



Ministry of Education  
Government of India

सत्यमेव जयते



Performance Assessment, Review, and  
Analysis of Knowledge for Holistic Development

विद्यया ऽ मृतमश्नुते



एन सी ई आर टी  
NCERT



# HOLISTIC PROGRESS CARD (HPC)

**MIDDLE STAGE**





# HOLISTIC PROGRESS CARD (HPC)

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Middle Stage

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**HOLISTIC PROGRESS CARD (HPC)**

Middle Stage

**First Edition**

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Holistic Progress Card

**HPC**

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**MIDDLE  
STAGE**

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## PART A (1)

Name and Address of the School: .....

..... Pin Code: 

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UDISE Code: 

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Teacher Code: 

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APAAR ID: .....

### GENERAL INFORMATION

(To be filled by the teacher in consultation with caregiver/parent)

Student Name: \_\_\_\_\_

Roll No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Class: Grade 6 

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 Grade 7 

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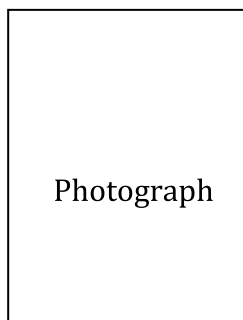
 Grade 8 

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Section: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_



Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Education: \_\_\_\_\_ Mother/Guardian Occupation: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian Education: \_\_\_\_\_ Father/Guardian Occupation: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Siblings' age: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Medium of Instruction: \_\_\_\_\_

Rural/Urban: \_\_\_\_\_

### ATTENDANCE

MONTHS	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
No. of Working Days												
No. of Days Attended												
% of Attendance												
If attendance is low then reasons thereof												

## PART A (2)

### All About Me!

I live with my \_\_\_\_\_ . We stay at \_\_\_\_\_ .  
I spend my free time doing \_\_\_\_\_ .  
I \_\_\_\_\_ very well.  
I am responsible \_\_\_\_\_ (sometimes, most times, all the time)  
I could do better specially when it comes to \_\_\_\_\_ .  
I care about others. I show it by \_\_\_\_\_ .  
I feel proud of myself when \_\_\_\_\_ .

Name

### My Goal Setting

#### My Academic Goal

This goal is important to me because \_\_\_\_\_ .

I will reach this goal by:

Step 1 \_\_\_\_\_

Step 2 \_\_\_\_\_

This goal is important to me because \_\_\_\_\_ .

I will reach this goal by:

Step 1 \_\_\_\_\_

Step 2 \_\_\_\_\_

#### My Personal Goal

### My Learnings

Three new things I learnt at school:

- 1.
- 2.
- 3.

Three new things I learnt outside school:

- 1.
- 2.
- 3.

### For My Teacher

I would like my teacher to help me with \_\_\_\_\_  
\_\_\_\_\_

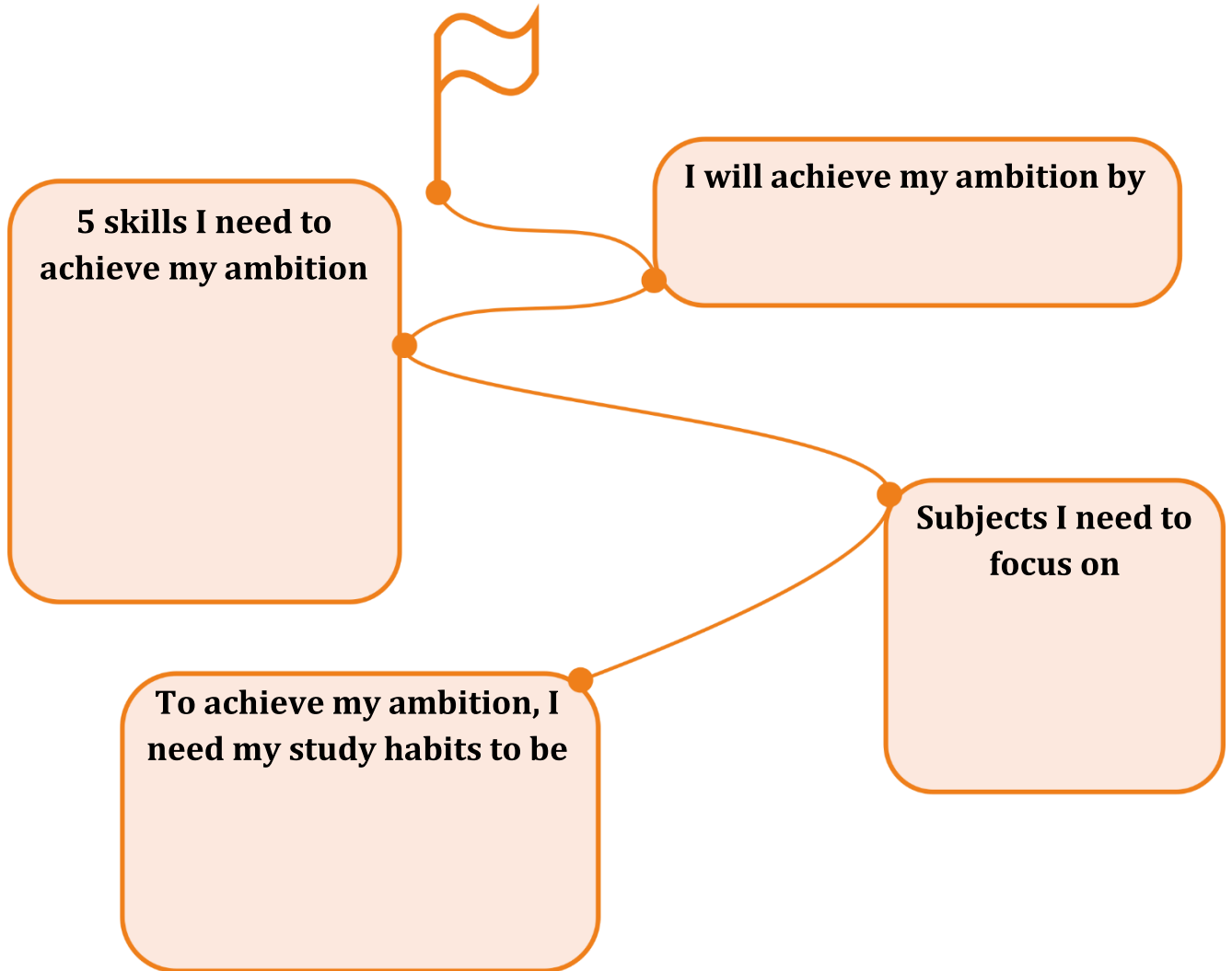
I would like my teacher to know \_\_\_\_\_  
\_\_\_\_\_



## PART A (3)

### My Ambition Card

My ambition is \_\_\_\_\_  
\_\_\_\_\_



### I will...

I will take guidance from \_\_\_\_\_ to achieve my ambition.

I think this person will help me by \_\_\_\_\_.

I will learn new \_\_\_\_\_.

I will feel \_\_\_\_\_ when I achieve my ambition.

