

Forms for SBI/CBI Activities

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CL RECOMMENDATION FORM

1. Date:

2. Name of School:

3. Basic Information on CL:

Name of Recommended Teacher:

Age:years old

Sex: Male / Female

Certification:

Teaching Experience: years

Interest in Subject Matter: Enough /Not enough

Knowledge of Subjects (Math & Sci): Enough /Not enough

4. Recommendation (in terms of attendance in INSET, instruction skills, leadership skills, motivation and cooperation, etc.):

.....
.....
.....
.....
.....
.....
.....
.....
.....

.....
Signature of Headteacher

.....
Signature of DTST who has approved

.....
Name of Headteacher

.....
Name of DTST

SBI/CBI ANNUAL PLAN SHEET

School: Academic Year:

Term 1			
Session	1 st session	2 nd session	3 rd session
Date			
SBI/CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI
Types of Activity	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage
Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Subject	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()
Topic /sub-topic			
Demonstrator			
No. of Participants			

Term 2			
Session	1 st session	2 nd session	3 rd session
Date			
SBI/CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI
Types of Activity	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage
Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Subject	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()
Topic /sub-topic			
Demonstrator			
No. of Participants			

Term 3			
Session	1 st session	2 nd session	3 rd session
Date			
SBI/CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI	<input type="checkbox"/> SBI <input type="checkbox"/> CBI
Types of Activity	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage	<input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage
Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Subject	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()	<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Other ()
Topic /sub-topic			
Demonstrator			
No. of Participants			

SBI/CBI DEMONSTRATION ACTIVITY FORMAT

<i>General Information</i>		
School:	Demonstrator:	
Date/Year/Term:	Time:	Session:
Type of Activity: Demonstration Lesson Peer Teaching TLM Preparation/usage		
Class:	Subject:	
<i>Points on the Demonstration Activity</i>		
Topic/Sub-Topic:		
Rationale for choice of Topic/Sub-Topics:		
Viewpoints from Observers:		
<i>Summary of the Lesson Plan or TLM Plan</i>		
Objectives:		
Teaching/Learning Activities & Materials (in brief):		
Core Points:		
Evaluation/Exercise:		

Note: To be prepared by the demonstrator to submit with the lesson plan to the CL

SBI/CBI OBSERVATION SHEET (for all participants)

School:..... Date:..... Time:..... –

Observer:..... Demonstrator:.....

Type of the Activity: Demonstration Lesson Peer Teaching TLM Preparation/usage.....

Class:..... Subject:.....

Topic/Sub-topic:.....

Objectives:.....

Put your comments (Strong Points/Challenging Points) in terms of the themes for the session, so that the post-delivery discussion will be enriched. The themes are supposed to be given by the facilitator of the session in the pre-delivery discussion.

Themes for the Session:
Strong Point s:
Challenging Points:
Lessons Learned for Subsequent Teaching and Learning:

SBI/CBI OBSERVATION SHEET (for NT, DTST, CS)

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

Indicate by ticking (v) in the appropriate box how much the demonstrator has satisfied each of the following viewpoints.

(Degree: 1-Poor, 2-Needs Improvement, 3-Satisfactory, 4-Good, 5-Excellent)

Instructional Planning Skills	1	2	3	4	5
• Well laid out plans with well coordinated features (clear and 'SMART' objectives) <i>S-Specific, M-Measurable, A-Achievable, R-Relevant, T-Time-bound</i>					
• Well stated core points clarifying main skills and/or concepts					
• Logical sequencing of teaching and learning activities					
• Indicates appropriate stages in lesson plan where TLMs are used					
• Provides varied teacher learner activities (e.g. group work, role play etc)					
Teaching Methodology and Delivery	1	2	3	4	5
• Uses language appropriate to the level of pupils					
• Writing on chalkboard is systematically organized					
• Writing on chalkboard is easy to read					
• Chalkboard is used to summarise important or core points of lesson					
• Questioning techniques place emphasis on 'why' and 'how' questions to promote higher order cognitive responses					
• Offers feedback to pupils' responses that promote further or better understanding (does not simply tell pupils their answers are right or wrong)					
• Relevant and appropriate use of TLMs by either teacher or pupils					
• Introduces activities to promote pupils' active participation					
• Uses activities that are related to lesson objectives/core points					
• Uses activities to help pupils understand new concepts					
• Evaluation of pupils closely related to core points/objectives of lesson					
Classroom Organisation and Management	1	2	3	4	5
• Arranges class to suit learning activity (e.g. group work activity in or outside the classroom)					
• Uses appropriate class control measures (e.g. appointment of group leaders, free movement of teacher in class etc.)					

