



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)

Middle Stage

ISBN 978-93-5292-586-5

HOLISTIC PROGRESS CARD (HPC)

Middle Stage

First Edition

December 2023

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Please cite this publication as:

PARAKH (2023), HOLISTIC PROGRESS CARD (HPC) Middle Stage, NCERT, New Delhi, India
<https://ncert.nic.in/parakh.php>.

ISBN 978-93-5292-586-5 (Print/PDF)

Unpriced — Printed Digitally

Published at the PARAKH by National Council of Educational Research and Training,
Sri Aurobindo Marg, New Delhi 110016.

Holistic Progress Card

HP C

MIDDLE
STAGE

PART A (1)

Name and Address of the School:

..... Pin Code:

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UDISE Code:

--	--	--	--	--	--	--	--	--	--

Teacher Code:

--	--	--

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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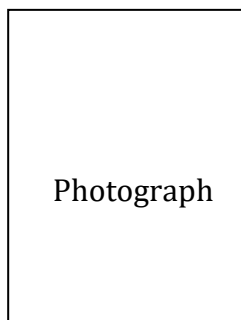
 Grade 8

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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 this year:

- 1.
- 2.
- 3.

Three new things I learnt outside school this year:

- 1.
- 2.
- 3.

For My Teacher

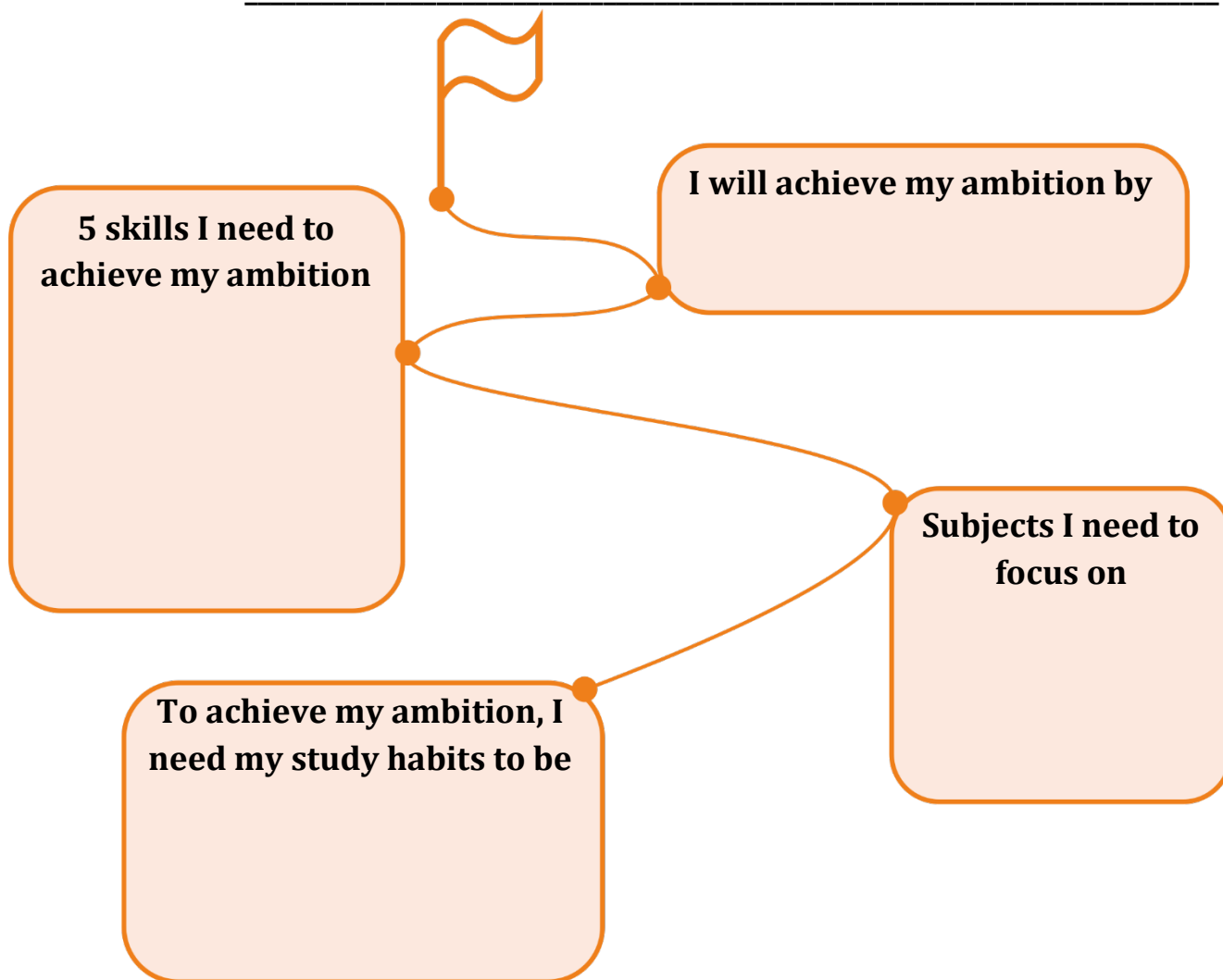
I would like my teacher to help me with _____