My parents will feel \_\_\_\_\_ when I achieve my ambition.

## PART A (4)

















### Parent-Teacher Partnership Card

**Tick the resources available to your child at home.**

					
<b>Books</b>	<b>Magazines</b>	<b>Toys and Games</b>	<b>Mobile phone</b>	<b>Computer</b>	<b>Internet</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Understanding of my Child

Circle the most appropriate option for your child.

1. My child seems motivated to learn and engage with new concepts learnt at school.				
	Yes	Sometimes	No	Not sure
2. My child follows a schedule at home that includes curriculum and other activities, social connectivity, and screen time.				
	Yes	Sometimes	No	Not sure
3. My child finds the grade-level curriculum difficult and needs additional support.				
	Yes	Sometimes	No	Not sure
4. My child is making good progress as per his/her grade.				
	Yes	Sometimes	No	Not sure

### At school, my child needs support with:

<input type="checkbox"/> Languages (R1, R2, R3)	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Science	<input type="checkbox"/> Social Science
<input type="checkbox"/> Building self-belief & self-reliance	<input type="checkbox"/> Developing social skills & conflict resolution		
<input type="checkbox"/> Managing difficult emotions like anger	<input type="checkbox"/> Developing effective study skills like time management		
<input type="checkbox"/> Vocational Guidance/Digital Literacy	<input type="checkbox"/> Any other _____		

**Based on my discussion with the teacher, I will support my child at home by:**

*(Fostering a strong parent-teacher partnership is essential to ensure your child's holistic development. While teachers support at school, please use this space to write how can you provide additional support to your child at home.)*

## PART B

<b>LANGUAGE 1 (R1)</b>	
<b>Curricular Goals</b> <i>(Choose one or more)</i>	<input type="checkbox"/> L1CG1 <input type="checkbox"/> L1CG2 <input type="checkbox"/> L1CG3 <input type="checkbox"/> L1CG4 <input type="checkbox"/> LCG 5
<b>Competencies</b> <i>(Choose one or more)</i>	<input type="checkbox"/> L1C1.1 <input type="checkbox"/> L1C1.2 <input type="checkbox"/> L1C1.3 <input type="checkbox"/> L1C1.4 <input type="checkbox"/> L1C1.5 <input type="checkbox"/> L1C2.1 <input type="checkbox"/> L1C2.2 <input type="checkbox"/> L1C2.3 <input type="checkbox"/> L1C3.1 <input type="checkbox"/> L1C3.2 <input type="checkbox"/> L1C4.1 <input type="checkbox"/> L1C4.2 <input type="checkbox"/> L1C5.1 <input type="checkbox"/> L1C5.2 <input type="checkbox"/> L1C5.3
<b>ACTIVITY</b>	
<b>Approach of the Activity:</b> <i>(Please ✓ all that apply)</i>	
<input type="checkbox"/> Art-integrated <input type="checkbox"/> Sports-integrated <input type="checkbox"/> Toy-based <input type="checkbox"/> Technology-integrated <input type="checkbox"/> Any Other _____	
<b>Duration of the Activity:</b>	
<b>Material Needed:</b>	
<b>Activity:</b>	<b>Assessment Question:</b>

<b>ASSESSMENT RUBRIC</b>			
	<b>Beginner</b>	<b>Proficient</b>	<b>Advanced</b>
<b>Literary Awareness</b>			
<b>Literary Sensitivity</b>			
<b>Literary Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

### My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
No. of statements circled for A : ____		No. of statements circled for S : ____		No. of statements circled for C : ____	

### My Learnings

By doing this activity, I learnt

\_\_\_\_\_

*(Use this space to write your reflections/insights from the activity)*


The most interesting thing about this activity was \_\_\_\_\_.

I need practice on \_\_\_\_\_. I need help with \_\_\_\_\_.

## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.

**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
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My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

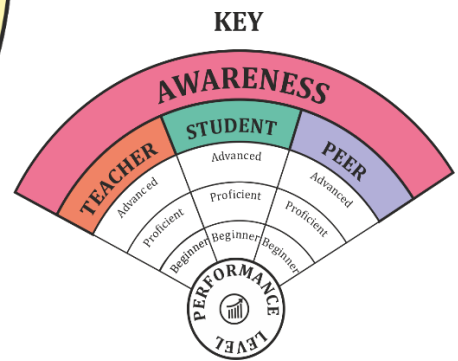
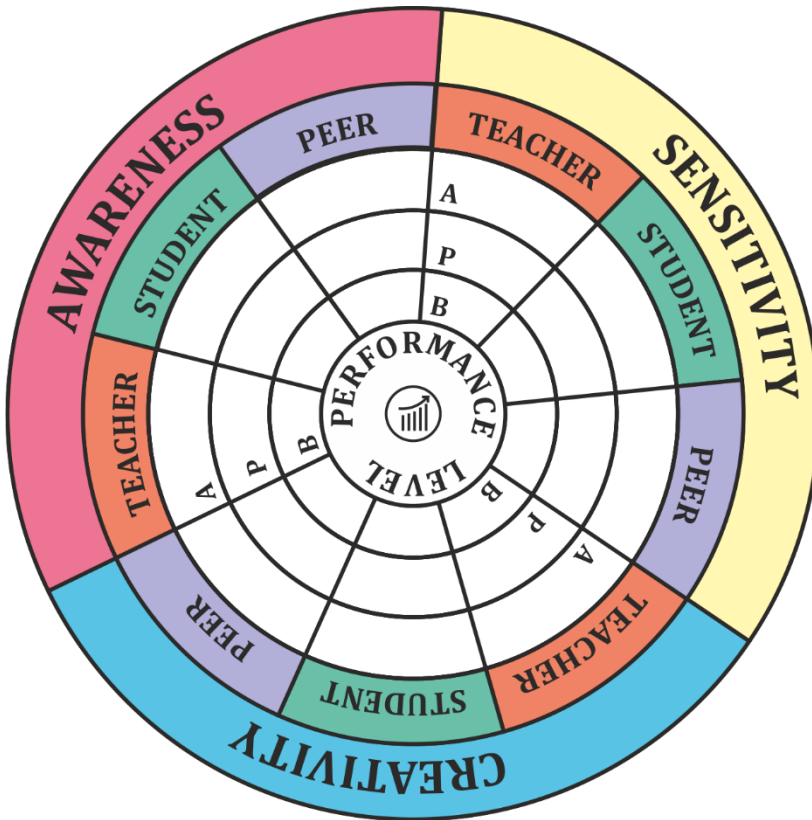
### How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

**Scoring Key:**  
**Beginner - 0,1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## LANGUAGE 2 (R2)

### Curricular Goals

*(Choose one or more)*

- L2CG1   
  L2CG2   
  L2CG3   
  L2CG4   
  L2CG5

### Competencies

*(Choose one or more)*

- L2C1.1   
  L2C1.2   
  L2C1.3   
  L2C1.4   
  L2C2.1  
 L2C2.2   
  L2C3.1   
  L2C4.1   
  L2C4.2   
  L2C5.1

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
  Toy-based  
 Technology-integrated   
  Any Other \_\_\_\_\_



