

# ANNEXURE: PRE-BOARD EVALUATION & RESULT DISCUSSION (CLASS X & XII)

## 1. General Information

Field	Details
School Name	
Academic Session	
Class	<input type="checkbox"/> X <input type="checkbox"/> XII
Exam	<input type="checkbox"/> Pre-Board I <input type="checkbox"/> Pre-Board II
Subject	
Teacher Name	
Date of Discussion	

## 2. Evaluation Status

Field	Status / Details
Answer Sheets Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marking Scheme Followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cross-Checking Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moderation Applied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marks Uploaded	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Result Summary

Parameter	Details
Total Students	
Students Appeared	
Pass Students	
Pass %	%
Highest Marks	
Average Marks	

## 4. Question-wise Analysis

Question No.	Type (VSA/SA/LA/Case)	Avg. Marks	Attempted by (%)	Common Errors
Q1				
Q2				
Q3				
Q4				
Q5				

*(Add more rows as required)*

## 5. Error Pattern Identification

Area	Details
Conceptual Errors	
Calculation Errors	
Presentation Mistakes	
Time Management Issues	
Question Misinterpretation	

## 6. Student Performance Categorization

Category	Criteria	No. of Students
High Performers	Above %	
Average Performers	% – %	
Low Performers	Below %	

## 7. Feedback Discussion (Teacher–Student Interaction)

Field	Status
Individual Feedback Given	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common Mistakes Discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer Writing Techniques Explained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Answers Shared	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Key Discussion Points:

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## 8. Remedial Action Plan

Field	Details
Students Identified for Remedial	
Topics for Remediation	
Remedial Classes Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates	
Teaching Strategies	

## 9. Retesting Plan

Field	Details
Retest Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topics Covered in Retest	
Proposed Date	
Students Included	

## 10. Parent Communication

Field	Status
PTM Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance Shared	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weak Students Highlighted	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. Documentation

Field	Status
Result Records Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Analysis Report Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback Records Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 12. Challenges Faced

- \_\_\_\_\_
- \_\_\_\_\_

## 13. Suggestions for Improvement

- \_\_\_\_\_
- \_\_\_\_\_

## 14. Final Remarks

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## Signatures

Role	Name & Signature	Date
Subject Teacher		
Exam Coordinator		
Principal		