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.

					
Books	Magazines	Toys and Games	Mobile phone	Computer	Internet
<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 curricular & extra-curricular 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

LANGUAGE 1 (R1)	
Curricular Goals <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
Competencies <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
ACTIVITY	
Approach of the Activity: <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 _____	
Duration of the Activity:	
Material Needed:	
Activity:	Assessment Question:

ASSESSMENT RUBRIC			
	Beginner	Proficient	Advanced
Literary Awareness			
Literary Sensitivity			
Literary Creativity			

*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)					
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)

No. of statements circled for A : _____	No. of statements circled for S : _____	No. of statements circled for C : _____
--	--	--

My peer needs to practice _____. My peer needs help with _____.

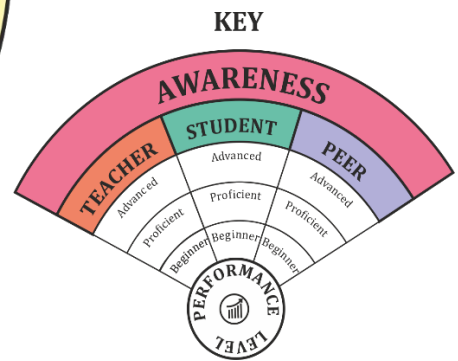
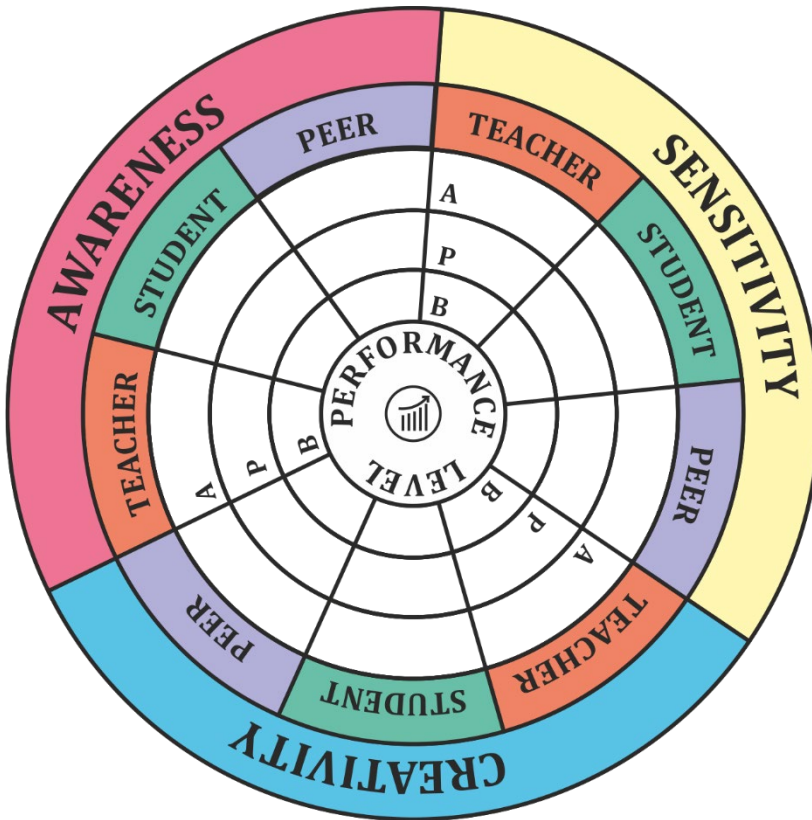
How to develop a Holistic Progress Summary? (for teacher's use only)

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):

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
Literary Awareness			
Literary Sensitivity			
Literary Creativity			

*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)

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'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.
(For Teacher's Use Only)					
No. of statements circled for A : _____		No. of statements circled for S : _____		No. of statements circled for C : _____	

My peer needs to practice _____ . My peer needs help with _____ .

