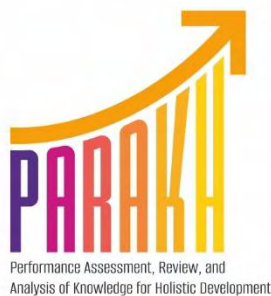




Ministry of Education  
Government of India

सत्यमेव जयते



विद्यया ऽ मृतमश्नुते



एन सी ई आर टी  
NCERT



# HOLISTIC PROGRESS CARD (HPC)

**MIDDLE STAGE**





शिक्षा मंत्रालय  
MINISTRY OF  
EDUCATION

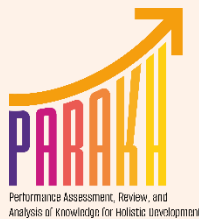


# HOLISTIC PROGRESS CARD (HPC)

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Middle Stage

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**ISBN 978-93-5292-586-5**

**HOLISTIC PROGRESS CARD (HPC)**

Middle Stage

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Holistic Progress Card

HP C

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Middle  
Stage

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## PART-A (1)

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

Village: ..... BRC: ..... CRC: .....

State: ..... Pin Code: 

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

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.: .....

Grade:      Grade 6 

--

      Grade 7 

--

      Grade 8 

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Section: ..... Date of Birth: ..... Age: .....

Address: .....

..... Phone: .....

Photograph

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: .....

How many times the student has fallen ill?: .....

### ATTENDANCE

MONTHS	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
No. of Working Days												
No. of Days Present												
% 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

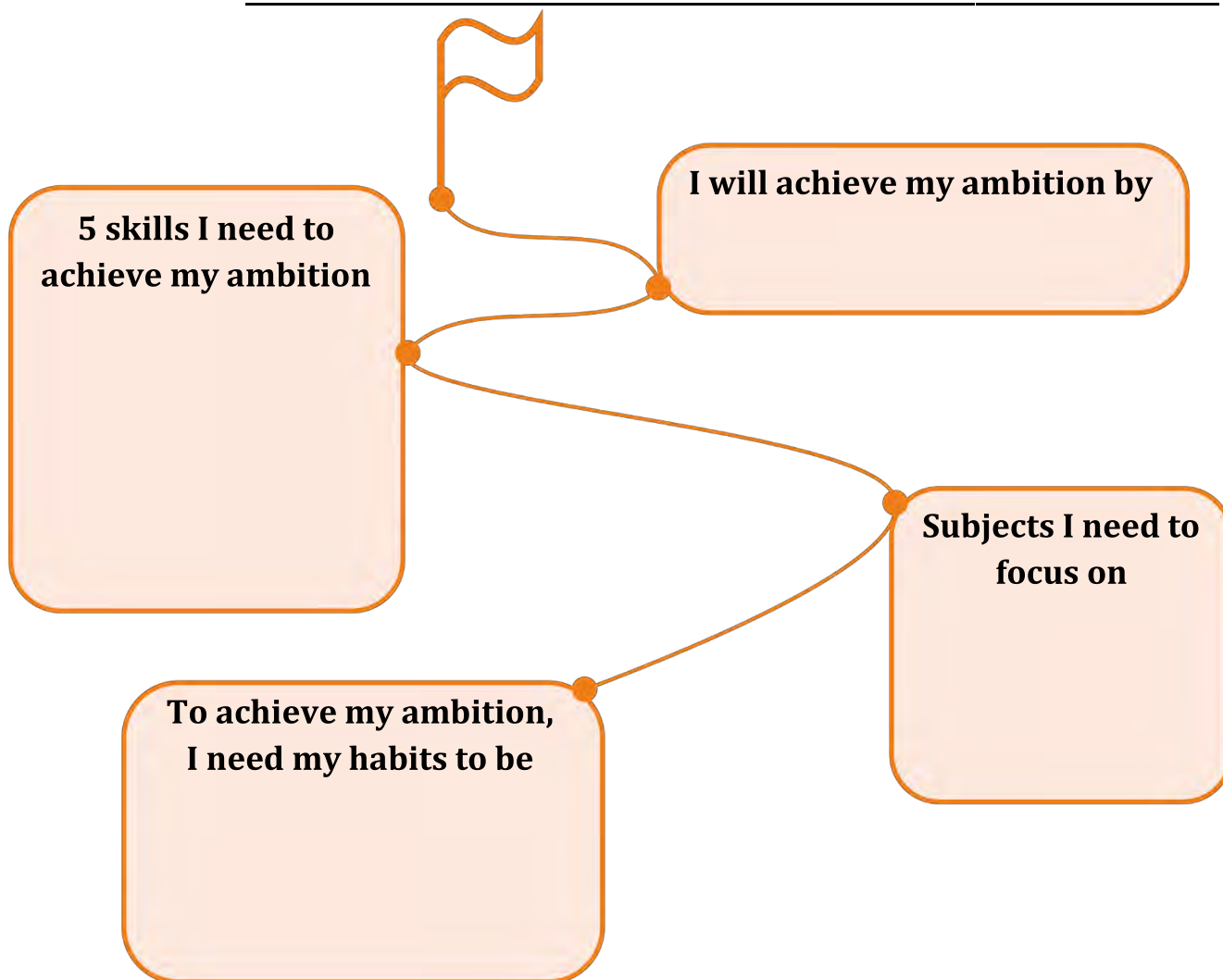
I would like my teacher to help me with \_\_\_\_\_

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.



