

## Appendix 2: Forms for INSET Programme at the District Level

### List of Forms

Form 1	Planning Paper	pp.75-78
Form 2	Annual Action Plan	pp.79-81
Form 3	Activity Completion Sheet	pp.82-85
Form 4	Annual Progress Report	pp.86-88
Form 5	Invitation Letter (Notification of Attendance)	pp.89-90
Form 6	Daily Evaluation Sheet	p.91
Form 7	Feedback Questionnaire Sheet	p.92
Form 8	Field Monitoring Sheet for SBI/CBI	pp.93-94
Form 9	Record of Orientation and Training at school level	p.95
Form 10	List of District INSET unit (DIU)	p.96
Form 11	List of District Teacher Support Team (DTST)	p.97

## Planning Paper Planning Paper of Activity

Serial Number (S/N)		Target Year:	
Activity Type:		Days	
Activity Name:			
Section in charge:		Person in charge:	

### Details of the activity

1) Implementation Period	
2) Participant (Target Group and number)	(Break down of target is drawn on next page)
3) Facility	
3-1) Name of facility	
3-2) Capacity	
3-3) Location	
4) Resource persons	
4-1) Designated Position in INSET Organisation and number needed	
4-2) Organization to be requested	
5) Cost	
5-1) Necessary Cost	
5-2) Source of Funding	
6) Remarks	

### Schedule

Item	Date
Deadline to apply for funding	
Expected timing of disbursement of fund	
Deadline to request resource persons	
Deadline to book a facility	
Deadline to send invitation letters to participants	
Deadline to obtain confirmation from participants	

**Planning Paper**  
**Planning Paper of Activity**  
**List of Participants (Type 1)**

Activity Name:

Target Year:

Cluster		School		Target	
ID	Name	ID	Name	HT	CL
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Planning Paper**  
**Planning Paper of Activity**  
**List of Participants (Type 2)**

Activity Name:

Target Year:

Cluster		Number of Participants		
ID	Name	HT	CL	Others (Specify)

### Planning of Budget for Activity

For Year: Dec 2006 to Dec 2007

Status (Circle one): (Draft, approved)

Date: 2nd Nov 2006

Activity Name: Annual Implementation Workshop

Items	Breakdown											
ACRE for facilitator / trainers / monitoring	From out of DEO	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		3) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
	DEO	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
	Consultant	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		Subtotal										₱ 0
T & T for facilitator / trainers / monitoring	From out of DEO	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		3) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
	DEO	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
	Consultant	1) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱		/pers*day	x		pers	x	days	=	₱ 0
		Subtotal										₱ 0
T & T for participant		1) (Area or designation)	₱	30,000	/pers*times	x		pers	x	times	=	₱ 0
		2) (Area or designation)	₱	30,000	/pers*times	x		pers	x	times	=	₱ 0
		3) (Area or designation)	₱	30,000	/pers*times	x		pers	x	times	=	₱ 0
		4) (Area or designation)	₱	30,000	/pers*times	x		pers	x	times	=	₱ 0
	Subtotal										₱ 0	
Night allow. for resource person		1) (Designation)	₱	240,000	/pers*day	x		pers	x	days	=	₱ 0
		2) (Designation)	₱	240,000	/pers*day	x		pers	x	days	=	₱ 0
		3) (Designation)	₱	240,000	/pers*day	x		pers	x	days	=	₱ 0
		4) (Designation)	₱	240,000	/pers*day	x		pers	x	days	=	₱ 0
	Subtotal										₱ 0	
Accom. for participant(*1)		1) (Designation)	₱	10,000	/pers*day	x		pers	x	days	=	₱ 0
		Subtotal										₱ 0
General Cost	Printing	1) handout			sheet/pers	x		pers	=	0 sheet		₱ 0
		2)			sheet/pers	x		pers	=	0 sheet		₱ 0
		Subtotal (Sheet)									0 sheet	
		Subtotal (Cost)	₱	45,000	/ream	x	0.0	ream(s)	=	₱		₱ 0
	Stationary	1) Stationary incl. TLM, Note Pad, pen, flipchart and so on	₱	10,000	/pers*day	x		pers	x	days	=	₱ 0
		2)	₱		/unit	x		unit	=	₱		₱ 0
	Others	1)	₱		/unit	x		unit	=	₱		₱ 0
2)		₱		/unit	x		unit	=	₱		₱ 0	
	Subtotal										₱ 0	
Meals		1) Breakfast	₱		/pers*times	x		pers	x	times	=	₱ 0
		2) Snack	₱	10,000	/pers*times	x		pers	x	times	=	₱ 0
		3) Lunch	₱	15,000	/pers*times	x		pers	x	times	=	₱ 0
		4) Supper	₱		/pers*times	x		pers	x	times	=	₱ 0
	Subtotal										₱ 0	
Rental Fee	Venue	1) Name of venue		School								₱ 0
		2) Fee	₱		/day	x		day	=	₱		₱ 0
	Buses(*2)	₱		/day	x		day	=	₱		₱ 0	
	Subtotal										₱ 0	
Others		1)	₱			x			=	₱		₱ 0
		2)	₱			x			=	₱		₱ 0
	Subtotal										₱ 0	
<b>Total</b>												<b>₱ 0</b>