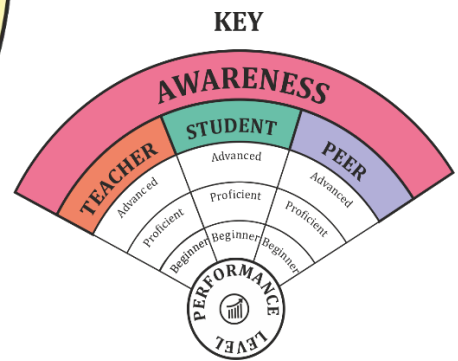
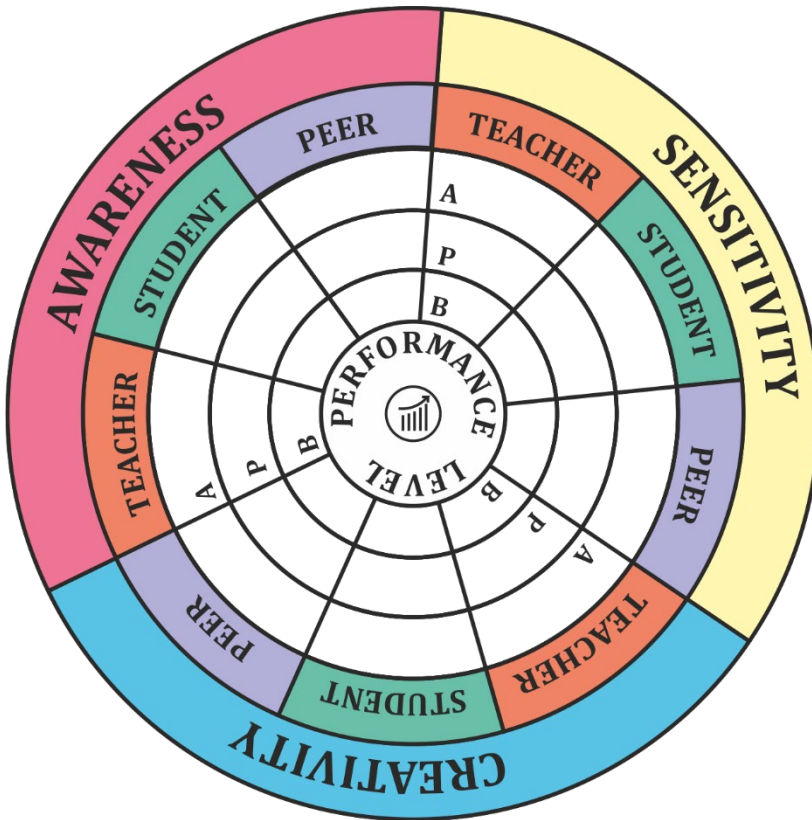
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Scoring Key:
Beginner - 0, 1, 2
Proficient - 3, 4
Advanced - 5, 6

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)

- | | |
|--|--|
| <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):

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
Literary Awareness			
Literary Sensitivity			
Literary Creativity			

*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

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(For Teacher's Use Only)

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.

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No. of statements circled for A : _____		No. of statements circled for S : _____		No. of statements circled for C : _____	

My peer needs to practice _____. My peer needs help with _____.