Books and  
Magazines

☐


Newspapers

☐

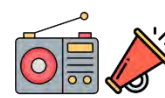

Toys, Games and  
sports

☐


Phone and  
Computer

☐


Internet

☐


Public Broadcast  
System  
(Audio/Video at the  
Panchayat and Block level)

☐


Resources for  
CWSN

☐

Any other (please specify) \_\_\_\_\_

### 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"/> Skill 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

*(Choose one or more)*

## L1CG1

**L1CG2**

## L1CG3

**L1CG4**

## LCG 5

## Competencies

*(Choose one or more)*

### L1C1.1

L1C1.2

L1C1.3

L1C1.4

L1C1.5

## L1C2.1

## L1C2.2

L1C2.3

L1C3.1

L1C3.2

L1C4.1

## L1C4.2

L1C5.1

L1C5.2

L1C5.3

## ACTIVITY

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

☐ **Art-integrated**☐ **Sports-integrated**

- **Toy-based**

### ☐ Technology-integrated

☐ Any Other \_\_\_\_\_

### 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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.

Awareness		Sensitivity		Creativity	
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>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

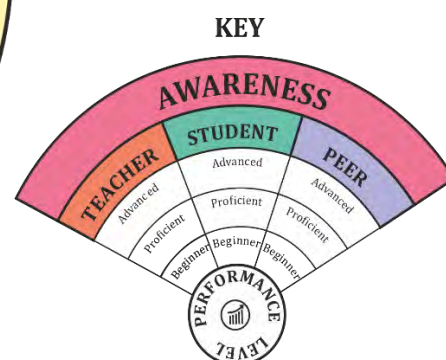
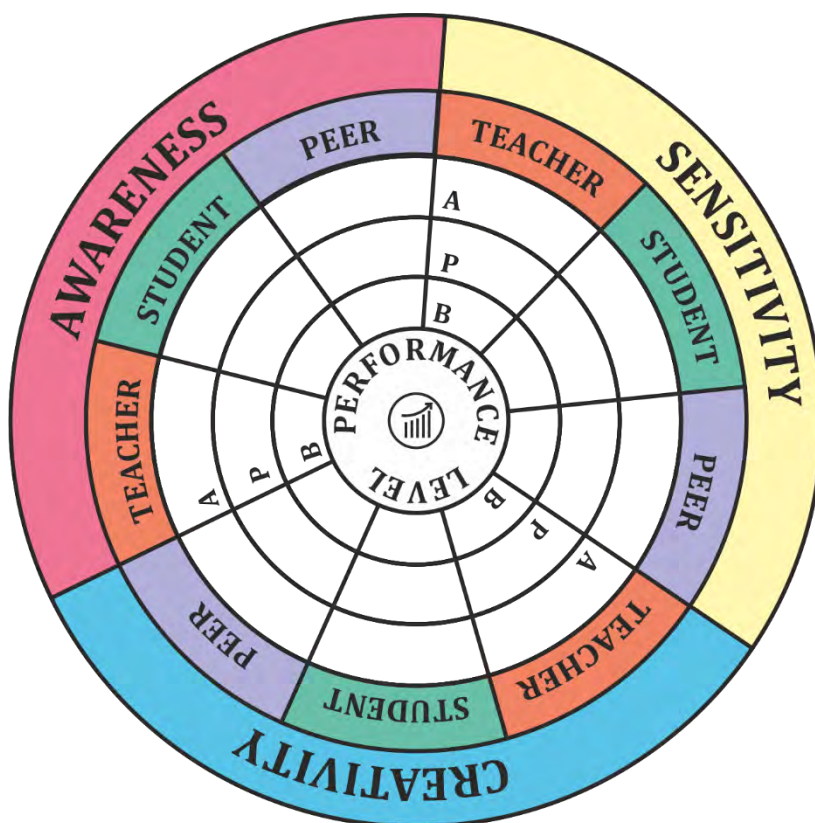
### How to develop a Holistic Progress Summary? (for teacher's use only)

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)

- |  |  |
|--|--|
| <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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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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 \_\_\_\_\_

**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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.

Awareness		Sensitivity		Creativity	
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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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>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

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

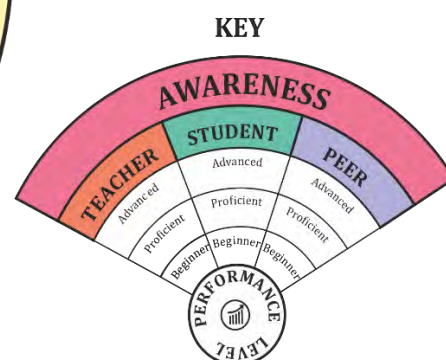
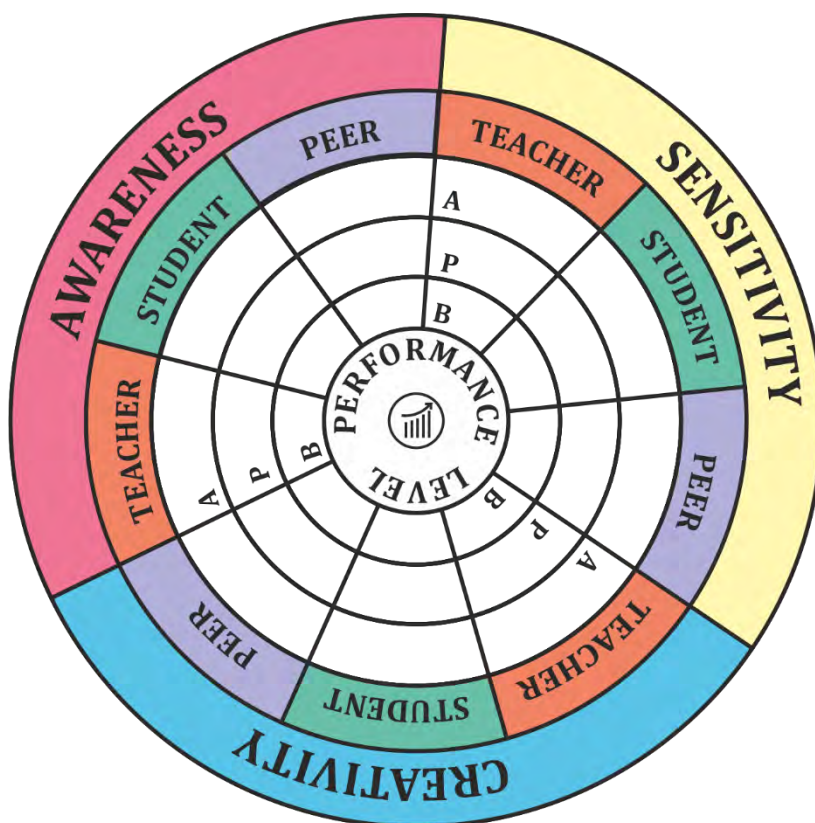
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**Scoring Key:**  
**Beginner - 0, 1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**



