

School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 1 of 20

Sr. No.	Student Name	Roll No.	Daily Quick Test Marks (Out of 10)																															Total (Out of 310)	Average (Out of 10)	Monthly Assessment (SBA) (Out of 50)	Remarks (e.g. Needs Support / Good Progress)
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
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INSTRUCTIONS FOR TEACHERS

1. Conduct a 10-minute daily quick test for all students.
2. Enter each student's marks (out of 10) on the same day.
3. Calculate total and average at the end of the month.
4. Record Monthly Assessment (SBA) marks.
5. Use remarks to highlight progress or learning support needs.
6. Keep this register updated and available for monitoring visits.

CLASS TEACHER DECLARATION

I confirm that the daily quick tests have been conducted as per instructions and the record has been maintained regularly.

Name: _____

Signature: _____

Date: _____

REVIEW / VERIFICATION

Head Teacher:

Signature: _____ Date: _____

Reviewed by (DEO / AEO):

Signature: _____ Date: _____

“

Consistent
assessment
today leads to
stronger learning
tomorrow.”



School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026

Page 2 of 20

Date (DD/MM)	Day (Mon/Tue)	Topic / Concept Tested (As per Lesson Plan)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring Below 5 (Needs Support)	Key Learning Gaps / Observations (e.g. concepts not clear, common mistakes)	Follow-up / Remedial Action (e.g. revision, group work, re-teach)
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MONTHLY CLASS SUMMARY (To be filled at month end)

Total Working Days: _____ Avg Score (Out of 10): _____

Topics Covered This Month:

Major Learning Gaps:

Action Taken / Plan for Next Month:

TEACHER'S REFLECTION

What worked well this month?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

Reviewed by (DEO/AEO): _____ Date: _____



“Regular
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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 3 of 20

Sr. No.	Student Name	Roll No.	Daily Quick Test Marks (Out of 10)																															Total (Out of 310)	Average (Out of 10)	Monthly Assessment (SBA) (Out of 50)	Remarks (e.g. Needs Support / Good Progress)
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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 4 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 5 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 6 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 7 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 8 of 20

Date (DD/MM)	Day (Mon/Tue)	Topic / Concept Tested (As per Lesson Plan)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring Below 5 (Needs Support)	Key Learning Gaps / Observations (e.g. concepts not clear, common mistakes)	Follow-up / Remedial Action (e.g. revision, group work, re-teach)
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Topics Covered This Month:

Major Learning Gaps:

Action Taken / Plan for Next Month:

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What worked well this month?

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SIGNATURES

Class Teacher: _____ Date: _____

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 9 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 10 of 20

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What worked well this month?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 11 of 20

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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 12 of 20

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I confirm that the daily quick tests have been conducted as per instructions and the record has been maintained regularly.

Name: _____

Signature: _____

Date: _____

REVIEW / VERIFICATION

Head Teacher:

Signature: _____ Date: _____

Reviewed by (DEO / AEO):

Signature: _____ Date: _____

“

Consistent
assessment
today leads to
stronger learning
tomorrow.”



School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026

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Date (DD/MM)	Day (Mon/Tue)	Topic / Concept Tested (As per Lesson Plan)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring Below 5 (Needs Support)	Key Learning Gaps / Observations (e.g. concepts not clear, common mistakes)	Follow-up / Remedial Action (e.g. revision, group work, re-teach)
1									
2									
3									
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6									
7									
8									
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23									
24									
25									
26									
27									
28									
29									
30									
31									

MONTHLY CLASS SUMMARY (To be filled at month end)

Total Working Days: _____ Avg Score (Out of 10): _____

Topics Covered This Month:

Major Learning Gaps:

Action Taken / Plan for Next Month:

TEACHER'S REFLECTION

What worked well this month?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

Reviewed by (DEO/AEO): _____ Date: _____



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School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 19 of 20

Sr. No.	Student Name	Roll No.	Daily Quick Test Marks (Out of 10)																															Total (Out of 310)	Average (Out of 10)	Monthly Assessment (SBA) (Out of 50)	Remarks (e.g. Needs Support / Good Progress)
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
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19																																					
20																																					

INSTRUCTIONS FOR TEACHERS

1. Conduct a 10-minute daily quick test for all students.
2. Enter each student's marks (out of 10) on the same day.
3. Calculate total and average at the end of the month.
4. Record Monthly Assessment (SBA) marks.
5. Use remarks to highlight progress or learning support needs.
6. Keep this register updated and available for monitoring visits.

CLASS TEACHER DECLARATION

I confirm that the daily quick tests have been conducted as per instructions and the record has been maintained regularly.

Name: _____

Signature: _____

Date: _____

REVIEW / VERIFICATION

Head Teacher:

Signature: _____ Date: _____

Reviewed by (DEO / AEO):

Signature: _____ Date: _____

“

Consistent
assessment
today leads to
stronger learning
tomorrow.”



School Name: _____ EMIS Code: _____ Class: _____ Section: _____ Month: _____, 2026 Page 20 of 20

Date (DD/MM)	Day (Mon/Tue)	Topic / Concept Tested (As per Lesson Plan)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring Below 5 (Needs Support)	Key Learning Gaps / Observations (e.g. concepts not clear, common mistakes)	Follow-up / Remedial Action (e.g. revision, group work, re-teach)
1									
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MONTHLY CLASS SUMMARY (To be filled at month end)

Total Working Days: _____ Avg Score (Out of 10): _____

Topics Covered This Month:

Major Learning Gaps:

Action Taken / Plan for Next Month:

TEACHER'S REFLECTION

What worked well this month?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

Reviewed by (DEO/AEO): _____ Date: _____



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