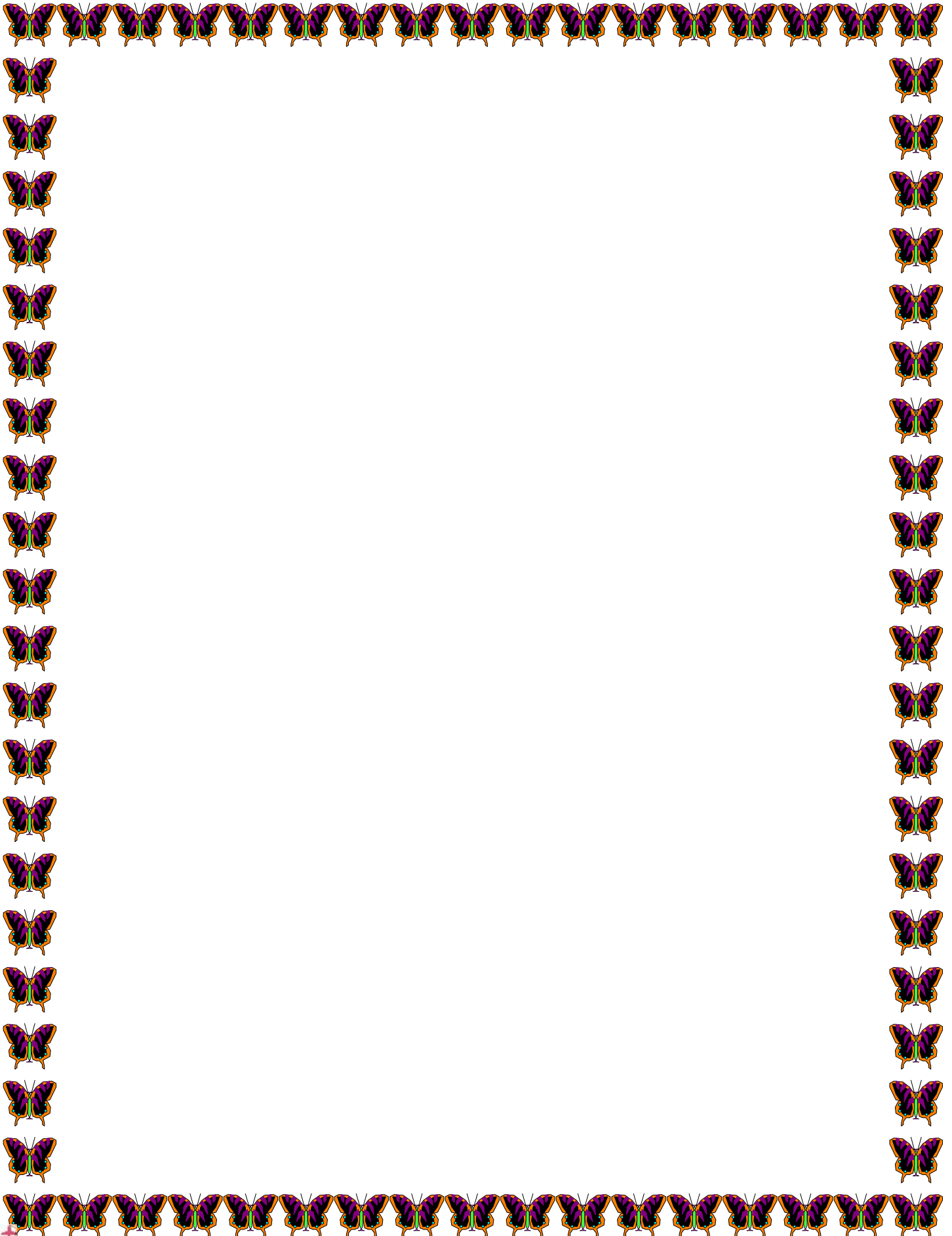
TEXTBOOK/LTSM TITLE: _____

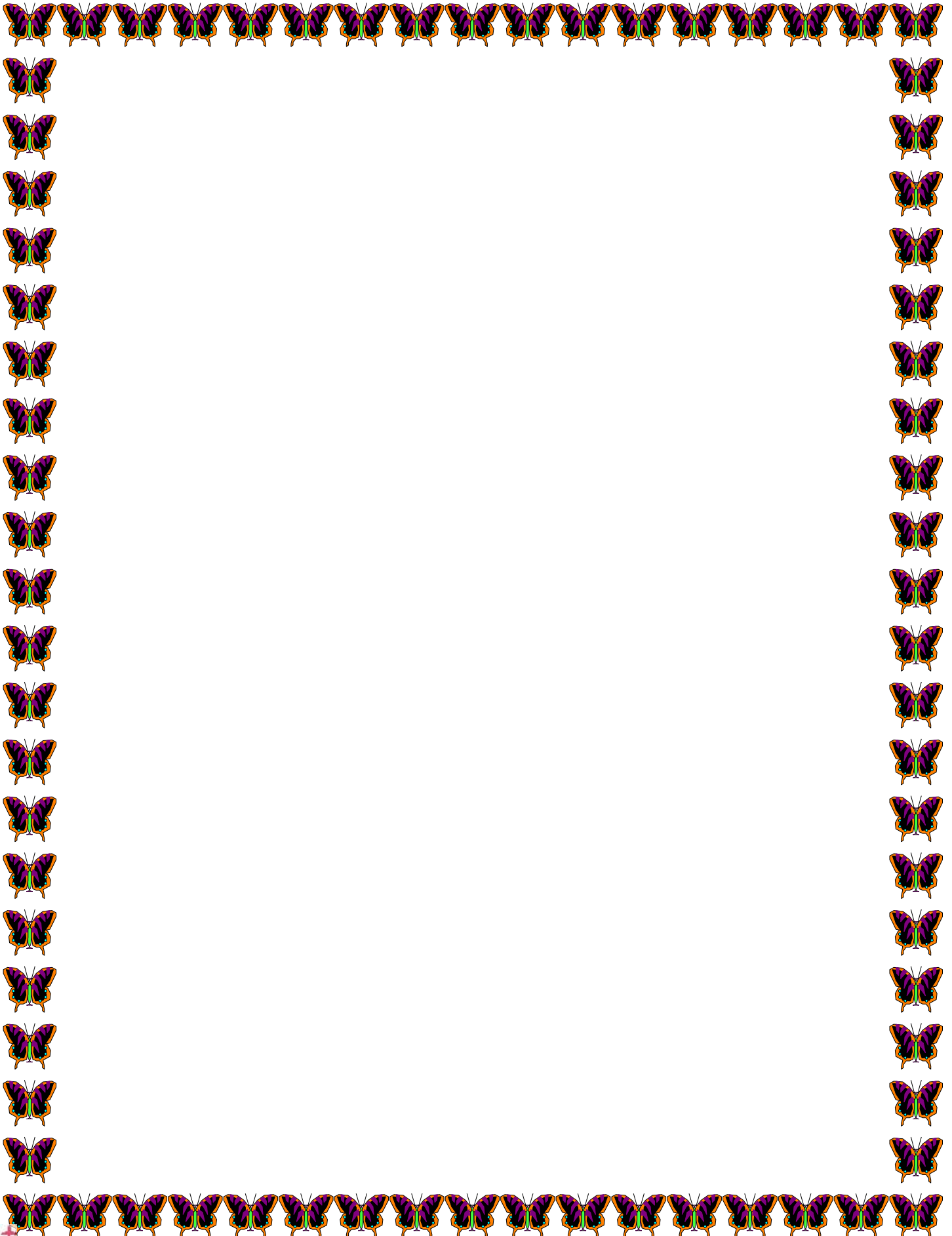
	Name of learner	Textbook no.	