## 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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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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 \_\_\_\_\_

**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.

Awareness		Sensitivity		Creativity	
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 and 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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<b>(For Teacher's Use Only)</b>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

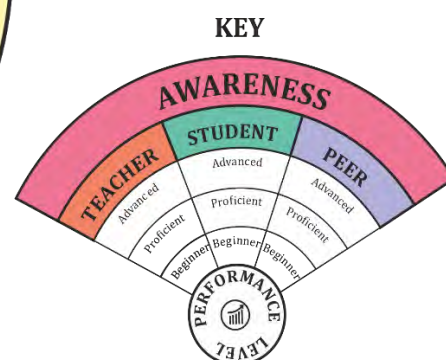
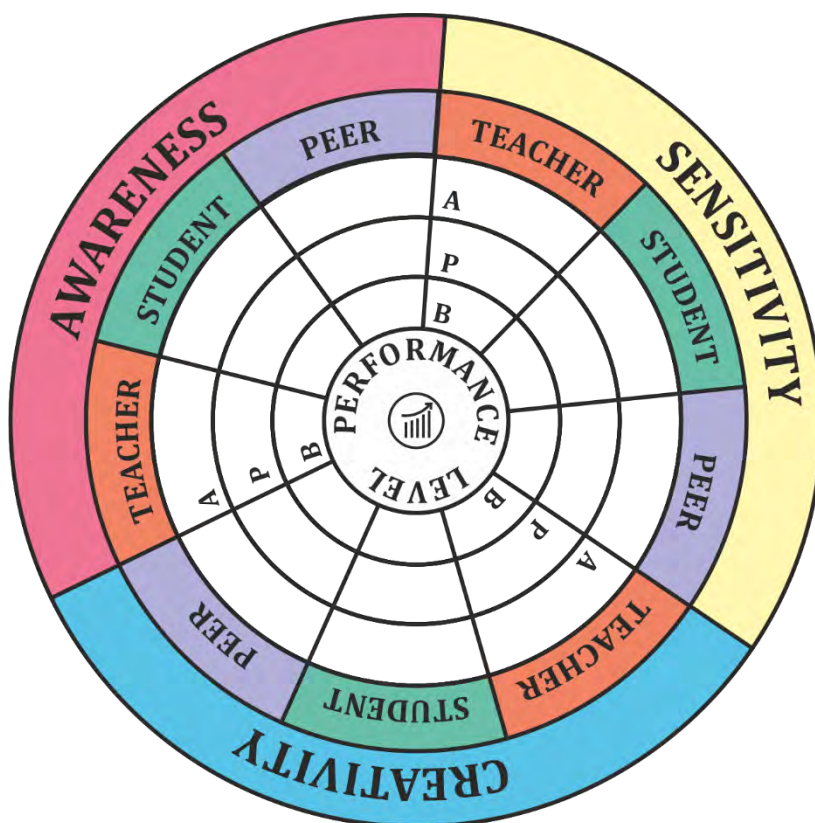
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**Scoring Key:**  
**Beginner - 0, 1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

## 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 |
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| <input type="checkbox"/> Communication                 | <input type="checkbox"/> Creative      |
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| <input type="checkbox"/> Empathy                       | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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#### Teacher's Observations and Recommendations

## MATHEMATICS

### Curricular Goals

(Choose one or more)

☐ **MCG1**
☐ **MCG2**
☐ **MCG3**
☐ **MCG4**
☐ **MCG5**
☐ **MCG6**
☐ **MCG7**
☐ **MCG8**
☐ **MCG9**
☐ **MCG10**

### Competencies

(Choose one or more)

☐ MC1.1

☐ MC1.2

☐ MC1.3

☐ MC1.4

☐ MC1.5

☐ MC1.6

☐ MC2.1

☐ MC2.2

☐ MC2.3

☐ MC2.4

☐ MC2.5

☐ MC3.1

☐ MC3.2

☐ MC3.3

☐ MC3.4

☐ MC3.5

☐ MC4.1

☐ MC4.2

☐ MC4.3

☐ MC4.4

☐ MC5.1

☐ MC5.2

☐ MC6.1

☐ MC7.1

☐ MC7.2

☐ MC8.1

☐ MC8.2

☐ MC9.1

☐ MC9.2

☐ MC10.1

## ACTIVITY

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

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

**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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## My Learnings

By doing this activity, I learnt

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(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.