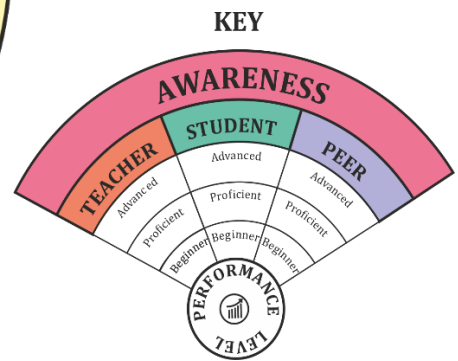
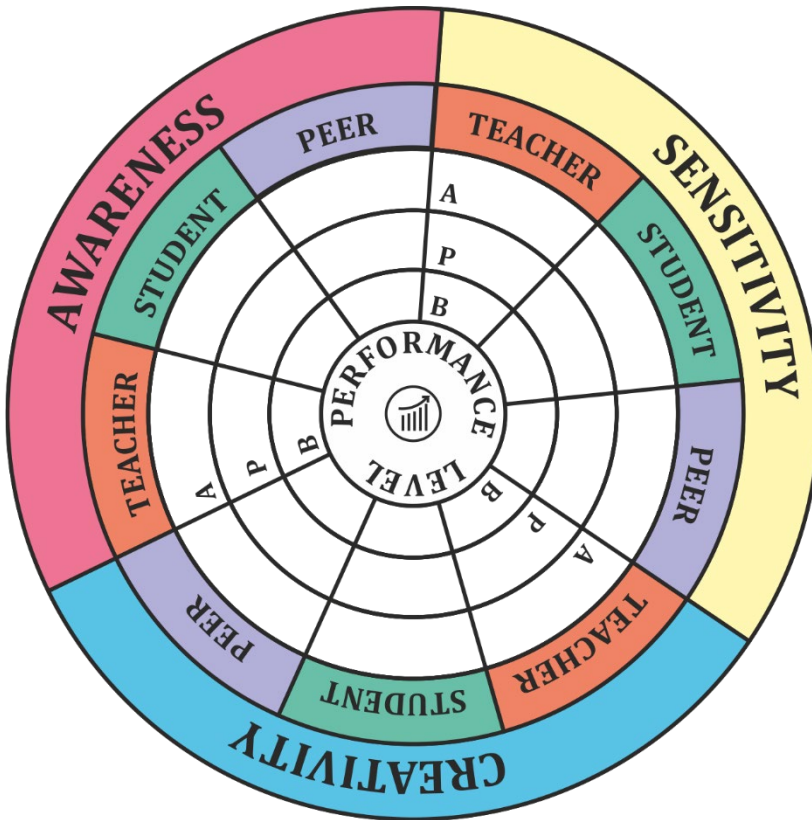
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Beginner - 0, 1, 2
Proficient - 3, 4
Advanced - 5, 6

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):

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)*

- | | | |
|--|--|------------------------------------|
| <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
Mathematical Awareness			
Mathematical Sensitivity			
Mathematical Creativity			

*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)

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'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.
(For Teacher's Use Only)					
No. of statements circled for A : _____		No. of statements circled for S : _____		No. of statements circled for C : _____	

My peer needs to practice _____. My peer needs help with _____.

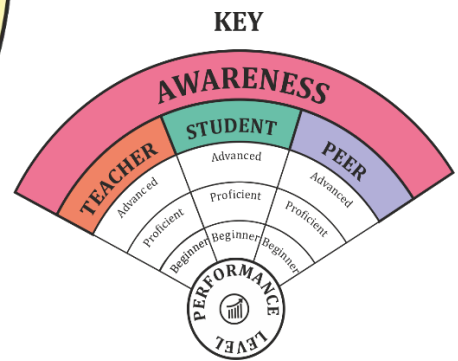
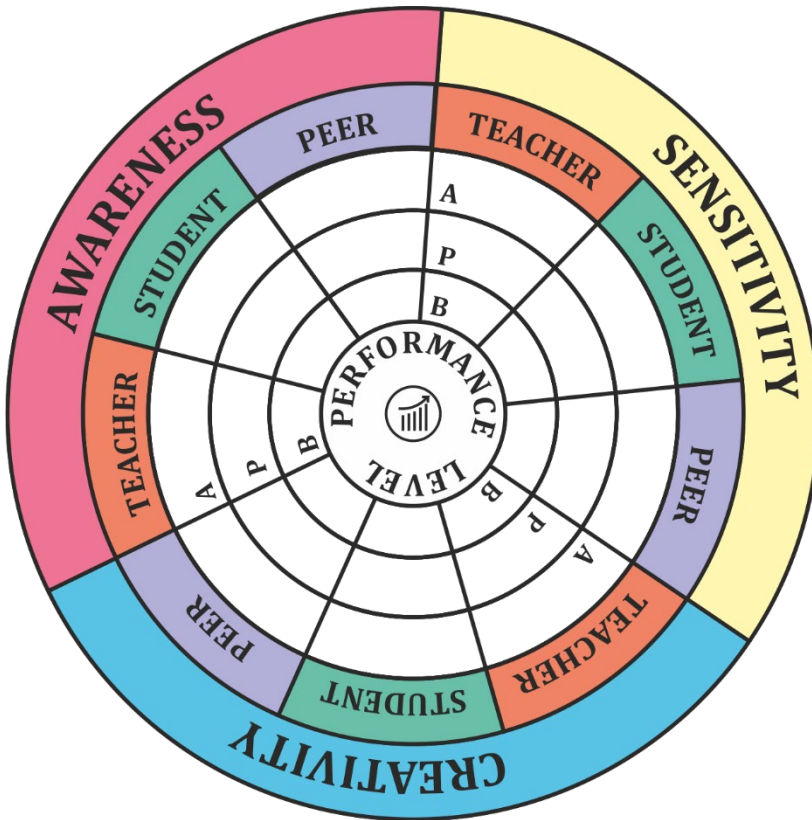
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Scoring Key:
Beginner - 0, 1, 2
Proficient - 3, 4
Advanced - 5, 6