**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Literary Awareness</b>			
<b>Literary Sensitivity</b>			
<b>Literary Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

### My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
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**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
--	--	--

### My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*

**The most interesting thing about this activity was** \_\_\_\_\_.









**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.



## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
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<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

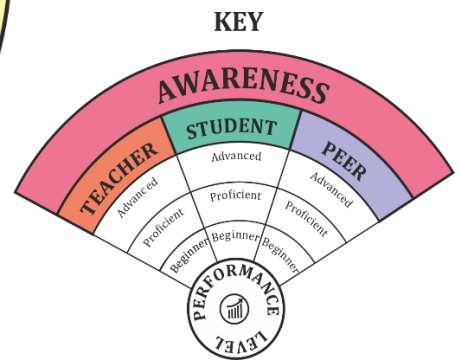
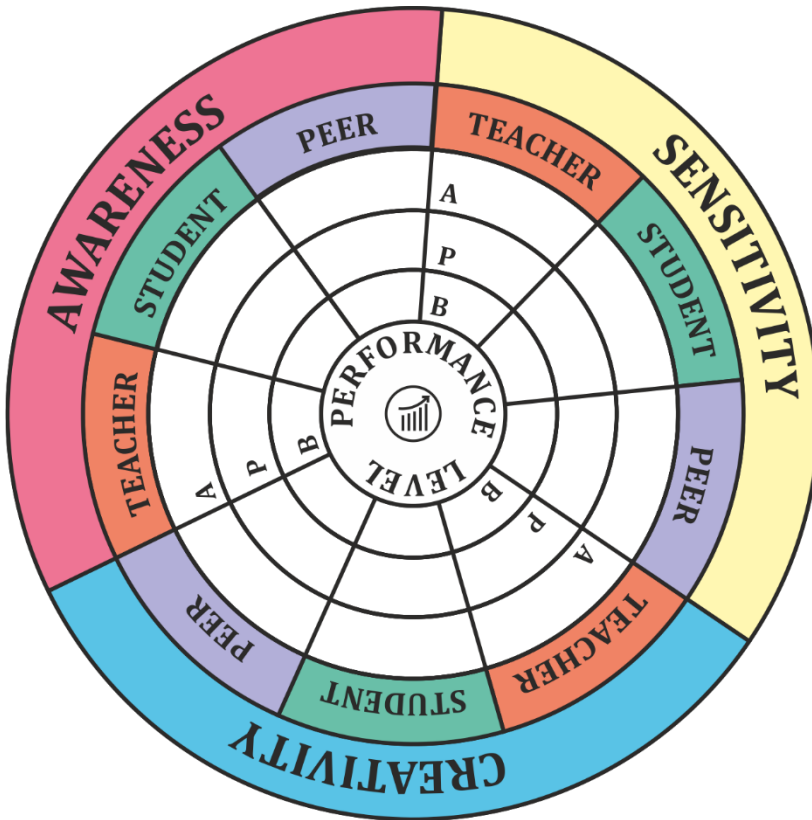
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<p style="text-align: center;"><b>Scoring Key:</b>  <b>Beginner - 0,1, 2</b>  <b>Proficient - 3, 4</b>  <b>Advanced - 5, 6</b></p>
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# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Follow Instructions           | <input type="checkbox"/> Collaboration |
| <input type="checkbox"/> Independent Work              | <input type="checkbox"/> Responsible   |
| <input type="checkbox"/> Communication                 | <input type="checkbox"/> Creative      |
| <input type="checkbox"/> Solution-focused Thinking     |  |
| <input type="checkbox"/> Empathy                       | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Organization & Prioritization |  |
| <input type="checkbox"/> Any other _____               |  |

#### Barrier(s) to Success (✓ all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of Attention                    | <input type="checkbox"/> Peer Pressure   |
| <input type="checkbox"/> Lack of Motivation                   | <input type="checkbox"/> Undefined Goals |
| <input type="checkbox"/> Lack of Preparation                  | <input type="checkbox"/> Domestic Issues |
| <input type="checkbox"/> Inappropriate behaviour in classroom |  |
| <input type="checkbox"/> Severe illness or injury             |  |
| <input type="checkbox"/> None                                 |  |
| <input type="checkbox"/> Any other _____                      |  |

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

---



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#### Teacher's Observations and Recommendations

## LANGUAGE 3 (R3)

### Curricular Goals

*(Choose one or more)*

- L3CG1     
  L3CG2     
  L3CG3

### Competencies

*(Choose one or more)*

- L3C1.1     
  L3C1.2     
  L3C1.3  
 L3C2.1     
  L3C2.2     
  L3C3.1

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
  Toy-based  
 Technology-integrated     
  Any Other \_\_\_\_\_



**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Literary Awareness</b>			
<b>Literary Sensitivity</b>			
<b>Literary Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
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## My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

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**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
--	--	--

## My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*









**The most interesting thing about this activity was** \_\_\_\_\_.

**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.

## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

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	Yes	Sometimes	No	Not sure
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### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

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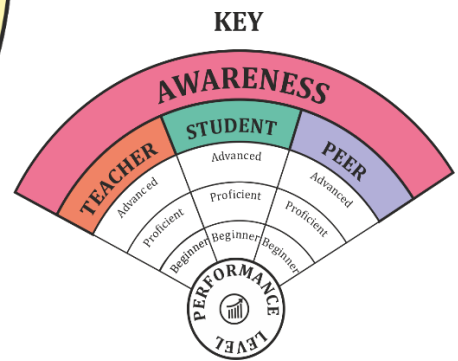
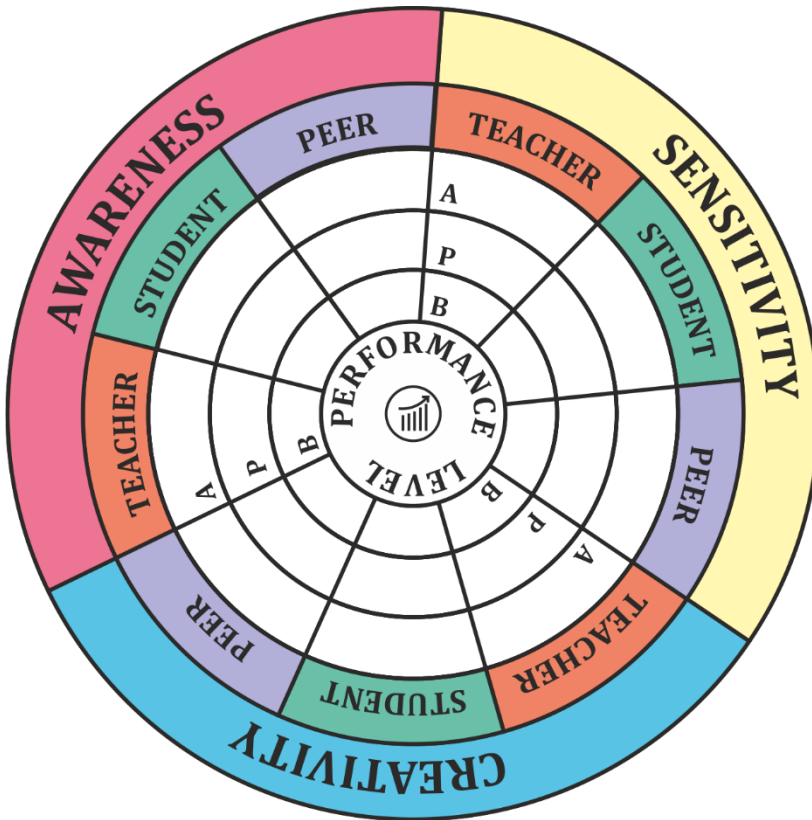
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# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## MATHEMATICS

