

ANNEXURE: ORIENTATION & NEW SESSION LAUNCH PLANNING (APRIL)

1. General Information

| Field | Details |
|-------------------------|--|
| Academic Session (New) | |
| Orientation Dates | |
| Target Groups | <input type="checkbox"/> Parents <input type="checkbox"/> Students <input type="checkbox"/> Teachers |
| Prepared By | |
| Approved By (Principal) | |

2. Orientation Schedule Planning

| Date | Session Type | Target Group | Time | Venue/Platform | Coordinator |
|------|--------------|--------------|------|----------------|-------------|
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3. Speaker & Presenter Allocation

| S. No. | Name | Designation | Topic | Session Assigned | Contact |
|--------|------|-------------|-------|------------------|---------|
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4. Session Content Coverage

| Topic | Included (Y/N) | Remarks |
|---------------------------------|--|---------|
| School Vision & Culture | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Discipline Policy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Academic Structure (NEP-based) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Assessment & Examination System | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ERP/LMS Training | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Safety & Wellbeing | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

5. Material Preparation

| Material | Prepared (Y/N) | Remarks |
|---------------------|--|---------|
| Presentation Slides | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Welcome Kit | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Handbook/Manual | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ERP Login Guide | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

6. Logistics & Arrangements

| Parameter | Status | Remarks |
|---------------------|--|---------|
| Venue Booking | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Seating Arrangement | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Audio/Visual Setup | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Registration Desk | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Refreshments | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. Communication to Stakeholders

| Stakeholder | Mode | Date Shared | Remarks |
|-------------|------|-------------|---------|
| Parents | | | |
| Students | | | |
| Teachers | | | |

8. Attendance Record

| S. No. | Name | Category (Parent/Student/Teacher) | Attended (Y/N) | Signature |
|--------|------|-----------------------------------|--|-----------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Feedback Collection (Post Orientation)

| Parameter | Status |
|----------------------|--|
| Feedback Form Shared | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Responses Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Feedback Analyzed | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Compliance Checklist

| Parameter | Status |
|-----------------------|--|
| Schedule Finalized | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Speakers Assigned | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Materials Prepared | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communication Done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Orientation Conducted | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Issue Log & Resolution

| Issue | Action Taken | Responsible Person | Status |
|-------|--------------|--------------------|--------|
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12. Challenges Faced

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13. Suggestions / Improvements

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- _____

14. Final Remarks

15. Signatures

| Role | Name & Signature | Date |
|---------------|------------------|------|
| Coordinator | | |
| Academic Head | | |
| Admin Officer | | |
| Principal | | |