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## 6. HOD / Coordinator Review

| Parameter                         | Status   | Remarks |
|-----------------------------------|----------|---------|
| Alignment with Academic Calendar  | Yes / No |         |
| Lesson Plan Implementation        | Yes / No |         |
| Syllabus Coverage Adequate        | Yes / No |         |
| Need for Remedial / Extra Classes | Yes / No |         |

## 7. Principal / Academic Head Observations

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**Subject Teacher Signature:** \_\_\_\_\_

**HOD / Coordinator Signature:** \_\_\_\_\_

**Academic Incharge Signature:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_