### Curricular Goals

*(Choose one or more)*

- |                               |                               |                               |                               |                                |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> MCG1 | <input type="checkbox"/> MCG2 | <input type="checkbox"/> MCG3 | <input type="checkbox"/> MCG4 | <input type="checkbox"/> MCG5  |
| <input type="checkbox"/> MCG6 | <input type="checkbox"/> MCG7 | <input type="checkbox"/> MCG8 | <input type="checkbox"/> MCG9 | <input type="checkbox"/> MCG10 |

### Competencies

*(Choose one or more)*

- |                                |                                |                                |                                |                                 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> MC1.1 | <input type="checkbox"/> MC1.2 | <input type="checkbox"/> MC1.3 | <input type="checkbox"/> MC1.4 | <input type="checkbox"/> MC1.5  |
| <input type="checkbox"/> MC1.6 | <input type="checkbox"/> MC2.1 | <input type="checkbox"/> MC2.2 | <input type="checkbox"/> MC2.3 | <input type="checkbox"/> MC2.4  |
| <input type="checkbox"/> MC2.5 | <input type="checkbox"/> MC3.1 | <input type="checkbox"/> MC3.2 | <input type="checkbox"/> MC3.3 | <input type="checkbox"/> MC3.4  |
| <input type="checkbox"/> MC3.5 | <input type="checkbox"/> MC4.1 | <input type="checkbox"/> MC4.2 | <input type="checkbox"/> MC4.3 | <input type="checkbox"/> MC4.4  |
| <input type="checkbox"/> MC5.1 | <input type="checkbox"/> MC5.2 | <input type="checkbox"/> MC6.1 | <input type="checkbox"/> MC7.1 | <input type="checkbox"/> MC7.2  |
| <input type="checkbox"/> MC8.1 | <input type="checkbox"/> MC8.2 | <input type="checkbox"/> MC9.1 | <input type="checkbox"/> MC9.2 | <input type="checkbox"/> MC10.1 |

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
  Toy-based  
 Technology-integrated     
  Any Other \_\_\_\_\_



**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Mathematical Awareness</b>			
<b>Mathematical Sensitivity</b>			
<b>Mathematical Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

## My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.

**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
--	--	--

## My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*

**The most interesting thing about this activity was** \_\_\_\_\_.




**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.



## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

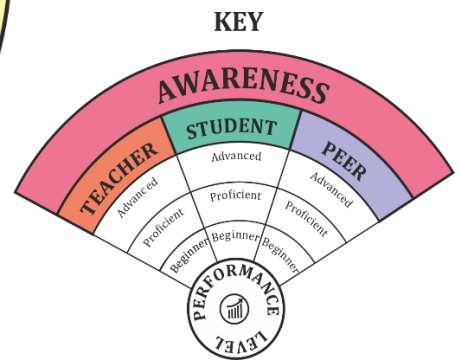
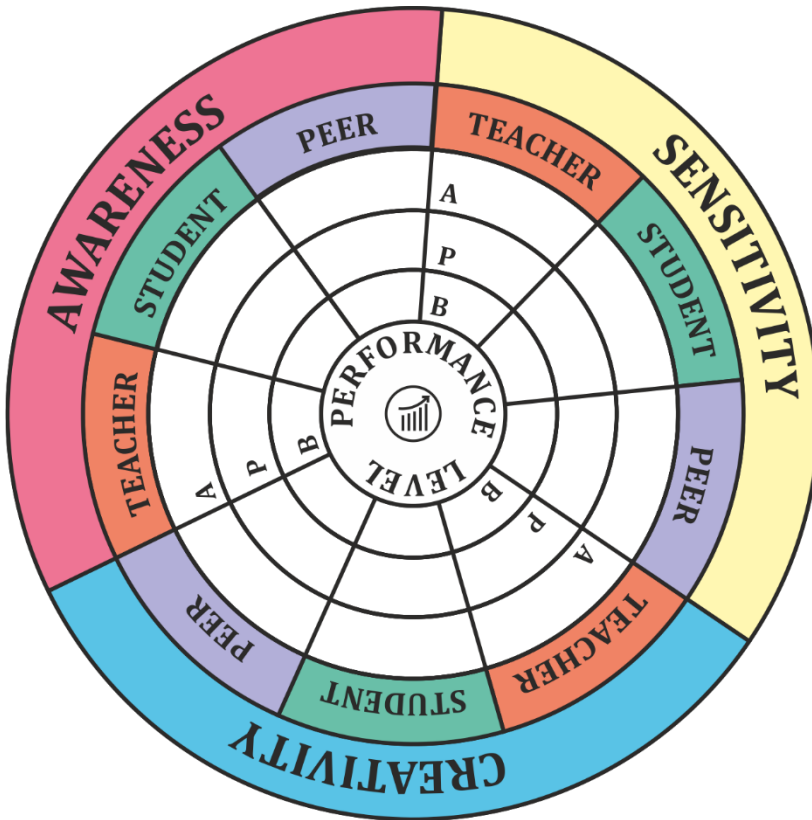
### How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

**Scoring Key:**  
**Beginner - 0,1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## SCIENCE

### Curricular Goals

*(Choose one or more)*

- SCCG1     SCCG2     SCCG3     SCCG4     SCCG5  
 SCCG6     SCCG7     SCCG8     SCCG9

### Competencies

*(Choose one or more)*

- SCC1.1     SCC1.2     SCC1.3     SCC1.4     SCC2.1  
 SCC2.2     SCC2.3     SCC2.4     SCC2.5     SCC3.1  
 SCC3.2     SCC3.3     SCC3.4     SCC4.1     SCC4.2  
 SCC4.3     SCC4.4     SCC5.1     SCC5.2     SCC6.1  
 SCC6.2     SCC7.1     SCC7.2     SCC7.3     SCC8.1  
 SCC9.1     SCC9.2

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     Sports-integrated     Toy-based  
 Technology-integrated     Any Other \_\_\_\_\_

**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Scientific Awareness</b>			
<b>Scientific Sensitivity</b>			
<b>Scientific Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