Awareness		Sensitivity		Creativity	
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>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

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

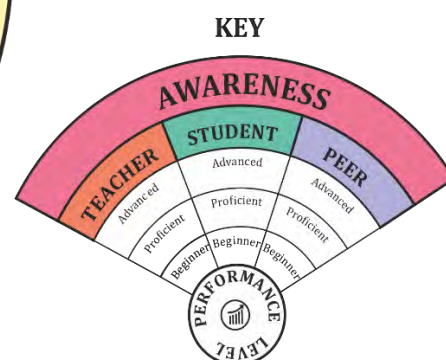
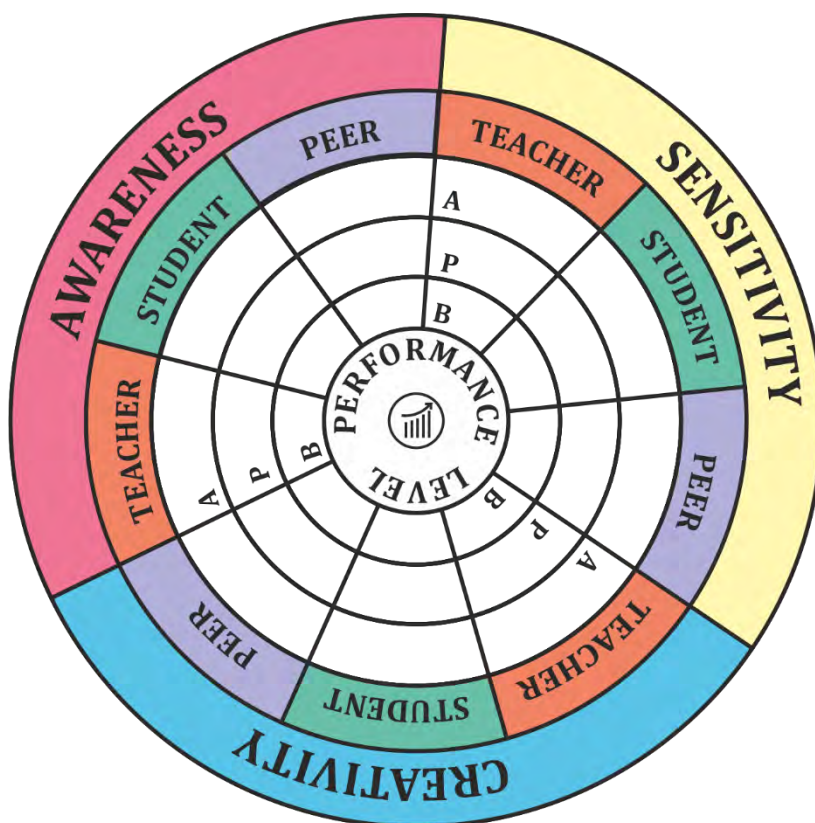
Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). 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)

- |  |  |
|--|--|
| <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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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#### Teacher's Observations and Recommendations

<b>SCIENCE</b>					
<b>Curricular Goals</b> <i>(Choose one or more)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> SCCG1</div> <div><input type="checkbox"/> SCCG2</div> <div><input type="checkbox"/> SCCG3</div> <div><input type="checkbox"/> SCCG4</div> <div><input type="checkbox"/> SCCG5</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> SCCG6</div> <div><input type="checkbox"/> SCCG7</div> <div><input type="checkbox"/> SCCG8</div> <div><input type="checkbox"/> SCCG9</div> </div>					
<b>Competencies</b> <i>(Choose one or more)</i> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 20%;"><input type="checkbox"/> SCC1.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC1.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC1.3</div> <div style="width: 20%;"><input type="checkbox"/> SCC1.4</div> <div style="width: 20%;"><input type="checkbox"/> SCC2.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC2.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC2.3</div> <div style="width: 20%;"><input type="checkbox"/> SCC2.4</div> <div style="width: 20%;"><input type="checkbox"/> SCC2.5</div> <div style="width: 20%;"><input type="checkbox"/> SCC3.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC3.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC3.3</div> <div style="width: 20%;"><input type="checkbox"/> SCC3.4</div> <div style="width: 20%;"><input type="checkbox"/> SCC4.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC4.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC4.3</div> <div style="width: 20%;"><input type="checkbox"/> SCC4.4</div> <div style="width: 20%;"><input type="checkbox"/> SCC5.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC5.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC6.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC6.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC7.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC7.2</div> <div style="width: 20%;"><input type="checkbox"/> SCC7.3</div> <div style="width: 20%;"><input type="checkbox"/> SCC8.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC9.1</div> <div style="width: 20%;"><input type="checkbox"/> SCC9.2</div> </div>					
<b>ACTIVITY</b>					
<b>Approach of the Activity:</b> <i>(Please ✓ all that apply)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Art-integrated</div> <div><input type="checkbox"/> Sports-integrated</div> <div><input type="checkbox"/> Toy-based</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Technology-integrated</div> <div><input type="checkbox"/> Any Other _____</div> </div>					
<b>Activity:</b>			<b>Assessment Question:</b>		

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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## My Learnings

By doing this activity, I learnt

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*(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.

Awareness		Sensitivity		Creativity	
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.
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<b>(For Teacher's Use Only)</b>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

