

IQMS ANNUAL REPORT

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| **SCHOOL:** | **DISTRICT:** |
| **COMPILATION DATE:** | **NAME OF PRINCIPAL:** |
| **EMIS NO:** | **NAME OF SMGD:** |
| **PHONE/CELL:**  | **NAME OF SDT COORDINATOR:** |
| **FAX:**  | **EMAIL:** |
| **STAFF COMPOSITION** | **NO OF STAFF**  |  | **PERM**  |  | **TEMP**  |  | **SGB** |  |
| **RACE (INDICATE NUMBER)** | **GENDER** |
| **AFRICAN** | **INDIAN** | **COLOURED** | **WHITE** | **MALE**  | **FEMALE**  |
|  |  |  |  |  |  |
| **TYPE OF INSTITUTION**  | **AGE GROUP** |
| Prim  | PSPP | SEC | Inter  | Combined | Special  |  20-30 |  30-40 |  40-50 |  50-60 | 60-65 |
|  |  |  |  |  |  |   |  |  |  |  |
| NUMBER OF EDUCATORS PER QUALIFICATION IN TERMS OF REQV | NUMBER OF POSTS WHICH EXIST IN YOUR SCHOOL  |
| REQV 10 | REQV 11 | REQV12  | REQV 13  | REQV14  | REQV15 | REQV16  | **Assistant****Teacher** | **Teacher**  | **Senior**  | **Master**  | **HOD** | **Deputy**  | **Principal** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **STAFF DEVELOPMENT TEAM**  |
| **Composition of SDT** | **Size of SDT** | **Term of office** | **Date of elections of the current SDT** | **Frequency of meetings****(Please indicate dates as per the minutes)** |
| PL1 | **PL2** | **PL3** | **PL4** |
|  |  |  |  |  |  |  | Dates |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Please indicate the frequency of DSG’s performing their activities throughout the year? (E.g. 2 x per month)

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Have you ever received support from an IQMS official i.e. from the district, Provincial office and National Moderators? (Please mention dates and names and what kind of support was rendered)

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Does the school have a school improvement plan? YES / NO. If NO provide an explanation

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**What was the date of compiling your SIP?..............................................................................**

**BRIEFLY STATE THE PROGRESS REGARDING DEVELOPMENTAL AREAS, WHICH WERE SUPPOSED TO HAVE BEEN ADDRESSED.**

1. **INDIVIDUAL EDUCATOR AS PER HIS /HER PGP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  NAMES OF EDUCATORS | DEVELOPMENTAL NEEDe.g. *Discipline* | WHO ADDRESSED THOSE NEEDS*e.g. peer*  | PROGRESS e.g. *Learner Discipline Has Improved* | CHALLENGES e.g.*Educators do not respect time*  |
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(DUPLICATE THIS PAGE IF YOU NEED MORE LINES)

1. **NEEDS THAT WERE ADDRESSED BY THE SCHOOL**

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| DEVELOPMENTAL NEEDe.g. Financial management | WHO ADDRESSED THE NEEDS?e.g. SMGD | PROGRESS  | CHALLENGES  |
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1. **NEEDS THAT WERE ADDRESSED BY THE DISTRICT**

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| --- | --- | --- | --- |
| DEVELOPMENTAL NEEDS.e.g. Project management  | WHO ADDRESSED THE NEED?e.g. OHRD, LF | PROGRESS  | CHALLENGES  |
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 **Indicate any IQMS implementation challenges, which your institution has experienced throughout the year and what was your solution?**

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| IMPLEMENTATION CHALLENGES  | SUGGESTED SOLUTIONS  |
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Did the principal and SMT internally moderate the scores and processes of IQMS at your institution after the summative evaluation was conducted at the end of the year? YES/ NO. If NO what were the reasons?

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If YES what were some of the areas which moderators did not agree with?

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**PLEASE PROVIDE THE RANGE OF SCORES OF YOUR EDUCATORS FOR THE CURRENT AND PREVIOUS YEAR BY FILLING IN THE TABLE BELOW**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Level of performance  | PL1  | PL2  | PL3  | PL 4  | PL5  | Total  |
| Year | Previous | Current | Previous | Current | Previous | Current | Previous | Current | Previous | Current | Previous | Current |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Unsatisfactory |  |  |  |  |  |  |  |  |  |  |  |  |
| Satisfactory |  |  |  |  |  |  |  |  |  |  |  |  |
| Good  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outstanding  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |  |  |  |  |  |  |

**What is your institution’s half yearly average performance per grade? (JUNE EXAM RESULTS)**

COMBINED SCHOOL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRADE** | Grade R | Grade 1 | Grade 2 | Grade 3 | Grade 4  | Grade 5 | Grade 6 | Grade 7 | Grade 8 | Grade 9 | Grade 10 | Grade 11 | Grade 12 | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SPECIAL SCHOOL

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| **GRADE** | Grade R | Grade 1 | Grade 2 | Grade 3 | Grade 4  | Grade 5 | Grade 6 | Grade 7 | Grade 8 | Grade 9 | Grade 10 | Grade 11 | Grade 12 | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

PRIMARY SCHOOL\PSPP

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRADE** | Grade R  | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Grade 6 | Grade 7 |  |  |  |  | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |

INTERMEDIATE SCHOOL

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRADE** | Grade R  | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Grade 6 | Grade 7 |  |  |  |  | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |

SECONDARY SCHOOL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRADE** |  |  |  |  |  |  |  | Grade 8 | Grade 9 | Grade10  | Grade 11  | Grade 12 | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |

FET SCHOOL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GRADE** |  | Grade 9  | Grade 11 | Grade 12 | School average pass % |
| **Pass %** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please attach the full snap shot and the analysis of scores to your report and submit to the district office.**

**Please provide the following information:**

Does the principal teach?……………………………………… How many periods does he/she teach per week?…………………….

Indicate the subjects per grade that he/she teaches. ….………………………………………………………………………………………

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Was the principal evaluated by the SMGD? ………………………. Date of evaluation: ………………………………

Have your institution been visited by the External Moderators?.........................

Please indicates dates of external moderators monitoring visits and or follow up visit? ................ ………………… ……………….

Did the external moderator leave a report of his findings? ................ If yes, what was the level of implementation …………………………………….

Briefly indicate what corrective measures did you implement after the visit?

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COMPILED BY:

SDT COORDINATOR ………………………………. Date …………………………….

PRINCIPAL ……………………………… Date …………………………….