### My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.

**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
--	--	--

### My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*









**The most interesting thing about this activity was** \_\_\_\_\_.

**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.

## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

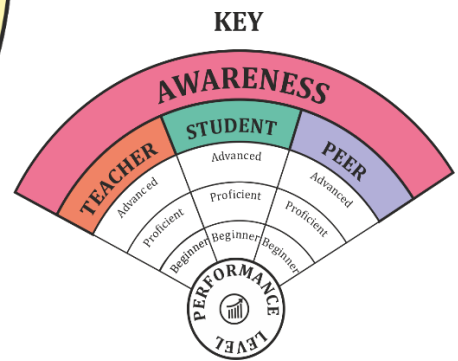
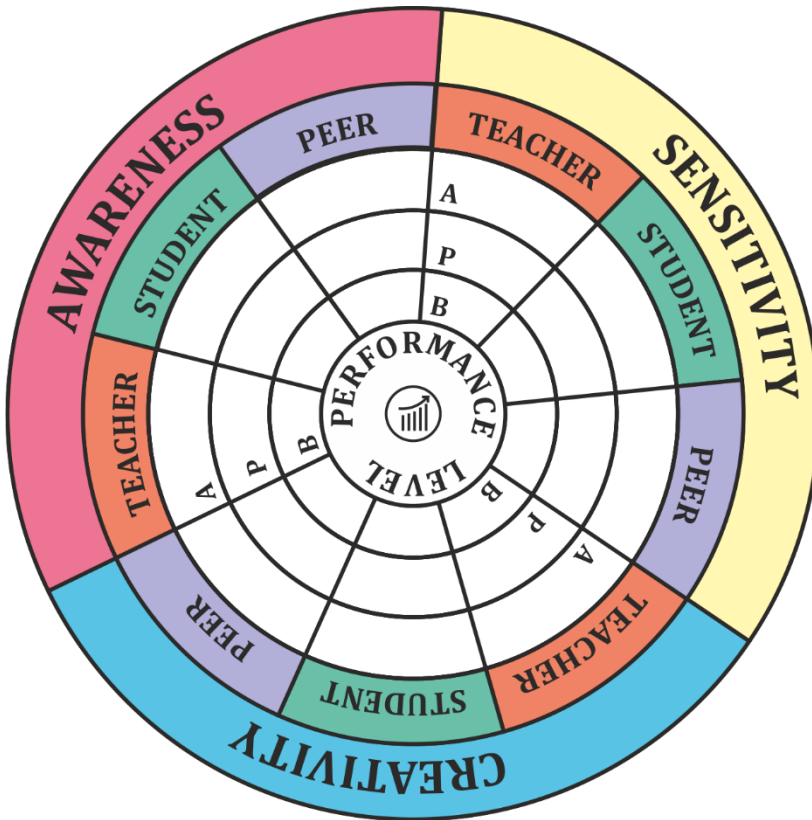
### How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

**Scoring Key:**  
**Beginner - 0, 1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness of injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## SOCIAL SCIENCE

### Curricular Goals

(Choose one or more)

- |                                 |                                |                                |                                |                                 |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> SSCG1  | <input type="checkbox"/> SSCG2 | <input type="checkbox"/> SSCG3 | <input type="checkbox"/> SSCG4 | <input type="checkbox"/> SSCG5  |
| <input type="checkbox"/> SSCG6  | <input type="checkbox"/> SSCG7 | <input type="checkbox"/> SSCG8 | <input type="checkbox"/> SSCG9 | <input type="checkbox"/> SSCG10 |
| <input type="checkbox"/> SSCG11 |                                |                                |                                |                                 |

### Competencies

(Choose one or more)

- |                                 |                                  |                                 |                                 |                                 |
|---------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> SSC1.1 | <input type="checkbox"/> SSC1.2  | <input type="checkbox"/> SSC2.1 | <input type="checkbox"/> SSC2.2 | <input type="checkbox"/> SSC3.1 |
| <input type="checkbox"/> SSC3.2 | <input type="checkbox"/> SSC4.1  | <input type="checkbox"/> SSC4.2 | <input type="checkbox"/> SCC5.1 | <input type="checkbox"/> SCC5.2 |
| <input type="checkbox"/> SSC6.1 | <input type="checkbox"/> SSC6.2  | <input type="checkbox"/> SSC6.3 | <input type="checkbox"/> SSC6.4 | <input type="checkbox"/> SSC7.1 |
| <input type="checkbox"/> SSC7.2 | <input type="checkbox"/> SSC7.3  | <input type="checkbox"/> SSC8.1 | <input type="checkbox"/> SSC8.2 | <input type="checkbox"/> SSC8.3 |
| <input type="checkbox"/> SSC9.1 | <input type="checkbox"/> SSC10.1 |                                 |                                 |                                 |

## ACTIVITY

**Approach of the Activity:** (Please ✓ all that apply)

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Art-integrated        | <input type="checkbox"/> Sports-integrated | <input type="checkbox"/> Toy-based |
| <input type="checkbox"/> Technology-integrated | <input type="checkbox"/> Any Other _____   |                                    |

**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

ASSESSMENT RUBRIC			
	Beginner	Proficient	Advanced
<b>Social Awareness</b>			
<b>Social Sensitivity</b>			
<b>Social Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

## My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.

**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
--	--	--

## My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*

**The most interesting thing about this activity was** \_\_\_\_\_.









**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.



## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

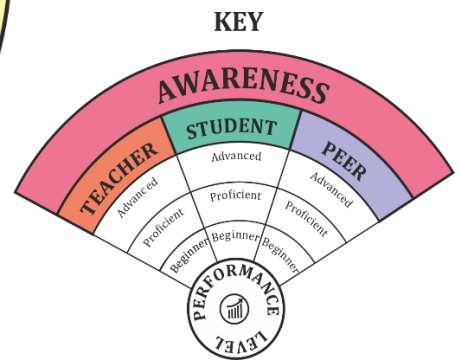
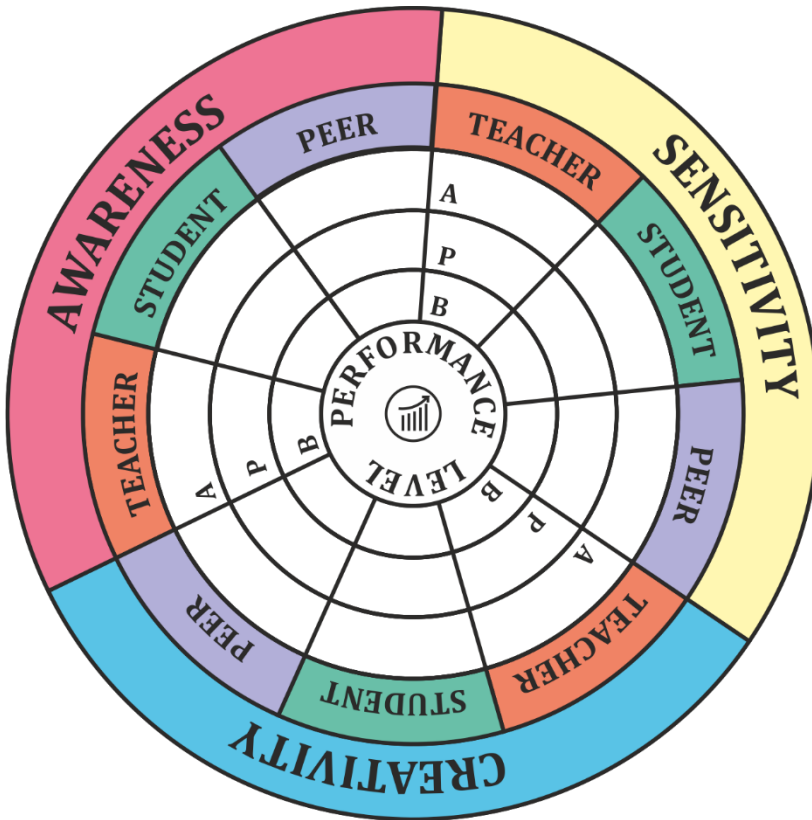
### How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