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)

- | | |
|--|--|
| <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):

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
Scientific Awareness			
Scientific Sensitivity			
Scientific Creativity			

*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)

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'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.

(For Teacher's Use Only)

No. of statements circled for A : _____	No. of statements circled for S : _____	No. of statements circled for C : _____
--	--	--

My peer needs to practice _____. My peer needs help with _____.

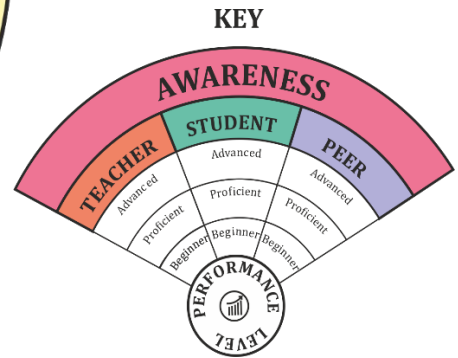
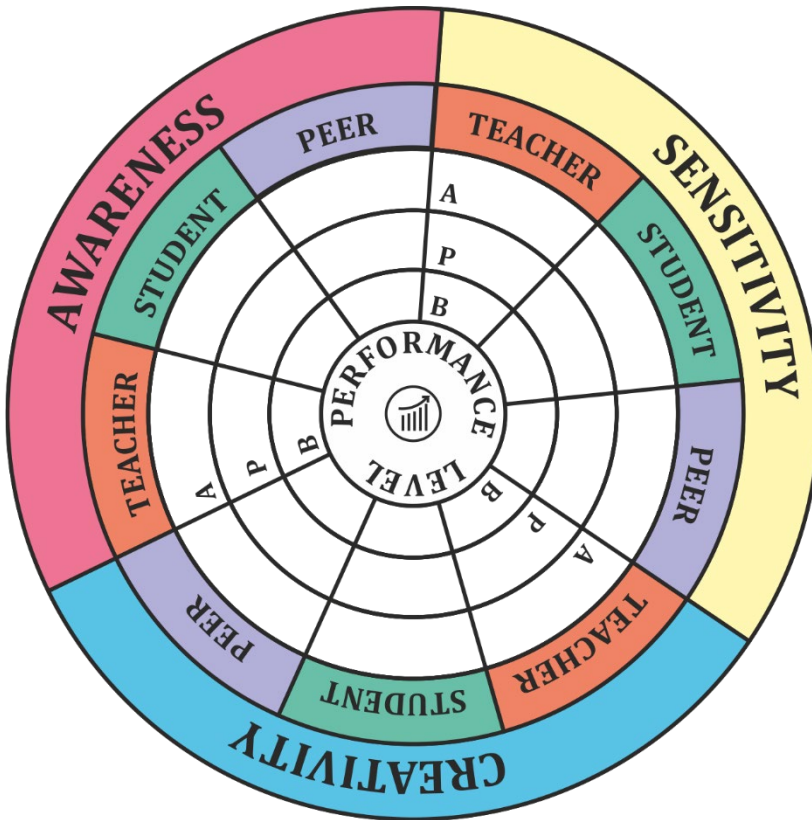
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Scoring Key:
Beginner - 0, 1, 2
Proficient - 3, 4
Advanced - 5, 6

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)

- | | |
|--|--|
| <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):

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
Social Awareness			
Social Sensitivity			
Social Creativity			

*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)

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'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.
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No. of statements circled for A : _____		No. of statements circled for S : _____		No. of statements circled for C : _____	

My peer needs to practice _____. My peer needs help with _____.

