

Annexure: Remedial Class Execution & Attendance Audit

1. Basic School Information

Field	Details
School Name	
School Code / Affiliation No.	
Academic Session	
Prepared By	
Verified By (Audit Coordinator)	
Review Date	

2. Remedial Class Schedule & Teacher Assignment

Class	Subject	Teacher Name	Scheduled Remedial Sessions	Conducted Sessions (Yes/No)
IX				
X				
XI				
XII				

- **Teacher Assignment:** Confirm that assigned teachers are conducting **remedial classes** regularly according to the schedule.
- **Session Verification:** Ensure that **sessions** are being held **on time** and **as per the plan**.

3. Remedial Class Attendance Tracking

Class	Subject	Student Name	Date of Remedial Class	Attendance (Present/Absent)
IX				
X				
XI				
XII				

- **Attendance Monitoring:** Track **student attendance** in **remedial classes**.
- **Follow-Up for Absentees:** For any **absentees**, ensure that **follow-up actions** are taken, such as notifying parents or offering alternative session dates.

4. Improvement Tracking via Diagnostic Assessment

Class	Subject	Student Name	Diagnostic Score (Pre-Remedial)	Diagnostic Score (Post-Remedial)	Improvement (%)
IX					
X					
XI					
XII					

- **Pre-Remedial Assessment:** Record students' scores before attending **remedial classes** using **chapter-wise assessments** from **diagnosticassessment.in**.
- **Post-Remedial Assessment:** Record improvement by comparing **pre-remedial** and **post-remedial** scores.

- **Follow-Up Actions:** If needed, suggest **additional training** or **pedagogical strategies** to enhance teaching effectiveness in remedial classes.

8. Final Remedial Class Review

Class	Subject	Total Students Assigned	Total Students Attended	Total Improvement (Avg %)
IX				
X				
XI				
XII				

- **Review & Effectiveness:** Summarize the overall impact of the **remedial classes** based on **attendance** and **improvement data**.
- **Final Action Plan:** Based on the review, develop an **action plan** for any **remaining gaps** or areas requiring **additional attention**.

9. Approval & Signatures

Designation	Name	Signature	Date
Audit Coordinator			
Principal			