Fund to be applic Counter-value fund

\*1 School Premises, \*2 Where necessary

# Annual Action Plan

Compiled Documents:

- 1. Summary of Activities and Budget
- 2. Summary of Schedule
- 3. Planning Papers of all activities
  - 1) Planning Paper of Activity
  - 2) Planning of Budget for Activity

Year	
District Name	
Status	Draft / Approved
Date	

**Annual Action Plan  
Summary of Activities and Budget**

Priority	Activity	Implementing unit / personnel	Summary of inputs/items required	Expenses	FS				
						Q1	Q2	Q3	Q4

## Annual Action Plan Summary of Schedule

		Title of activity	Target and number	Fund
Jan	Bgn.			
	Mid			
	End			
Feb	Bgn.			
	Mid			
	End			
Mar	Bgn.			
	Mid			
	End			
Apr	Bgn.			
	Mid			
	End			
May	Bgn.			
	Mid			
	End			
Jun	Bgn.			
	Mid			
	End			
Jul	Bgn.			
	Mid			
	End			
Aug	Bgn.			
	Mid			
	End			
Sep	Bgn.			
	Mid			
	End			
Oct	Bgn.			
	Mid			
	End			
Nov	Bgn.			
	Mid			
	End			
Dec	Bgn.			
	Mid			
	End			



**ACTIVITY COMPLETION SHEET (Non-budget)**

Date:

Activity Name:
Implemented Date (yy/mm/dd):

**1) General Information****1. Participants**

Target Group:		
Number of Participants (A):	Number of Invitees (B):	Attendance Rate (%): $A/B*100$

**2. Trainer(s)/ Facilitator (s)**

Positions of the trainer(s)/facilitator(s)
Total number:

**3. Location**

Name of the Facility:	Capacity:	
Has the venue changed on the Planning Paper?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the change affect the implementation of the activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**4. Timing**

Please tick the box whether the activity was implemented as planned at the preparation stage or delayed.	Done as planned	Delayed
1) Application for funding	<input type="checkbox"/>	<input type="checkbox"/>
2) Request for facilitator (s)	<input type="checkbox"/>	<input type="checkbox"/>
3) Invitation to participants	<input type="checkbox"/>	<input type="checkbox"/>
4) Confirmation of participants' attendance	<input type="checkbox"/>	<input type="checkbox"/>

**5. Other**

Please describe any problems you encountered during the preparation and implementation of the activity.
Your suggestions to overcome the problems

**2) Feedback from the participants**

Please indicate the summary of participants' responses referring to the Participants' Feedback Questionnaires. Please calculate and write down the results of each answer in the Participants' Feedback Questionnaire. For questions that require descriptive responses, please write down the major comments.

**I. Questions on the Operation****1. Location**

(1) Was the location (venue) suitable and convenient?	Yes	No
Please write down the suggested locations based on the questionnaire and your opinion.		

**2. Timing**

(1) Was the date of the activity convenient for you?	Yes	No	
Please write the suggested periods stated in the questionnaires and your opinion.			
(2) How many days/ weeks in advance were you informed to attend this activity?	More than two weeks ago	About one week ago	Less than one week ago
(3) How were you notified to attend this activity?	Letter	Verbally	Other

**II. Questions on the Contents****1. Trainer(s)/ Facilitator(s)**

(1) Did the trainer/facilitator help you to participate actively during the activity?	Yes	No	Not sure
(2) Please describe the strengths of trainer(s)/facilitator(s) indicated in the questionnaires and your opinion.			
(3) Please describe the challenges of the trainer(s)/facilitator(s) indicated in the questionnaires and your opinion.			

