

**SCHOOL PEER REVIEW**

Teacher Subject File Check November 2014

**Name of Reviewer: ………………………………..**

**Date: ………………………….**

|  |  |  |
| --- | --- | --- |
| **Teacher/HoD** | **Subject** | **Grade** |
|  |  |  |
| Workplans/schedules |  |  |
| Year |  |  |
| Term  |  |  |
| Guideline documents |  |  |
| Are the above compliant with these – CAPS/NCS? |  |  |
|  |  |  |
| Lesson Plans |  |  |
| Weekly/fortnightly |  |  |
| Daily  |  |  |
|  |  |  |
| Assessment Records |  |  |
| Tools (test/assign,etc + memo/rubric) |  |  |
| Marksheets (up to date?) |  |  |
|  |  |  |

**Comments:**…………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

**Signed:**………………………………………………..