



## 5. Orientation Content Checklist

Topic	Included (Y/N)
School Vision & Mission	<input type="checkbox"/> Yes <input type="checkbox"/> No
NEP 2020 Alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curriculum Overview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discipline & Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Books, Uniform & Timings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Channels (ERP/App)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety & Security Measures	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Class Transition Information

Class Transition	Details Shared (Y/N)	Remarks
Pre-Primary to Primary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary to Middle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Middle to Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary to Senior Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 7. Parent Communication Plan

Parameter	Status
Invitation Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reminder Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERP Notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
WhatsApp/SMS Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 8. Logistics & Arrangements

Parameter	Status	Remarks
Venue Arranged	<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	
Feedback Forms Prepared	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Feedback Collection

Parameter	Status
Feedback Forms Distributed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responses Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 10. Compliance Checklist

Parameter	Status
Content Finalized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presenters Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Logistics Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. Challenges Faced

1. \_\_\_\_\_
2. \_\_\_\_\_

## 12. Suggestions / Improvements

1. \_\_\_\_\_
2. \_\_\_\_\_

## 13. Final Remarks

\_\_\_\_\_  
\_\_\_\_\_

## 14. Signatures

Role	Name & Signature	Date
Coordinator		
Admin		
Principal		