RECORD OF POST-DELIVERY DISCUSSION

Major Comments from Demonstrator

Comments by All Participants (based on their Observation Sheets)

Discussion Summary

Discussion Summary (continued)

Lessons Learned for Subsequent Teaching and Learning (Participants):

Lessons Learned for Subsequent Teaching and Learning (Demonstrator/CL/HT):

SBI/CBI OPERATION SUMMARY

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

1. Questions about activity administration

Was the venue appropriate (capacity and location) to the participants? (especially for CBI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain the reasons.		
Were the date and time convenient for participants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain the reason and give suggestions.		
Were necessary TLMs distributed adequately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain the detail and its reasons.		
Was the number of the participants as planned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, what are the reasons of their absence?		

2. Challenges

Please describe challenges of SBI/CBI organised.

3. Good Practices

Please describe good practices of SBI/CBI organised.

SBI/CBI DATA SHEET

School:	District:
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1. Activity Information

SBI <input type="checkbox"/>	CBI <input type="checkbox"/>	Class:
Number of the Participants / Total Number of Teachers:		
Date:	Time:	
Type of Activity (Tick One) : <input type="checkbox"/> Demonstration Lesson <input type="checkbox"/> Peer Teaching <input type="checkbox"/> TLM Preparation/Usage		
Subject (Tick One): <input type="checkbox"/> Science <input type="checkbox"/> Maths <input type="checkbox"/> English <input type="checkbox"/> Other (specify):		
Name of Demonstrator:		
Topic/Sub-Topic:		
Objectives /Purpose of the Session:		

Name: _____

FIELD MONITORING SHEET (for DTST)

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

Please fill in the result of interview with HT and CL using the questions provided.

Preparation 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.Preparation

Please give reasons for selecting the type of the activity (i.e. Demonstration Lesson, Peer Teaching, or TLM Preparation/Usage).			
How was the demonstrator decided on?			
Which Modules were used in preparing the delivery?			
Module 4 <input type="checkbox"/>	Module 5 <input type="checkbox"/>	Module 6 <input type="checkbox"/>	Other (Specify)

Improvement of SBI/CBI

1. Improvement of SBI/CBI preparation

Did HT take any actions to the comments raised in the previous SBI/CBI Operation Summary (Form 8)?	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?	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?		

Any Other Comments

--

SCHOOL CAPITATION GRANTS

SUGGESTED SCHOOL PERFORMANCE IMPROVEMENT PLAN

DISTRICT:.....

NAME OF SCHOOL:.....

COMPONENT/TARGET	ACTION TO BE TAKEN	WHO IS RESPONSIBLE	RESOURCES NEEDED	TIME FRAME	WHO MONITORS
1 IMPROVING ACCESS i enrolment drive ii support for the needy					
2 INSET i SBI Activity ii CBI Activity					
3 PROVISION OF TEACHING AND LEARNING MATERIALS Adequate textbooks esp. English and Maths, cardboards, felt pens, clock, strings, crayons etc					
4 SCHOOL MANAGEMENT i update site plan and inventory for school ii provision of stationery iii effective SMC/PTA iv effective administration v maintaining discipline					
5 COMMUNITY AND SCHOOL RELATIONSHIP i organise school visits ii organise communal labour iii effective PTAm meetings iv provide welfare service to teachers					
6 SCHOOL FACILITIES i provide desks to school ii rehabilitate classroom iii provide toilet and urinal to school iv provide equipment for games					

SCHOOL CAPITATION GRANTS REQUEST FORM

Name of School:

Based on the School Performance Improvement Plan, I/we request for the release of funds for the performance of the following activity/(ies):

Activity:.....
.....
.....