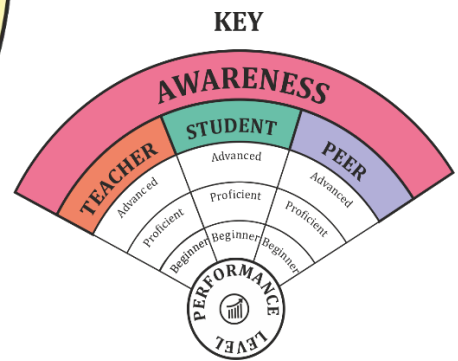
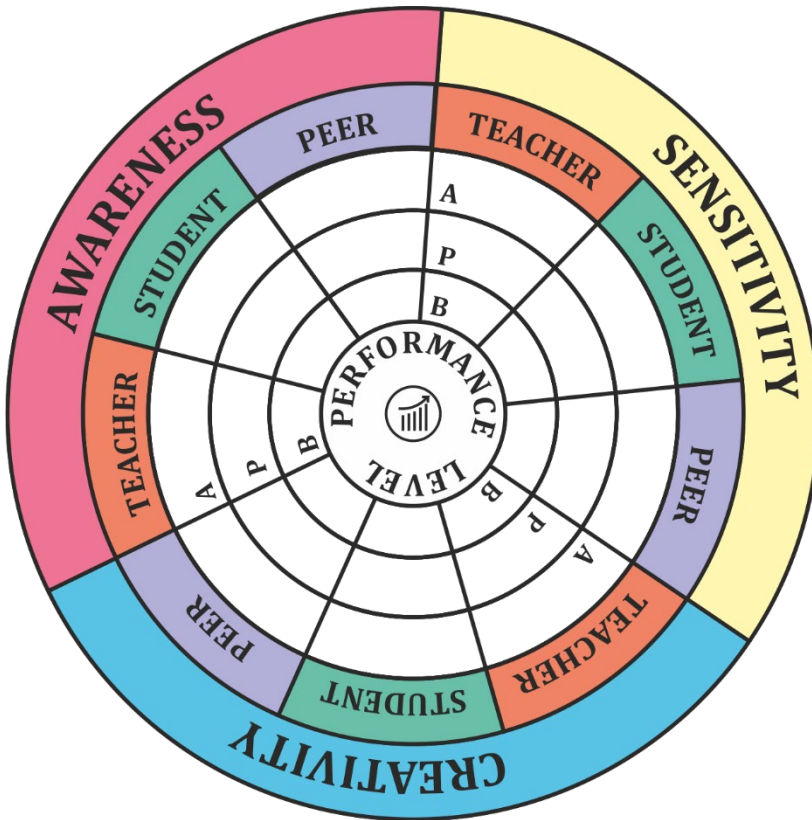
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Scoring Key:
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TEACHER'S FEEDBACK

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):

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
Literary Awareness			
Literary Sensitivity			
Literary Creativity			

*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	
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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
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	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	
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My peer needs to practice _____ . My peer needs help with _____ .