2. Programme			
(1) Was the duration of the activity adequate?	Yes	Too short	Too long
Please describe suggested duration of the activity indicated in the questionnaires and your opinion.			
(2) Was time allocation for each session adequate?	Yes	No	
Please describe suggested time allocation indicated in the questionnaire and your opinion.			
(3) Was the activity practical enough?	Yes	No	I don't know
Please describe suggested activity styles indicated in the questionnaire and your opinion.			

3. Other

Please give a description of the benefits derived from the contents as indicated in the questionnaire your own opinion.
Please describe major challenges /problems of the contents raised from the questionnaire and you.
Please write down suggestions to address the challenges /problems raised by the participants.

Prepared by \_\_\_\_\_

Title \_\_\_\_\_

**ACTIVITY COMPLETION SHEET (Budget)**

Activity Name:
Implemented Date (yy/mm/dd):

## 1. Budget in comparison with the Planning Paper

Item	Planned Budget (cedis)	Actual Budget (cedis)	Difference (cedis)
Reward for facilitators/ trainers			
Travel Expenses for facilitators / trainers			
Travel expenses for participants			
General Cost			
Postage Fee			
Rental Fee			
Other expenses			
Total			

## 2. Source (s) of Funding

Original	
Actual	

## 3. Timing of the release of funds

Was the timing for the release of funds appropriate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, what were the reasons?		

Note: The sheet should be prepared by NIU.

## Annual Progress Report

1. Activities and their budget report (comparing to Annual Action Plan)

Activity Name	Implementation Date	Source of funding	Approved budget	Actual Expenses	Number of participants / expected participants

## Annual Progress Report

### 2. Summary of the Activities

		Activity Name	Main Participants
Jan	Bgn.		
	Mid		
	End		
Feb	Bgn.		
	Mid		
	End		
Mar	Bgn.		
	Mid		
	End		
Apr	Bgn.		
	Mid		
	End		
May	Bgn.		
	Mid		
	End		
Jun	Bgn.		
	Mid		
	End		
Jul	Bgn.		
	Mid		
	End		
Aug	Bgn.		
	Mid		
	End		
Sep	Bgn.		
	Mid		
	End		
Oct	Bgn.		
	Mid		
	End		
Nov	Bgn.		
	Mid		
	End		
Dec	Bgn.		
	Mid		
	End		

**3. Recommendations**

Please write down any good points and challenges of this year's activities from the comments in the Activity Completion Sheets. Then make suggestions to improve future activities. Please ensure that information on the following aspects is included in the contents: Participants; Trainers/facilitators; Location; Timing; and Budget.

**Good Points of the activities**

**Constraints Encountered**

**Suggestions to the next year's activities**

# GHANA EDUCATION SERVICE

In case of reply the number and date of  
this letter should be quoted

My Ref. No. GES/TED/INSET/06/  
Your Ref. No.



District Education Office  
Ghana Education Service  
P.O. Box Your postal address  
Your Address  
Date

Dear Head Teachers

**Re: Invitation Letter – Head Teacher Orientation for INSET Programme**

The Ghana Education Service (GES) is implementing a programme to support the institutionalisation of INSET at the primary level in Ghana. This programme focuses on School Based INSET and our district is selected as a pilot district.

As part of this programme, a 1-day orientation for Head Teachers will be organised. You are by this letter being invited to the orientation. The details of the Workshop are as follows.

Venue: District Education Office at

Date: Thursday 12<sup>th</sup> December

Time: 9:30 am prompt. (Whole day)

To ensure the smooth implementation of the programme, you are to give a written confirmation of attendance by 31<sup>st</sup> November using the questionnaire attached (use the attached form). Thank you very much for your cooperation.

Yours faithfully,

(The name of DDE)

DISTRICT DIRECTOR OF EDUCATION (DISTRICT EDUCATION OFFICE)



**Notification of Attendance**

<b>Training name</b>	
<b>Date</b>	
<b>Attendance (Circle one)</b>	Attend / Not attend
<b>Administrative ID</b>	
<b>Name of School</b>	
<b>Name of Head teacher</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Please send this to DEO or pass it to Circuit Supervisor.

## DAILY EVALUATION SHEET

Programme: .....

Participant: ..... Date: ..... (Day...)

School: ..... District: .....

Write your comments on each of today's activities (topic of the activity and the time) in the spaces provided.