Date received	Sign	Date returned	Sign
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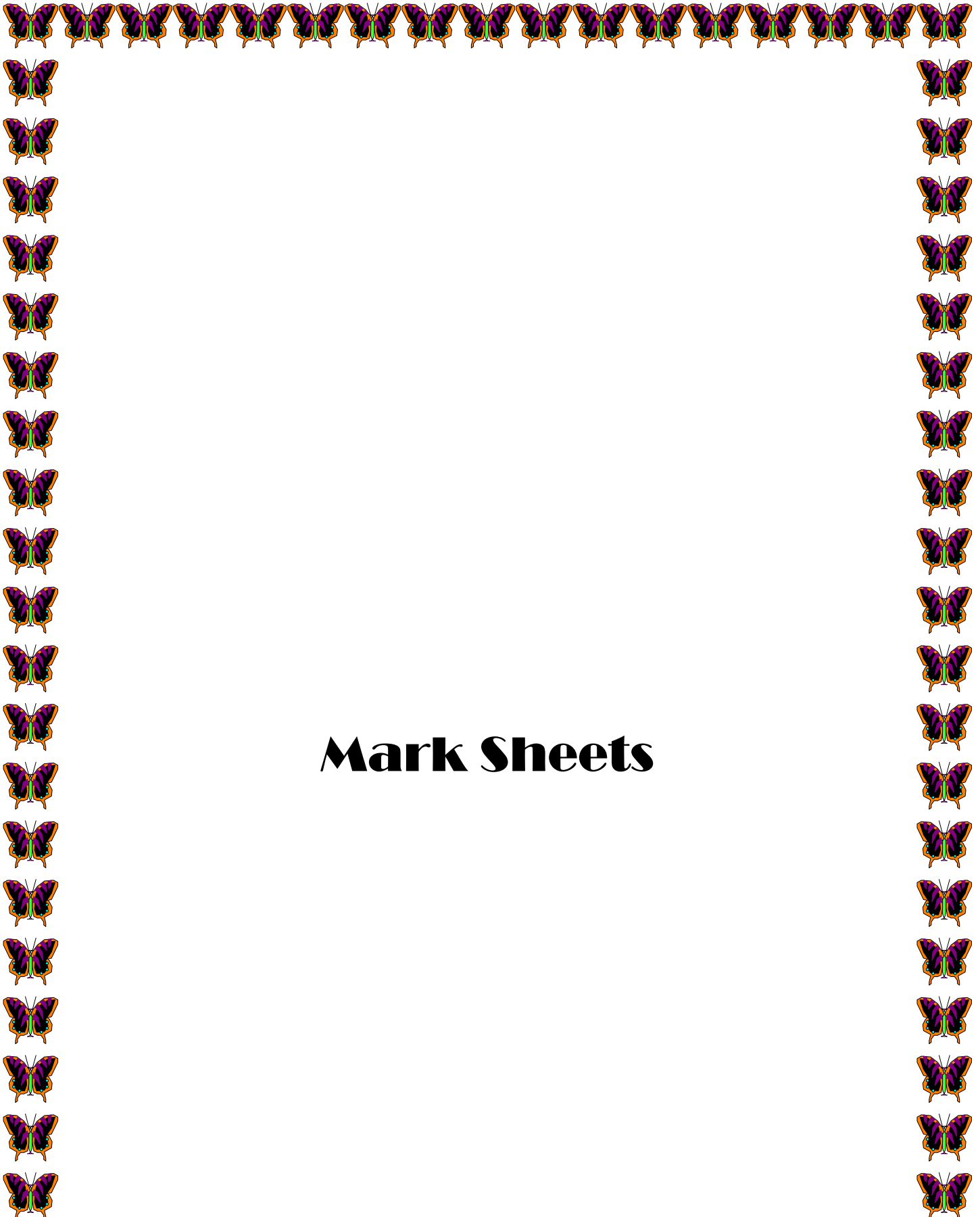
Policies And circulars

