

## APSACS Trainee's Appraisal Form

<b>Name of the Trainee:</b>	<b>School:</b>	<b>Region:</b>
<b>Designation</b>	<b>Managerial Position (if any):</b>	
<b>Section:</b>	<b>Subject/s (if applicable):</b>	
<b>Class/es (if applicable):</b>	<b>Workload:</b>	
<b>Date:</b>		
<b>Training Received</b>		
<b>APSACS Training Course/s Attended</b>	<input type="checkbox"/> SDCC <input type="checkbox"/> SDDC <input type="checkbox"/> SIF <input type="checkbox"/> SLO <input type="checkbox"/> SBTs	
<b>Any other (please specify)</b>		
<b>Implementation of the Trainings Received</b>		
<b>Identify the areas of improvement observed after receiving the training</b>	<input type="checkbox"/> Innovation in Teaching Methodologies <input type="checkbox"/> Lesson Planner Writing <input type="checkbox"/> Classroom Management <input type="checkbox"/> Performance of Struggling Learners <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Managerial Skills <input type="checkbox"/> Documentation/ Record Maintenance <input type="checkbox"/> Any other (please specify):	
<b>Trainings Imparted</b>	<ul style="list-style-type: none"> <li>▪ Number of Trainings imparted after attending</li> <li>▪ APSACS Trg Course/s marked above:</li> <li>▪ Topics:</li> </ul>	
<b>Role in carrying out School's Self Evaluation Procedure</b>		
<b>Role in devising Class Improvement Plan/ School Improvement Plan (SIP)</b>		
<b>Role in implementation of CIP/ SIP</b>		

**Recommended for the next level of training:**  Yes     No

Section Head: \_\_\_\_\_

Principal: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

RC: \_\_\_\_\_

Dated: \_\_\_\_\_