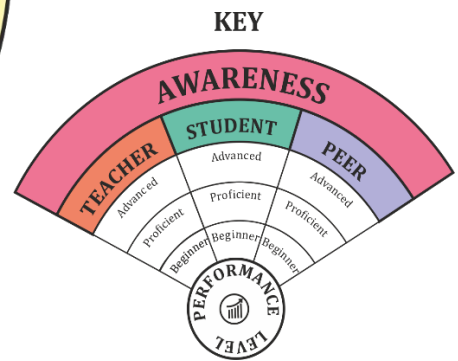
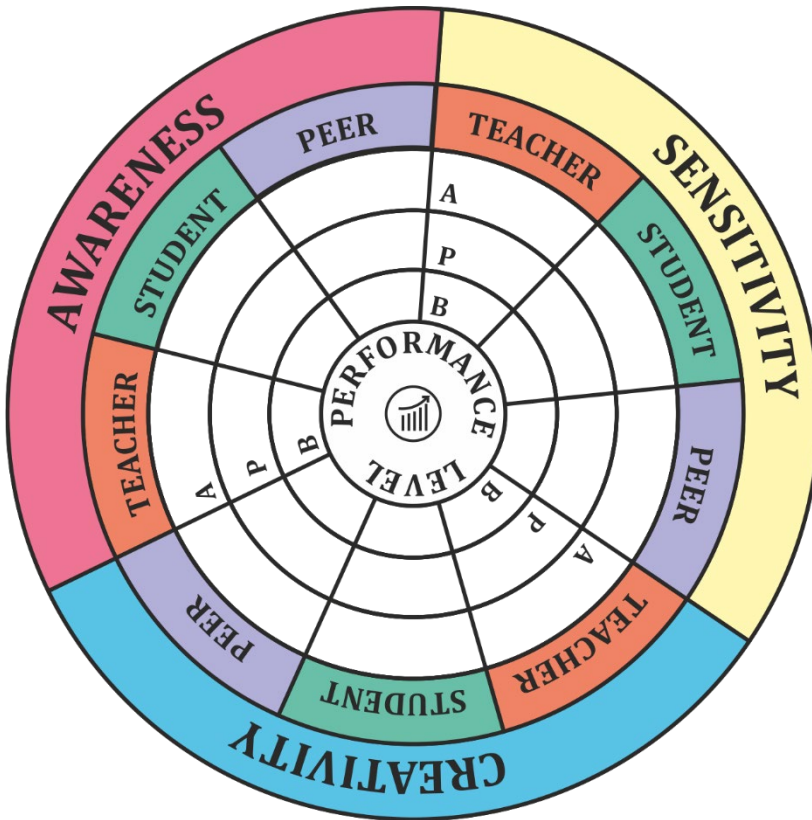
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Scoring Key:
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TEACHER'S FEEDBACK

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):

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
Literary Awareness			
Literary Sensitivity			
Literary Creativity			

*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)

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'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.
(For Teacher's Use Only)					
No. of statements circled for A : _____		No. of statements circled for S : _____		No. of statements circled for C : _____	

My peer needs to practice _____. My peer needs help with _____.

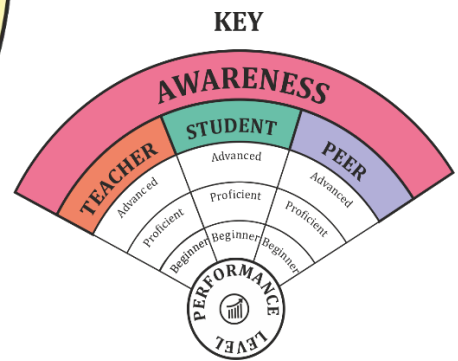
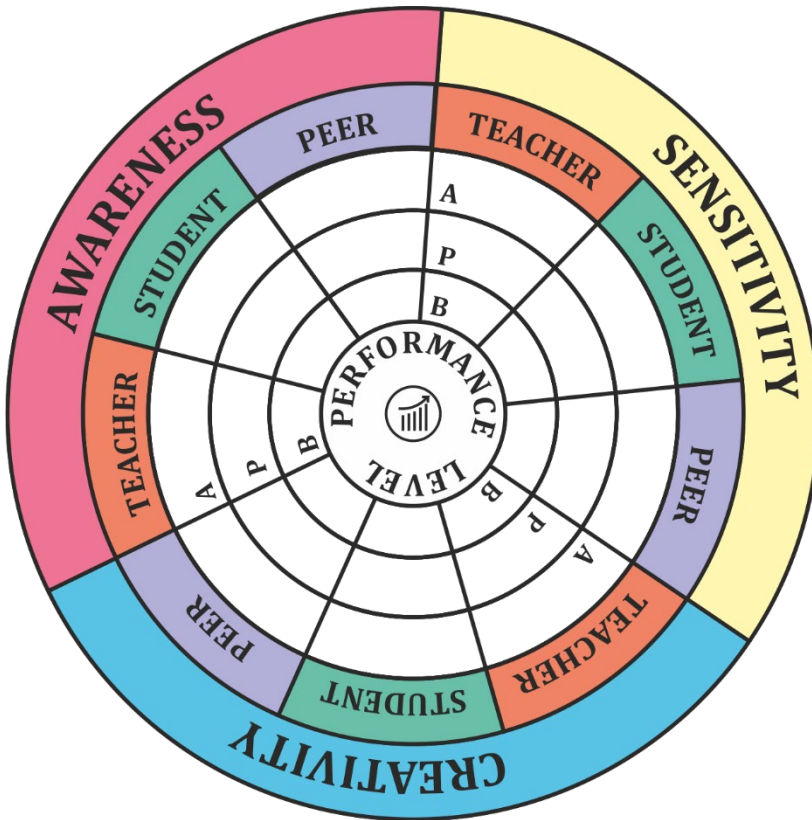
How to develop a Holistic Progress Summary? (for teacher's use only)