**Scoring Key:**  
**Beginner - 0,1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## ART EDUCATION

### Curricular Goals

*(Choose one or more)*

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> VCG1  | <input type="checkbox"/> VCG2  | <input type="checkbox"/> VCG3  | <input type="checkbox"/> VCG4  |
| <input type="checkbox"/> TCG1  | <input type="checkbox"/> TCG2  | <input type="checkbox"/> TCG3  | <input type="checkbox"/> TCG4  |
| <input type="checkbox"/> MUCG1 | <input type="checkbox"/> MUCG2 | <input type="checkbox"/> MUCG3 | <input type="checkbox"/> MUCG4 |
| <input type="checkbox"/> DMCG1 | <input type="checkbox"/> DMCG2 | <input type="checkbox"/> DMCG3 | <input type="checkbox"/> DMCG4 |
| <input type="checkbox"/> AECG1 |                                |                                |                                |

### Competencies

*(Choose one or more)*

- |                                 |                                 |                                 |                                    |                                 |
|---------------------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> VC1.1  | <input type="checkbox"/> VC1.2  | <input type="checkbox"/> VC2.1  | <input type="checkbox"/> VC2.2     | <input type="checkbox"/> VC3.1  |
| <input type="checkbox"/> VC3.2  | <input type="checkbox"/> VC4.2  | <input type="checkbox"/> VC4.2  | <input type="checkbox"/> TC1.1     | <input type="checkbox"/> TC1.2  |
| <input type="checkbox"/> TC2.1  | <input type="checkbox"/> TC2.2  | <input type="checkbox"/> TC3.1  | <input type="checkbox"/> TC3.2     | <input type="checkbox"/> TC4.1  |
| <input type="checkbox"/> TC4.2  | <input type="checkbox"/> MUC1.1 | <input type="checkbox"/> MUC1.2 | <input type="checkbox"/> MUC2.1    | <input type="checkbox"/> MUC2.2 |
| <input type="checkbox"/> MUC3.1 | <input type="checkbox"/> MUC3.2 | <input type="checkbox"/> MUC4.1 | <input type="checkbox"/> MUC4.2... | <input type="checkbox"/> DMC1.1 |
| <input type="checkbox"/> DMC1.2 | <input type="checkbox"/> DMC2.1 | <input type="checkbox"/> DMC2.2 | <input type="checkbox"/> DMC3.1... | <input type="checkbox"/> DMC3.2 |
| <input type="checkbox"/> DMC4.1 | <input type="checkbox"/> DMC4.2 | <input type="checkbox"/> AEC1.2 | <input type="checkbox"/> AEC1.2... | <input type="checkbox"/> AEC1.3 |

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
  Toy-based  
 Technology-integrated     
  Any Other \_\_\_\_\_



**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Aesthetic Awareness</b>			
<b>Aesthetic Sensitivity</b>			
<b>Aesthetic Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

## My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.

**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
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## My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*









**The most interesting thing about this activity was** \_\_\_\_\_.

**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.

## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

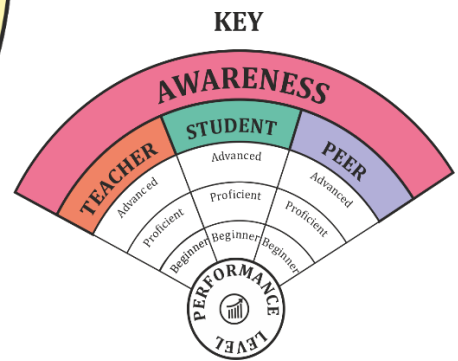
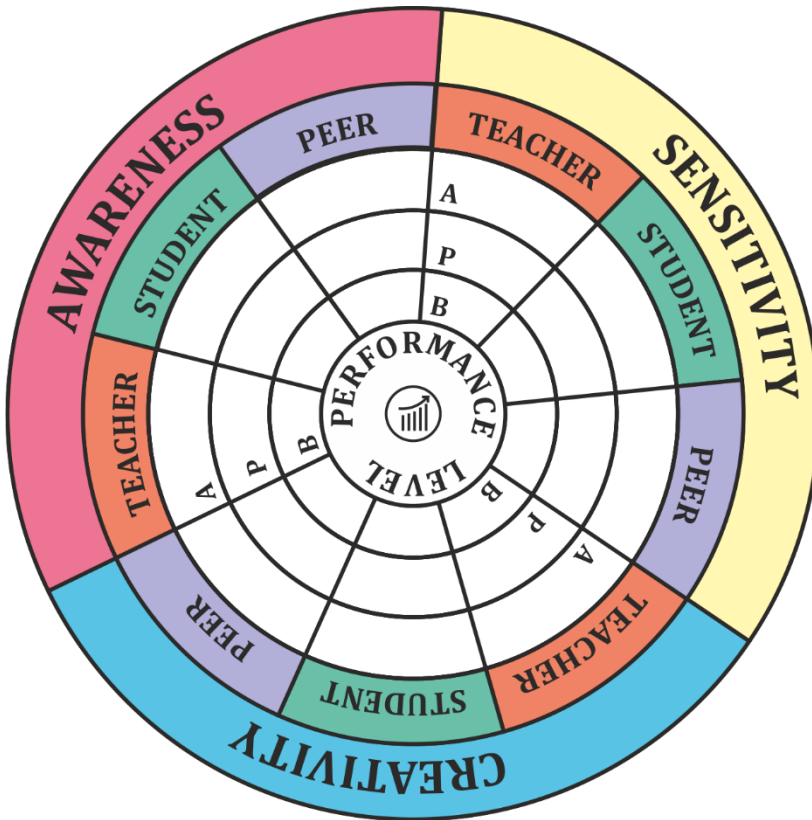
### How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

<p style="text-align: center;"><b>Scoring Key:</b>  <b>Beginner - 0,1, 2</b>  <b>Proficient - 3, 4</b>  <b>Advanced - 5, 6</b></p>
--

# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## PHYSICAL EDUCATION

### Curricular Goals

*(Choose one or more)*

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> P1CG1 | <input type="checkbox"/> P1CG2 | <input type="checkbox"/> P1CG3 | <input type="checkbox"/> P1CG4 |
| <input type="checkbox"/> P1CG5 | <input type="checkbox"/> P2CG1 | <input type="checkbox"/> P2CG2 | <input type="checkbox"/> P2CG3 |

