

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 1 Days 1–5 | Roll 1–10

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 1 Monday	Day 2 Tuesday	Day 3 Wednesday	Day 4 Thursday	Day 5 Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

INSTRUCTIONS FOR DAILY TESTING

- Conduct a 10-minute daily quick test (Monday to Friday).
- Saturday & Sunday are weekly school holidays (Off Days).
- Enter marks (out of 10) on the same day in designated boxes.
- Calculate weekly total (out of 50) and weekly average on Friday.
- Identify students scoring below 5 for remedial coaching.
- Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 1 (Days 1–5))

Working Days (5): _____ **Class Avg:** _____

Highest Score: _____ **Lowest Score:** _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week:

REVIEW & SIGNATURES

Class Teacher:
Signature: _____ Date: _____

Head Teacher (Verification):
Signature: _____ Date: _____

“

**Five days of
focused daily tests
build continuous
concept mastery
in every learner.”**

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 1

Days 1–5 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 1	Monday								
Day 2	Tuesday								
Day 3	Wednesday								
Day 4	Thursday								
Day 5	Friday								

WEEKLY CLASS SUMMARY (Week 1 (Days 1–5))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

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



**“Regular
assessment
today leads to
stronger learners
tomorrow.”**

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 1

Days 1–5 | Roll 11–20

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 1 Monday	Day 2 Tuesday	Day 3 Wednesday	Day 4 Thursday	Day 5 Friday			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 1 (Days 1–5))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week:

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

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Five days of
focused daily tests
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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 1

Days 1–5 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 1	Monday								
Day 2	Tuesday								
Day 3	Wednesday								
Day 4	Thursday								
Day 5	Friday								

WEEKLY CLASS SUMMARY (Week 1 (Days 1–5))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 2

Days 6–10 | Roll 1–10

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 6 Monday	Day 7 Tuesday	Day 8 Wednesday	Day 9 Thursday	Day 10 Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 2 (Days 6–10))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

“

Five days of
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in every learner.”

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 2

Days 6–10 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 6	Monday								
Day 7	Tuesday								
Day 8	Wednesday								
Day 9	Thursday								
Day 10	Friday								

WEEKLY CLASS SUMMARY (Week 2 (Days 6–10))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 2

Days 6–10 | Roll 11–20

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 6 Monday	Day 7 Tuesday	Day 8 Wednesday	Day 9 Thursday	Day 10 Friday			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 2 (Days 6–10))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week:

REVIEW & SIGNATURES

Class Teacher:
Signature: _____ Date: _____

Head Teacher (Verification):
Signature: _____ Date: _____

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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 2

Days 6–10 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 6	Monday								
Day 7	Tuesday								
Day 8	Wednesday								
Day 9	Thursday								
Day 10	Friday								

WEEKLY CLASS SUMMARY (Week 2 (Days 6–10))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 3

Days 11–15 | Roll 1–10

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 11 Monday	Day 12 Tuesday	Day 13 Wednesday	Day 14 Thursday	Day 15 Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 3 (Days 11–15))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

“

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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 3

Days 11–15 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 11	Monday								
Day 12	Tuesday								
Day 13	Wednesday								
Day 14	Thursday								
Day 15	Friday								

WEEKLY CLASS SUMMARY (Week 3 (Days 11–15))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 3 Days 11–15 | Roll 11–20

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 11 Monday	Day 12 Tuesday	Day 13 Wednesday	Day 14 Thursday	Day 15 Friday			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 3 (Days 11–15))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

“

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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 3

Days 11–15 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 11	Monday								
Day 12	Tuesday								
Day 13	Wednesday								
Day 14	Thursday								
Day 15	Friday								

WEEKLY CLASS SUMMARY (Week 3 (Days 11–15))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 4

Days 16–20 | Roll 1–10

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 16 Monday	Day 17 Tuesday	Day 18 Wednesday	Day 19 Thursday	Day 20 Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 4 (Days 16–20))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

“

Five days of
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concept mastery
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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 4

Days 16–20 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 16	Monday								
Day 17	Tuesday								
Day 18	Wednesday								
Day 19	Thursday								
Day 20	Friday								

WEEKLY CLASS SUMMARY (Week 4 (Days 16–20))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 4

Days 16–20 | Roll 11–20

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 16 Monday	Day 17 Tuesday	Day 18 Wednesday	Day 19 Thursday	Day 20 Friday			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 4 (Days 16–20))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week:

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

“

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concept mastery
in every learner.”

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 4

Days 16–20 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 16	Monday								
Day 17	Tuesday								
Day 18	Wednesday								
Day 19	Thursday								
Day 20	Friday								

WEEKLY CLASS SUMMARY (Week 4 (Days 16–20))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

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: _____ Class: _____ Sec: _____ Month: _____ Week: 5 Days 21–25 | Roll 1–10

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 21 Monday	Day 22 Tuesday	Day 23 Wednesday	Day 24 Thursday	Day 25 Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 5 (Days 21–25))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:
Signature: _____ Date: _____

Head Teacher (Verification):
Signature: _____ Date: _____

“

Five days of
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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 5

Days 21–25 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 21	Monday								
Day 22	Tuesday								
Day 23	Wednesday								
Day 24	Thursday								
Day 25	Friday								

WEEKLY CLASS SUMMARY (Week 5 (Days 21–25))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

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



**“Regular
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tomorrow.”**

School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 5

Days 21–25 | Roll 11–20

Sr. No.	Student Name (Full Name)	Roll No.	Daily Quick Test Marks — Monday to Friday (Out of 10) [Sat & Sun Off]					Weekly Total (Out of 50)	Average (Out of 10)	Remarks (Support/Good)
			Day 21 Monday	Day 22 Tuesday	Day 23 Wednesday	Day 24 Thursday	Day 25 Friday			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

INSTRUCTIONS FOR DAILY TESTING

1. Conduct a 10-minute daily quick test (Monday to Friday).
2. Saturday & Sunday are weekly school holidays (Off Days).
3. Enter marks (out of 10) on the same day in designated boxes.
4. Calculate weekly total (out of 50) and weekly average on Friday.
5. Identify students scoring below 5 for remedial coaching.
6. Keep this weekly assessment register updated for visits.

WEEKLY PERFORMANCE (Week 5 (Days 21–25))

Working Days (5): _____ Class Avg: _____

Highest Score: _____ Lowest Score: _____

Students Requiring Extra Coaching: _____

Remedial Plan for Next Week: _____

REVIEW & SIGNATURES

Class Teacher:

Signature: _____ Date: _____

Head Teacher (Verification):

Signature: _____ Date: _____

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Five days of
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School Name: _____ EMIS: _____ Class: _____ Sec: _____ Month: _____ Week: 5

Days 21–25 | Class Summary

Working Day (Day No.)	Day (Mon–Fri)	Topic / Concept Tested (As per Lesson Plan / SLOs)	Total Students	Present Students	Absent Students	Class Average (Out of 10)	Students Scoring < 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)
Day 21	Monday								
Day 22	Tuesday								
Day 23	Wednesday								
Day 24	Thursday								
Day 25	Friday								

WEEKLY CLASS SUMMARY (Week 5 (Days 21–25))

Total Working Days (5): _____ Weekly Class Avg: _____

Topics Covered in This Week:

Main Learning Difficulties Identified:

Remedial Plan for Next Week:

TEACHER'S REFLECTION

What worked well this week?

Challenges faced and support needed:

SIGNATURES

Class Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

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



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