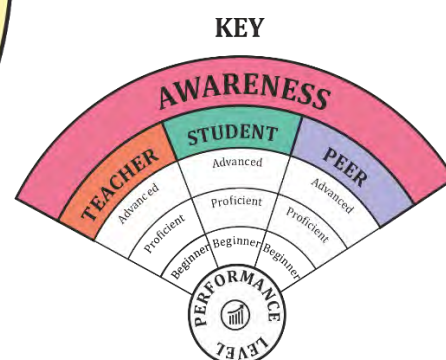
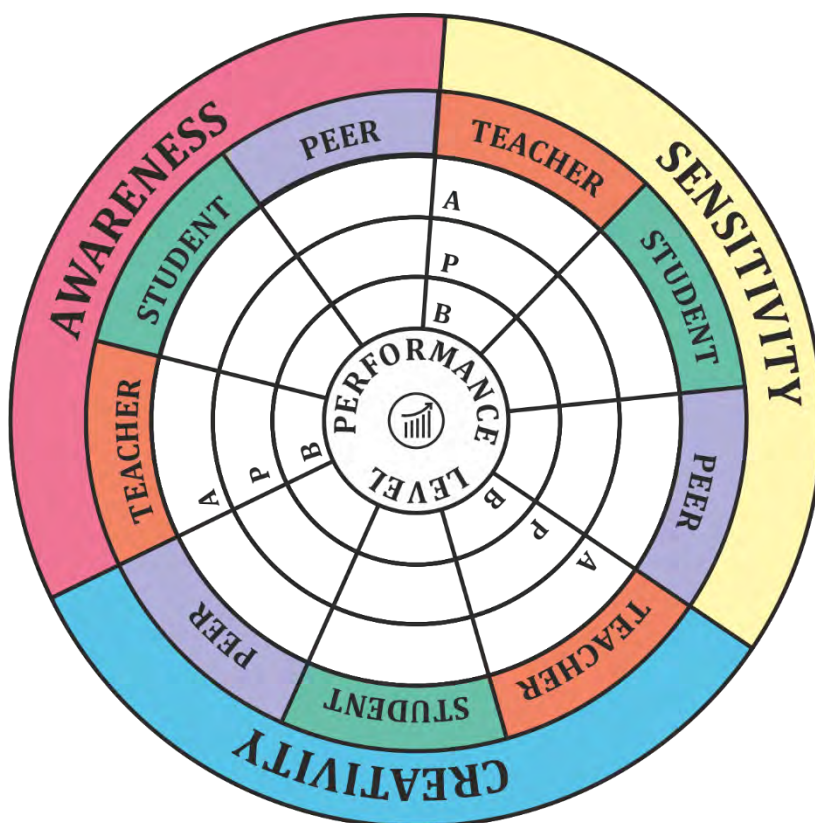
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**Scoring Key:**  
**Beginner - 0, 1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**

## 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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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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"/> SSC5.1 | <input type="checkbox"/> SSC5.2 |
| <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 _____   |                                    |

**Activity:**

**Assessment Question:**

## 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.

Awareness		Sensitivity		Creativity	
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 and 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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<b>(For Teacher's Use Only)</b>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.				
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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.

Awareness		Sensitivity		Creativity	
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<b>(For Teacher's Use Only)</b>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

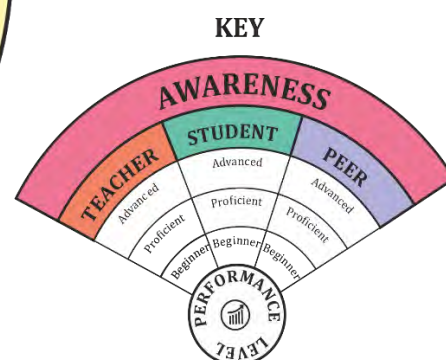
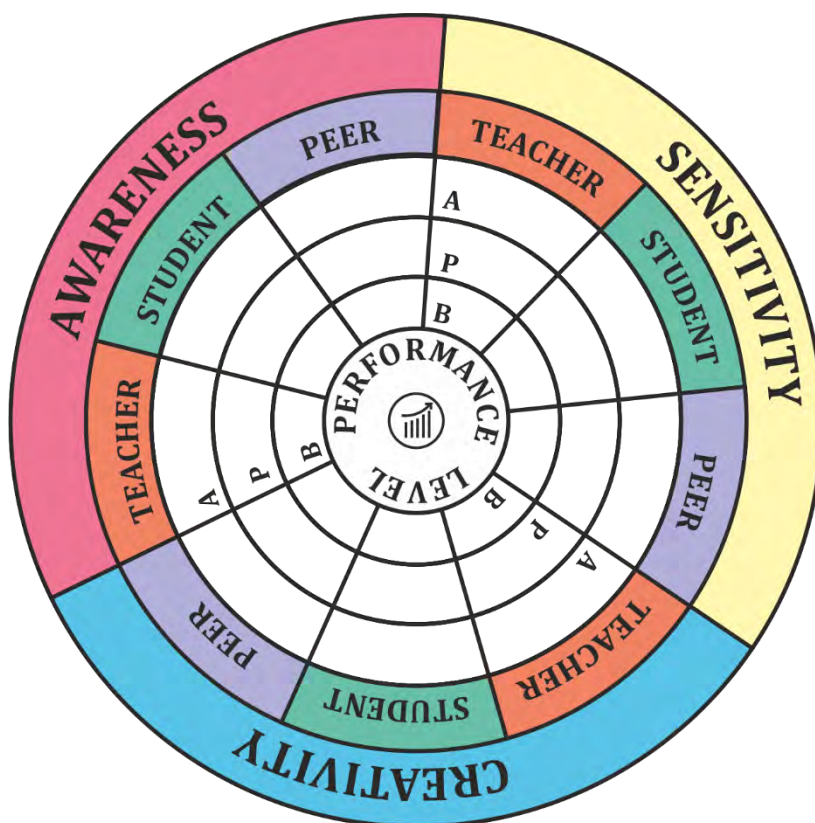
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Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), 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)

- |  |  |
|--|--|
| <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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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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 \_\_\_\_\_

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
Aesthetic Awareness			
Aesthetic Sensitivity			
Aesthetic 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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.