Amount:.....

Name:.....

Signature:.....

Approval:

Head teacher:.....

SMC Chairman:.....

SCHOOL CAPITATION GRANTS

ADVANCE FORM

DATE

No.....

NAME OF SCHOOL.....

In consideration of your application for the release of funds for the performance
of

you are hereby advanced an amount of

as per cheque No..... for same.

Kindly account for the money latest.....

.....
Signature of Recipient

.....
Signature of Headteacher

.....
Name of Recipient

.....
Name of Headteacher

SCHOOL CAPITATION GRANTS ACCOUNTING FOR ADVANCE FORM

DATE

ADVANCE FORM REF. NO

Kindly find attached:

Receipts totalling.....

honour certificates totalling.....

cash amounting to.....

in full discharge of the Advance as per the above reference number.

.....
Signature of Officer

.....
Approved by Headteacher

.....
Name of Officer

.....
Name of Headteacher

SCHOOL CAPITATION GRANTS HONOUR CERTIFICATE

Iin the interest of the Service purchased the items listed below for which no official receipts were obtainable.

DATE	DETAILS OF ITEMS	QTY	UNIT PRICE	TOTAL COST
		TOTAL		

Totalling:.....

.....

.....

.....
TEACHER/OFFICER VOUCHING

Approved by
Headteacher

SCHOOL CAPITATION GRANTS

CASH BOOK

DATE	DETAILS	REC/CB NO	INCOME	PAYMENT	BALANCE	PAYMENT ANALYSIS							
			BANK	BANK	BANK	STATIONERY	CULTURE	SPORTS	T&L MATS	MINOR REPAIRS	T&T	NEEDY PUPILS	IN-SERVICE
	TOTAL												

SCHOOL CAPITATION GRANTS

MONTHLY EXPENDITURE RETURNS

School:

Reporting Period:

Term:

Month of:

Date of Report:

1. Amount received from District to date for Term.

Tranche 1

Tranche 2

Tranche 3

Total:

2. How was the money spent: indicate each activity and budget cost involved as stated in your SPIP, as well as actual costs.

No	Description of Activity/Activities	Budget	Actual Amount Spent	Amount Left
1				
2				
3				
4				
5				
6				
	Total Amount			

I certify that I have checked this report against all presented receipts

.....
Signature of Headteacher

.....
Attach copy of bank statement for the period

SCHOOL CAPITATION GRANTS ACTIVITY COMPLETION REPORT

1 Name of School:

2 Target Group:

3 Activity:

4 Location, Duration and Time of Activity

Venue	Start Date	Finish Date	No of Days

5 Budget

Original Estimates	Total amount Spent	Balance

6 What was the overall assessment of the activity completed? Tick where appropriate.

Excellent	Very Good	Fair	Poor

7 Comments:

.....

8 What problems did you encounter in implementing this activity?

.....

Any other comments?

eg: what did you learn from doing this activity? What will be changed if this activity is to be done again? What follow up will you do for this activity?

.....

.....

.....
Signature of Headteacher

SCHOOL CAPITATION GRANTS TERMLY STATUS REPORT

1 Name of School:

2 Term: FROM:..... TO:.....

3 Status of Planned Activities

No	List of Activities in SPIP	Status			
		completed	On-going	Not-started	Suspended
1					
2					
3					
4					
5					
6					

4 What planned activities were not covered?

.....
.....

Give reasons:

.....
.....
.....
.....

.....
Signature of Headteacher