OTHER

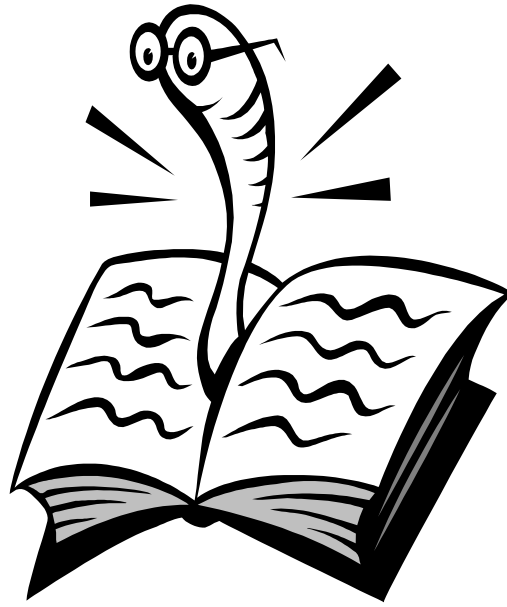








Mark Sheets



TEXTBOOK/LTSM CONTROL FORM

SCHOOL: _____

GRADE: _____ YEAR: _____

EDUCATOR: _____

TEXTBOOK/LTSM TITLE: _____

	Name of learner	Textbook no.	Date received	Sign	Date returned	Sign
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