### Competencies

*(Choose one or more)*

- |                                 |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> P1C1.1 | <input type="checkbox"/> P1C1.2 | <input type="checkbox"/> P1C1.3 | <input type="checkbox"/> P1C1.4 | <input type="checkbox"/> P1C1.5 |
| <input type="checkbox"/> P1C1.6 | <input type="checkbox"/> P1C2.1 | <input type="checkbox"/> P1C2.2 | <input type="checkbox"/> P1C2.3 | <input type="checkbox"/> P1C2.4 |
| <input type="checkbox"/> P1C2.5 | <input type="checkbox"/> P1C2.6 | <input type="checkbox"/> P1C3.1 | <input type="checkbox"/> P1C3.2 | <input type="checkbox"/> P1C4.1 |
| <input type="checkbox"/> P1C5.1 | <input type="checkbox"/> P1C5.2 | <input type="checkbox"/> P1C5.3 | <input type="checkbox"/> P2C1.1 | <input type="checkbox"/> P2C1.2 |
| <input type="checkbox"/> P2C1.3 | <input type="checkbox"/> P2C2.1 | <input type="checkbox"/> P1C2.2 | <input type="checkbox"/> P2C2.3 | <input type="checkbox"/> P2C2.4 |
| <input type="checkbox"/> P2C2.5 | <input type="checkbox"/> P2C2.6 | <input type="checkbox"/> P1C3.1 | <input type="checkbox"/> P2C3.2 |                                 |

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
  Toy-based  
 Technology-integrated     
  Any Other \_\_\_\_\_

**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Awareness</b>			
<b>Sensitivity</b>			
<b>Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

## STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	To an extent	No	Not sure
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	To an extent	No	Not sure
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

## My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
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**(For Teacher's Use Only)**

<b>No. of statements circled for A : _____</b>	<b>No. of statements circled for S : _____</b>	<b>No. of statements circled for C : _____</b>
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## My Learnings

**By doing this activity, I learnt**

\_\_\_\_\_.

*(Use this space to write your reflections/insights from the activity)*

**The most interesting thing about this activity was** \_\_\_\_\_.




**I need practice on** \_\_\_\_\_ **I need help with** \_\_\_\_\_.



## PEER FEEDBACK

My name is \_\_\_\_\_. My peer's name is \_\_\_\_\_.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.				
	Yes	Sometimes	No	Not sure
My peer's effectively shared thoughts and ideas during the activity.				
	Yes	Sometimes	No	Not sure

### My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
<b>(For Teacher's Use Only)</b>					
<b>No. of statements circled for A : _____</b>		<b>No. of statements circled for S : _____</b>		<b>No. of statements circled for C : _____</b>	

My peer needs to practice \_\_\_\_\_. My peer needs help with \_\_\_\_\_.

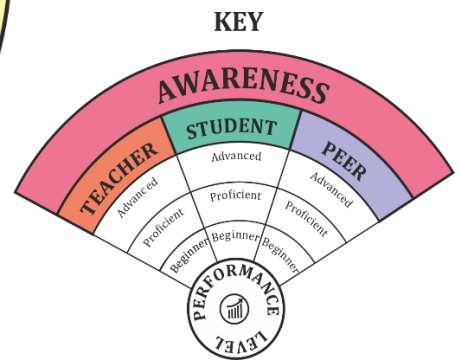
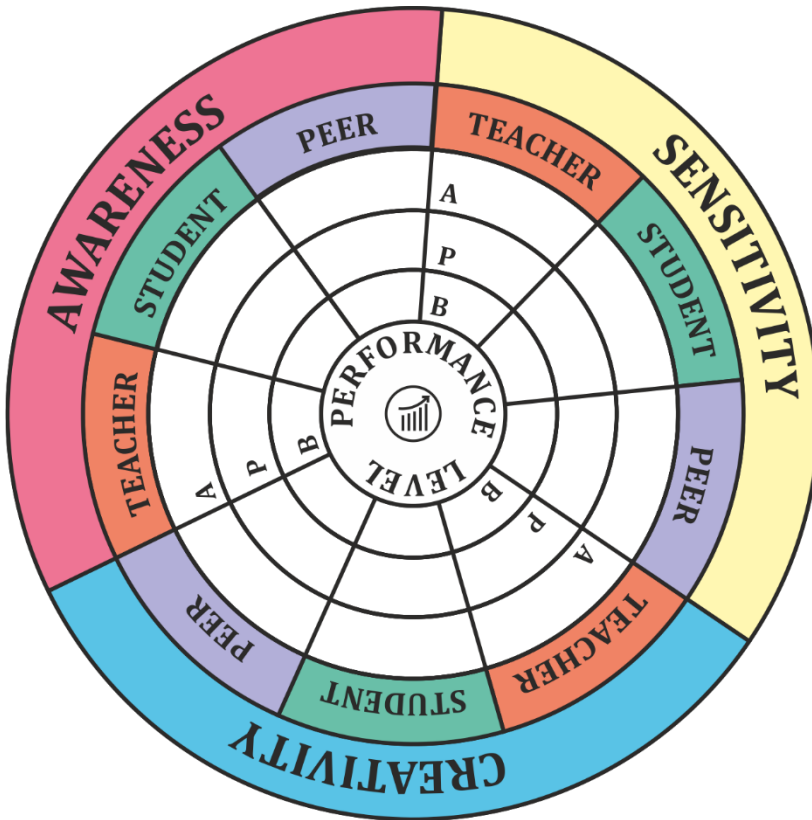
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**Scoring Key:**  
**Beginner - 0,1, 2**  
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# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



### How to use the Assessment Wheel?

Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

#### Areas of Strength (✓ all that apply)

- Follow Instructions
- Independent Work
- Communication
- Solution-focused Thinking
- Empathy
- Organization & Prioritization
- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness or injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations

## VOCATIONAL EDUCATION

**Curricular Goals**

*(Choose one or more)*

- VCG1     
  VCG2     
  VCG3     
  VCG4

**Competencies**

*(Choose one or more)*

- VC1.1     
  VC1.2     
  VC1.3     
  VC2.1     
  VC2.2  
 VC2.3     
  VC3.1     
  VC4.1

## ACTIVITY

**Approach of the Activity:** *(Please ✓ all that apply)*

- Art-integrated     
  Sports-integrated     
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 Technology-integrated     
  Any Other \_\_\_\_\_

**Duration of the Activity:**

**Material Needed:**

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
<b>Awareness</b>			
<b>Sensitivity</b>			
<b>Creativity</b>			

\*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

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Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
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*(Use this space to write your reflections/insights from the activity)*