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):

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
 Toy-based
 Technology-integrated
 Any Other _____



Duration of the Activity:

Material Needed:

Activity:

Assessment Question:

ASSESSMENT RUBRIC

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Literary Awareness			
Literary Sensitivity			
Literary Creativity			

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

STUDENT'S SELF REFLECTION

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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.
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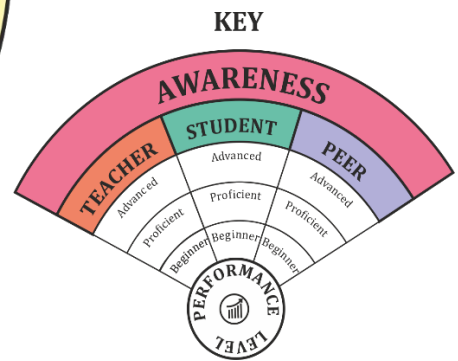
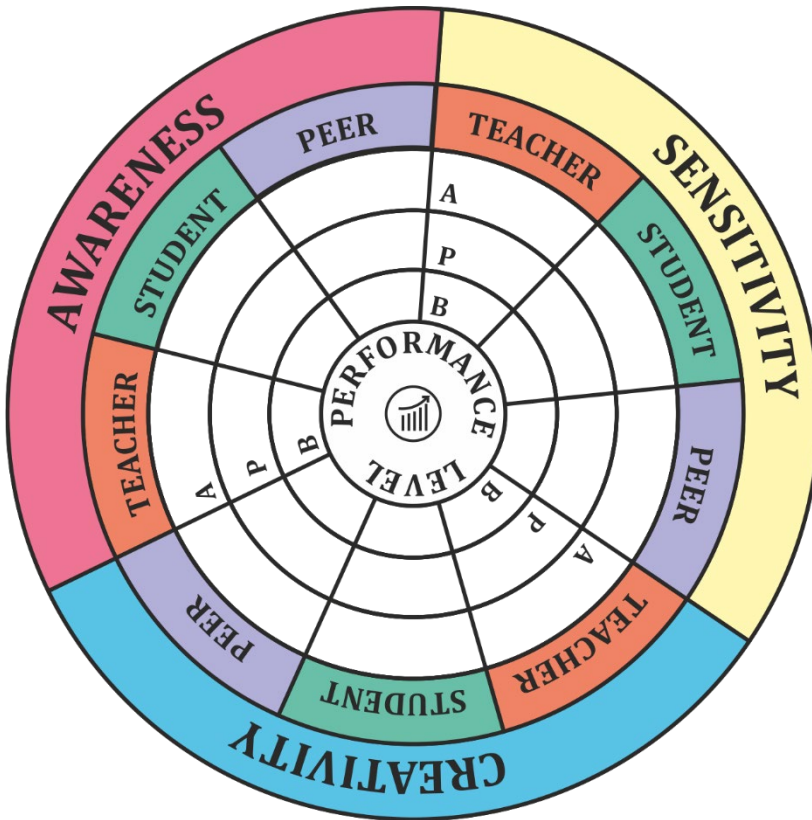
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TEACHER'S FEEDBACK

STUDENT PROGRESS WHEEL



How to use the Assessment Wheel?

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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):




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
Language (R1)				
ABILITIES	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"/>




		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
Language (R2)				
ABILITIES	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"/>




		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
Language (R3)				
ABILITIES	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"/>




Mathematics		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
ABILITIES	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
ABILITIES	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
ABILITIES	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
ABILITIES	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
ABILITIES	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
ABILITIES	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/>				

Overall		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
ABILITIES	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"/>

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)

Kendriya Vidyalaya Sangathan (KVS)

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

Navodaya Vidyalaya Samiti (NVS)

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

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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

Dr. Jonas Bertling, Programme Lead, ETS
Dr. Paul B. Borysewicz, Assessment Designer, ETS
Dr. Aakanksha Bhatia, SME, ETS
Mr. Neeraj Venkataraman Murali, SME, ETS
Ms. Priyanka Singh, SME, ETS
Mr. Vivek Gupta, SME, ETS