Awareness		Sensitivity		Creativity	
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>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

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

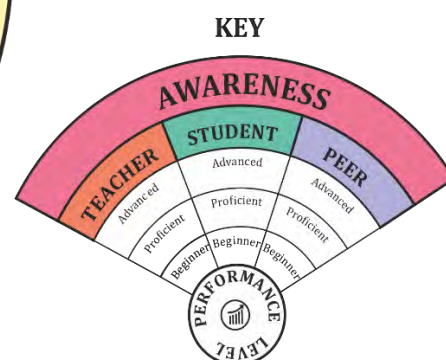
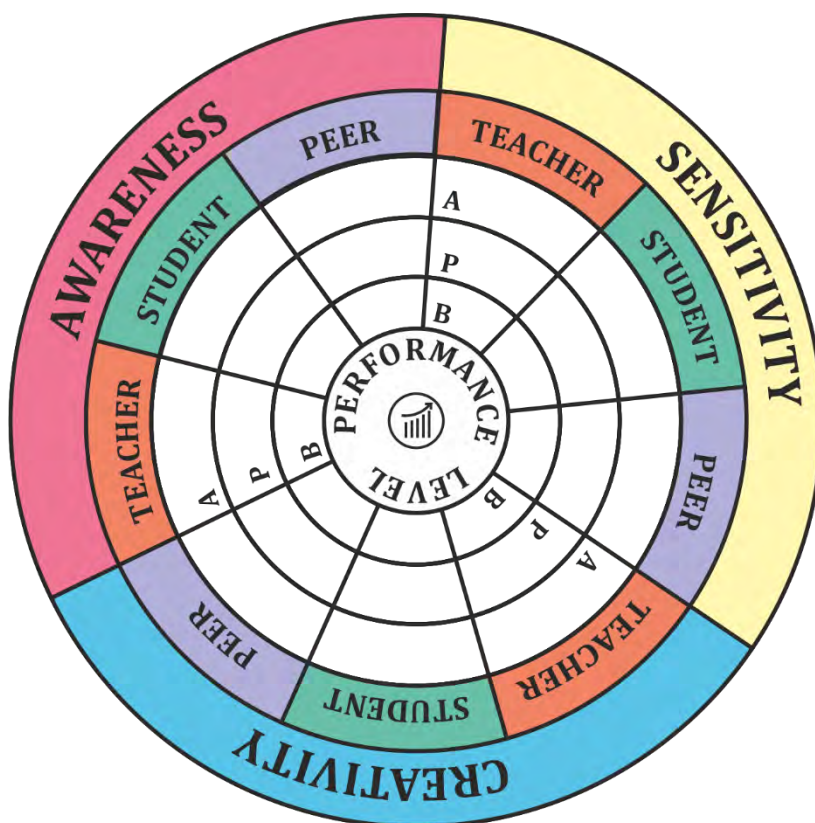
Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). 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)

- |  |  |
|--|--|
| <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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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#### Teacher's Observations and Recommendations

## PHYSICAL EDUCATION

### Curricular Goals

(Choose one or more)

☐ P1CG1  
☐ P1CG5

☐ P1CG2  
☐ P2CG1

☐ P1CG3  
☐ P2CG2

☐ P1CG4  
☐ P2CG3

### Competencies

(Choose one or more)

☐ P1C1.1  
☐ P1C1.6  
☐ P1C2.5  
☐ P1C5.1  
☐ P2C1.3  
☐ P2C2.5

☐ P1C1.2  
☐ P1C2.1  
☐ P1C2.6  
☐ P1C5.2  
☐ P2C2.1  
☐ P2C2.6

☐ P1C1.3  
☐ P1C2.2  
☐ P1C3.1  
☐ P1C5.3  
☐ P1C2.2  
☐ P1C3.1

☐ P1C1.4  
☐ P1C2.3  
☐ P1C3.2  
☐ P2C1.1  
☐ P2C2.3  
☐ P2C3.2

☐ P1C1.5  
☐ P1C2.4  
☐ P1C4.1  
☐ P2C1.2  
☐ P2C2.4

## ACTIVITY

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

☐ Art-integrated

☐ Sports-integrated

☐ Toy-based

☐ Technology-integrated

☐ Any Other \_\_\_\_\_

**Activity:**

**Assessment Question:**

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
Awareness			
Sensitivity			
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.

Awareness		Sensitivity		Creativity	
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 and 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 Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.

Awareness		Sensitivity		Creativity	
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>					
No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

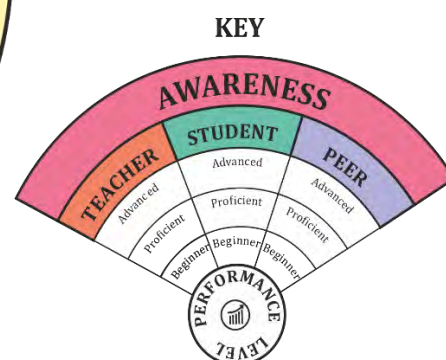
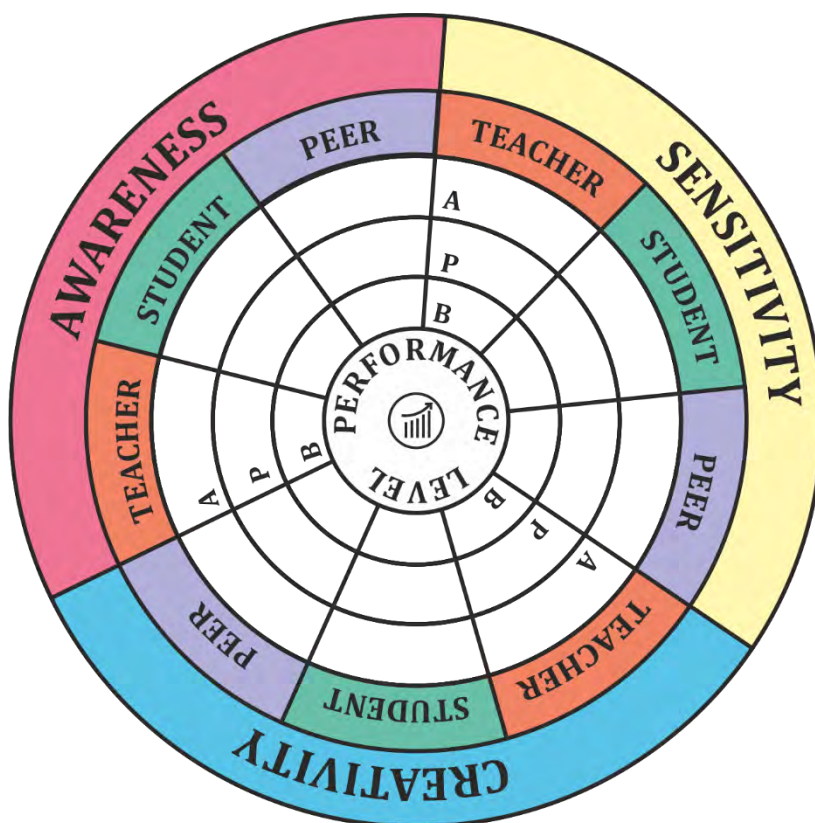
## How to develop a Holistic Progress Summary? (for teacher's use only)