Activity 1:	Time:        –
Comments:	

Activity 2:	Time:        –
Comments:	

Activity 3:	Time:        –
Comments:	

## Feedback Questionnaire Sheet

Activity Name:	Implemented Date (yy/mm/dd):
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**Please evaluate the activity based on your opinion.**

### I. Questions on the Operation

#### 1. Location

(1) Was the location (venue) suitable and convenient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please suggest a better location.		

#### 2. Timing

(1) Was the date of the activity convenient for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you tick no, please indicate which period will be more convenient for the activity.			
(2) How many days / weeks in advance were you informed to attend this activity?	More than two weeks ago <input type="checkbox"/>	About one week ago <input type="checkbox"/>	Less than one week ago <input type="checkbox"/>
(3) How were you notified to attend this activity?	Letter <input type="checkbox"/>	Verbally <input type="checkbox"/>	Other <input type="checkbox"/>

### II. Questions on the Contents

#### 1. Trainer(s)/ Facilitator(s)

(1) Did the trainer/facilitator help you to participate actively during the activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>
(2) Please describe the trainer(s)/facilitators' strengths.			
(3) Please describe the challenges of the trainer(s)/facilitator(s).			

#### 2. Programme

(1) Was the duration of the activity adequate?	Yes <input type="checkbox"/>	Too short <input type="checkbox"/>	Too long <input type="checkbox"/>
If you tick "too short" or "too long", please suggest a better duration.			
(2) Was time allocation for each session adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please describe your suggestion.			
(3) Was the activity practical enough?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>

#### 3. Other

(1) Please describe in what(s) the contents were beneficial to you.
(2) Please describe the challenges / problems of the contents.

Thank you for your cooperation.

## Field Monitoring Sheet for SBI/CBI

School:..... Date:..... Time:.....  
 Demonstrator:.....  
 Type of the Activity: Demonstration Lesson Peer Teaching TLM Preparation/usage  
 Class:..... Subject:.....  
 Topic/Sub-topic:.....  
 Objectives of the Activity:.....

Please fill in the result of interview with headteacher/ CL using the questions provided.

### Planning of SBI/CBI

#### 1. Needs Assessment

How were the challenging topics for SBI/CBI decided?		
Did colleague teachers get involved in the decision making process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe how they were involved. If no, please explain the reasons.		

#### 2. Annual Plan

Please give reasons for selecting the type of the activity.
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#### 3.Preparation

How were the demonstrators were decided on?		
Which Modules were used in preparing demonstration activities?		
Module 4 <input type="checkbox"/>	Module 5 <input type="checkbox"/>	Module 6 <input type="checkbox"/>

### Implementation of SBI/CBI

#### 1. Pre-activity Discussion

Theme of the activity		
Did CL give clear instructions to colleague teachers about the activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Improvement of SBI/CBI**

1. Improvement of SBI/CBI implementation

Did HT take any actions to the comments raised in the previous SBI/CBI Implementation Summary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please identify them. If no, please write down the reasons.		
What were the impacts of the action taken?		

2. Improvement of Daily practice of teaching and learning

Did HT take any actions to the comments in the “Lessons Learnt for Subsequent Teaching and Learning” in the previous Records of Post-Discussion Session?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please identify them. If no, please write down the reasons.		
What were the impacts of the action taken?		

## Record of Orientation and Training at school level

Last Updated: dd/mm/yy

School Name		Administrative code	
-------------	--	---------------------	--

### 1. General

Region	Code		Name	
District	Code		Name	
Cluster	Code		Name	

### 2. Personnel in school

	Name	Persons who assisted in the selection
HT		N/A
CL		

### 3. History of Orientation / Training

#### Head teacher Orientation

Date attended	
Remark	

#### CL Orientation

Date attended	
Remark	

#### CL Sourcebook Training (1)

Date attended	
Remark	

#### CL Sourcebook Training (2)

Date attended	
Remark	

### List of District INSET Unit (DIU) Members

Region		District		Last updated	
--------	--	----------	--	--------------	--

S/N	Name	Position in DEO	Academic background and major subject	Career history	Date assigned
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: Give highlight for those who assigned newly

### List of District Teacher Support Team (DTST) Members

Region		District		Last updated	
--------	--	----------	--	--------------	--

S/N	Name	Position in their organization	Academic background and major subject	Career history	Date assigned
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Note: Give highlight for those who have been newly assigned.