



NOTEBOOK REVIEW FORM

Class/ Sec: _____ Subject: _____ Teacher: _____

Total no of students in the class: _____ Date: _____

Sr. #	Key Areas	Indicators	Checklist	Section Head's Comments
1.	Form and Process	<ul style="list-style-type: none"> • Complete information on the title page • Regularly filled in indices by the students • Regularly filled in indices by the teacher 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.	Quality of Student Work	<ul style="list-style-type: none"> • Notebook maintenance and handwriting • Corrections/improvements being done regularly by the student • Evidence of independent work • Work and notebook presentation neat and tidy 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.	Quality of Notebook Checking	<ul style="list-style-type: none"> • Following AP SIS Checking Procedures • Regularly and vigilantly checked • Follow up of correction work and incomplete 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

		<p>work</p> <ul style="list-style-type: none"> • Specific and feed-forward comments made • Classwork and Homework assigned regularly 	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> </table>			

Remarks:

Teacher's Sign: _____

Date: _____

Section Head's Sign: _____

Date: _____