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)

- |  |  |
|--|--|
| <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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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#### Teacher's Observations and Recommendations

SKILL EDUCATION	
1. <b>Identify the problem</b>	2. <b>Identify the cause</b>
3. <b>Identify the solution</b>	4. <b>Identify the resources</b>
5. <b>Identify the steps</b>	6. <b>Identify the timeline</b>
7. <b>Identify the risks</b>	8. <b>Identify the stakeholders</b>
9. <b>Identify the budget</b>	10. <b>Identify the evaluation</b>
11. <b>Identify the feedback</b>	12. <b>Identify the conclusion</b>

*(Choose one or more)*

□ VCG4

*(Choose one or more)*

□ VC4.1

## ACTIVITY

☐ **Art-integrated**

☐ **Any Other** \_\_\_\_\_

### Assessment Question:

## ASSESSMENT RUBRIC

	Beginner	Proficient	Advanced
Awareness			
Sensitivity			
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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No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

## 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.				
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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.

Awareness		Sensitivity		Creativity	
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No. of statements circled for Awareness: _____		No. of statements circled for Sensitivity: _____		No. of statements circled for Creativity: _____	

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

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

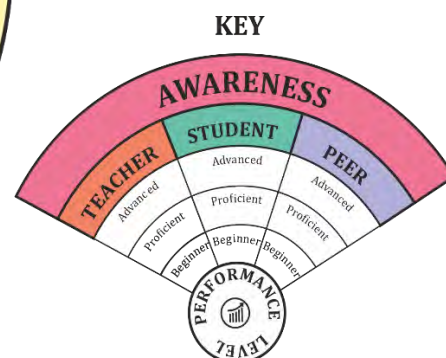
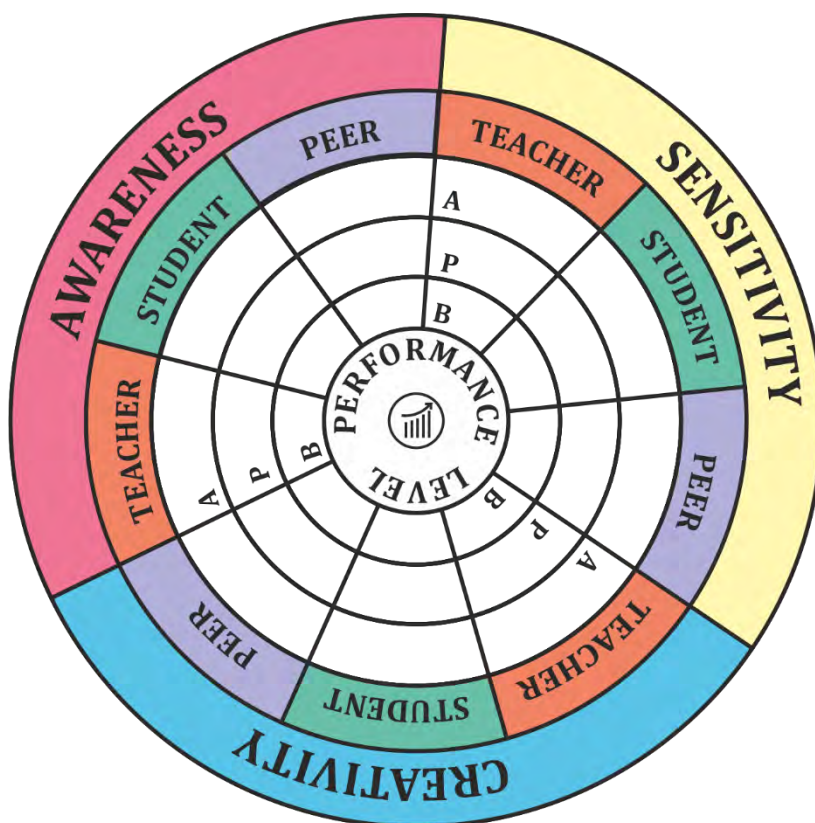
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**Scoring Key:**  
**Beginner - 0, 1, 2**  
**Proficient - 3, 4**  
**Advanced - 5, 6**



## 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"/> Organisation & Prioritisation |  |
| <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 _____                      |  |

#### How I can help the student progress further?

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#### Teacher's Observations and Recommendations









## PART C

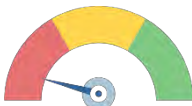


### SUMMARY FOR THE ACADEMIC YEAR




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

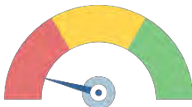


Language (R1)		Performance Level Descriptors		
		 BEGINNER	 PROFICIENT	 ADVANCED
ABILITIES	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/>				




Language (R2)		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"/>
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Language (R3)		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"/>
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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"/>
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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"/>
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Skill 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"/>
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## Credits Earned through HPC