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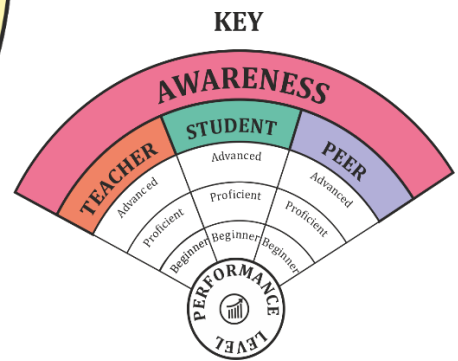
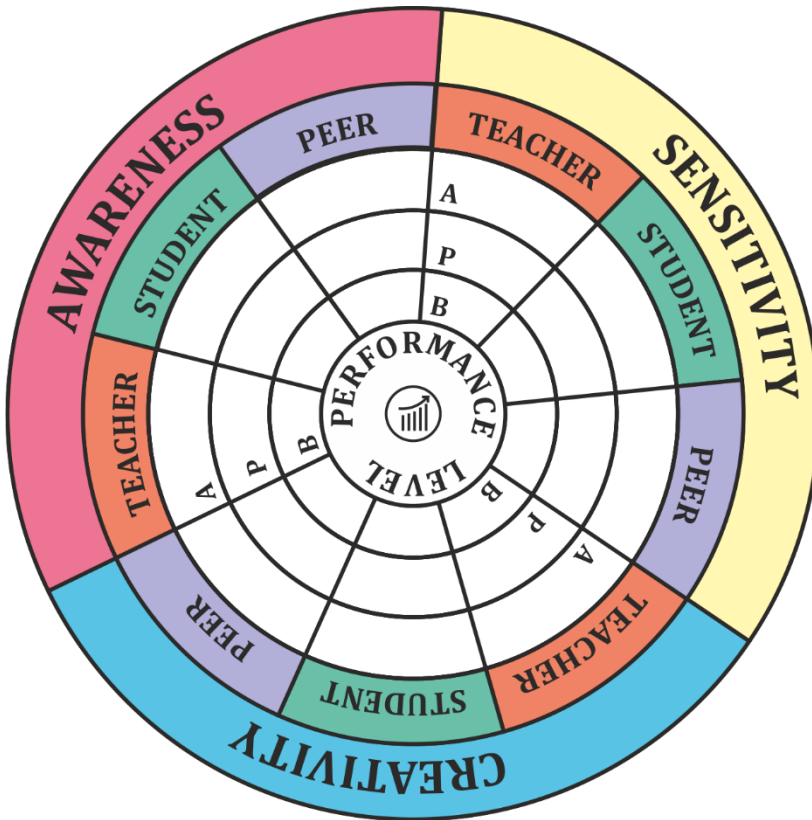
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# TEACHER'S FEEDBACK

## STUDENT PROGRESS WHEEL



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- Empathy
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- Any other \_\_\_\_\_
- Collaboration
- Responsible
- Creative
- Concentration

#### Barrier(s) to Success (✓ all that apply)

- Lack of Attention
- Lack of Motivation
- Lack of Preparation
- Inappropriate behaviour in classroom
- Severe illness of injury
- None
- Any other \_\_\_\_\_
- Peer Pressure
- Undefined Goals
- Domestic Issues

#### Can I help the student progress further?

Yes  No  Not sure

#### If yes, future step(s):

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#### Teacher's Observations and Recommendations




## PART C




### SUMMARY FOR THE ACADEMIC YEAR




Tick the appropriate performance level descriptor and write an observational note for each category based on performance throughout the academic year.




		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>Language (R1)</b>				
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/>				

		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>Language (R2)</b>				
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/>				




		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>Language (R3)</b>				
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/> <hr style="border: 0.5px solid #3498db; margin-bottom: 5px;"/>				




Mathematics		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/>				




Science		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/>				

Social Science		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/>				



Art Education		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<hr/> <hr/> <hr/>		

Physical Education		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<hr/> <hr/> <hr/>		

Vocational Education		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
<b>ABILITIES</b>	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<hr/> <hr/> <hr/>		



# Core Team

## Ministry of Education

Sh. Sanjay Kumar, Secretary, Department of School Education and Literacy (DoSEL), Ministry of Education (MoE)  
Sh. Vipin Kumar, Additional Secretary, DoSEL, MoE  
Sh. Anandrao V. Patil, Additional Secretary, DoSEL, MoE  
Ms. Archana Sharma Awasthi, Joint Secretary, DoSEL, MoE  
Ms. Amarpreet Duggal, Joint Secretary, DoSEL, MoE  
Ms. Prachi Pandey, Joint Secretary, DoSEL, MoE  
Ms. A. Srijia, Economic Advisor, DoSEL, MoE  
Sh. Sunil Sharma, Director, DoSEL, MoE  
Sh. V Hegde, DDG (Stats), DoSEL, MoE  
Ms. Anchal Arora, Chief Consultant, DoSEL, MoE

## National Council for Educational Research and Training (NCERT)

Prof. (Dr.) Dinesh Prasad Saklani, Director, NCERT  
Prof. (Dr.) Sridhar Srivastava, Joint Director, NCERT  
Prof. (Dr.) Indrani Bhaduri, CEO & Head, PARAKH and Head, ESD, NCERT  
Prof. (Dr.) Dinesh Kumar, Dean (Research), DESM, NCERT  
Prof. (Dr.) Ranjana Arora, DCSD, NCERT  
Prof. (Dr.) Jyotsna Tiwari, Head, DEAA, NCERT  
Prof. (Dr.) Sunita Farkya, Head, DESM, NCERT  
Prof. (Dr.) V. S. Mehrotra, PSSCIVE, Bopal, NCERT  
Prof. (Dr.) Kirti Kapoor, DEL, NCERT  
Dr. Ashita Raveendran, PMD, NCERT  
Dr. Vijayan. K., DTE, NCERT

## Central Board of Secondary Education (CBSE)

Smt. Nidhi Chibber, Chairperson  
Dr. Joseph Emmanuel, Director (Academics)  
Dr. Praggya M. Singh, Director (Academics-Assessment)  
Dr. Sweta Singh, Joint Secretary (Academics)

## Navodaya Vidyalaya Samiti (NVS)

Shri Vinayak Garg, IRSEE, Commissioner  
Shri Gyanendra Kumar, Assistant Commissioner

## Kendriya Vidyalaya Sangathan (KVS)

Ms. Nidhi Pandey, IIS, Commissioner  
Shri N.R. Murali, Joint Commissioner

## Other Institutes/Organizations

SCERT/SIEs, Samagra Shiksha, All States/UTs of India  
UNICEF

## PRINCIPAL COORDINATOR

**Prof. (Dr.) Indrani Bhaduri**

CEO & Head, PARAKH and Head, Educational Survey Division, NCERT

## PARAKH Technical Team

Ms. Bhaswati De, Sr. Psychometrician  
Mr. Puneet Bhola, Sr. Psychometrician  
Dr. Meena Yadav, Sr. Manager-Assessment Designing  
Ms. Alankita Upadhyaya, Sr. Reviewer-Subject Matter  
Mr. Sajid Khalil, Manager-Designing Report,  
Presentations and Publications  
Ms. Alka Singh, State Liaisoning Officer  
Ms. Tanya, State Liaisoning Officer  
Ms. Aarti, IT Support and Helpdesk  
Ms. Dipika, IT Support and Helpdesk

## Technical Agency

### Education Testing Service (ETS), Princeton, USA

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