Stages/ Band/ Education Programme	School Education grade Passed /Credits Earned per year	Credits earned by completing the HPC (70%)	Vocational education and training/ skilling Programmes (Short Term) with Entry criteria/ Credits Earned	Additional requirement for Academic Equivalence of the VET & Skilling qualifications completed	Common National Credit Framework Levels	Total Credit Points earned	Credit Points earned by completing the HPC (70%)
Middle School  1200 Hrs/ Year	Grade 6/ 40	28	<ul style="list-style-type: none"> <li>No formal education</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>Ability to read and write with one-year experience wherever job requires</li> </ul>	Advance Literacy and Numeracy Skills at NSQF level 2 or 3 through competent authority for grade 5th or grade 8th certificate	1.33	53	37
	Grade 7/ 40	28	<b>AND</b> <ul style="list-style-type: none"> <li>210-270 hrs. of Vocational education and Training/ Skilling</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>NSQF Level 1 with 1-year Experience and 210-270 hrs. of Vocational education and Training/Skilling</li> </ul>		1.67	67	47
	Grade 8/ 40	28	<ul style="list-style-type: none"> <li>NSQF Level 1 with 1-year Experience and 210-270 hrs. of Vocational education and Training/Skilling</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>750 hours of apprenticeship</li> </ul>		2.0	80	56

**Note:** The total credits for each of the year of schooling needs to be uniformly distributed across all learning standards.

GRADE 6					
	Learning Standard	Credits Earned by Completing the HPC (70%)	National Credit Framework Levels	Credit Points	Credit Points Earned by the Learner
S. No.	Column 1	Column 2	Column 3	Column 4 (Col. 2 x Col. 3)	Column 5
1.	Language (R1)	3.11	1.33	4.1	
2.	Language (R2)	3.11	1.33	4.1	
3.	Language (R3)	3.11	1.33	4.1	
4.	Mathematics	3.11	1.33	4.1	
5.	Science	3.11	1.33	4.1	
6.	Social Science	3.11	1.33	4.1	
7.	Art Education	3.11	1.33	4.1	
8.	Physical Education	3.11	1.33	4.1	
9.	Skill Education	3.11	1.33	4.1	

GRADE 7					
Learning Standard		Credits Earned by Completing the HPC (70%)	National Credit Framework Levels	Credit Points	Credit Points Earned by the Learner
S. No.	Column 1	Column 2	Column 3	Column 4 (Col. 2 x Col. 3)	Column 5
1.	Language (R1)	3.11	1.67	5.19	
2.	Language (R2)	3.11	1.67	5.19	
3.	Language (R3)	3.11	1.67	5.19	
4.	Mathematics	3.11	1.67	5.19	
5.	Science	3.11	1.67	5.19	
6.	Social Science	3.11	1.67	5.19	
7.	Art Education	3.11	1.67	5.19	
8.	Physical Education	3.11	1.67	5.19	
9.	Skill Education	3.11	1.67	5.19	

GRADE 8					
Learning Standard		Credits Earned by Completing the HPC (70%)	National Credit Framework Levels	Credit Points	Credit Points Earned by the Learner
S. No.	Column 1	Column 2	Column 3	Column 4 (Col. 2 x Col. 3)	Column 5
1.	Language (R1)	3.11	2	6.2	
2.	Language (R2)	3.11	2	6.2	
3.	Language (R3)	3.11	2	6.2	
4.	Mathematics	3.11	2	6.2	
5.	Science	3.11	2	6.2	
6.	Social Science	3.11	2	6.2	
7.	Art Education	3.11	2	6.2	
8.	Physical Education	3.11	2	6.2	
9.	Skill Education	3.11	2	6.2	





# Core Team

## Ministry of Education

Sanjay Kumar, *Secretary*, Department of School Education and Literacy (DoSEL), Ministry of Education (MoE)  
Vipin Kumar, *Additional Secretary*, DoSEL, MoE upto 26.10.2024  
Anil Kumar Singhal, *Additional Secretary*, DoSEL, MoE w.e.f. 26.10.2024  
Anandrao V. Patil, *Additional Secretary*, DoSEL, MoE  
Archana Sharma Awasthi, *Joint Secretary*, DoSEL, MoE  
Amarpreet Duggal, *Joint Secretary*, DoSEL, MoE  
Prachi Pandey, *Joint Secretary*, DoSEL, MoE  
A. Srija, *Economic Advisor*, DoSEL, MoE  
Anusree Raha, *Deputy Secretary*, DoSEL, MoE  
Sunil Sharma, *Director*, DoSEL, MoE  
V Hegde, *DDG (Stats)*, DoSEL, MoE

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

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

## Central Board of Secondary Education (CBSE)

Rahul Singh, *Chairperson* w.e.f. 27.03.2024  
Nidhi Chibber, *Chairperson* upto 24.03.2024  
Praggya M. Singh, *Director* (Academics-Assessment)  
Sweta Singh, *Joint Secretary* (Academics)

## Navodaya Vidyalaya Samiti (NVS)

Rajesh Lakhani, *Commissioner* w.e.f. 01.02.2025  
Vinayak Garg, *IRSEE*, *Commissioner* upto 11.10.2024  
Gyanendra Kumar, *Assistant Commissioner*

## Kendriya Vidyalaya Sangathan (KVS)

Nidhi Pandey, *IIS*, *Commissioner*  
N.R. Murali, *Joint Commissioner*

## Other Institutes/Organisations

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

## PRINCIPAL COORDINATOR

**Indrani Bhaduri**

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

## PARAKH Technical Team

Meena Yadav, *Sr. Manager-Assessment Designing*  
Bhaswati De, *Sr. Psychometrician*  
Zahra Kazmi, *Lead Subject Matter Expert*  
Puneet Bhola, *Sr. Psychometrician*  
Alankita Upadhyaya, *Sr. Reviewer-Subject Matter*  
Sajid Khalil, *Manager-Designing Report, Presentations & Publications*  
Alka Singh, *State Liaisoning Officer*  
Tanya, *State Liaisoning Officer*  
Madhusudan, *State Liaisoning Officer*  
Bidisha Majumdar, *State Liaisoning Officer*  
Aarti, *IT Assistant*  
Dipika, *IT Assistant*

## Technical Agency

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

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



