

TEACHERS SERVICE COMMISSION

Checklist of the Documents to be kept by the Head of an Institution

Institution: _____

Year: _____ Month _____ Term _____ Week _____ From _____ To _____

Teacher' Name. _____ TSC No. _____

The following documents shall be used to assess whether the Head of the Institution has embraced institutional based Quality Standard Management (QSM) in maintenance of teaching standards. The listed records must be acquired, prepared, used, updated and maintained at all times, it is upon these that the head will be rated. This check list must marked monthly by the immediate supervisor ie CSO/SCD/CD..

	Documents	Max. Marks	1 st Month	2 nd Month	3 rd Month
1	Master/Block time table	5			
2	Copies of Approved Schemes of work of teachers.	5			
3	Examination Analysis for all assessments (national and internal). Learners' progress /value added records.	5			
4	Subject targets records.	5			
5	Analysis of Class/lesson attendance.	5			
6	Rescheduling timetables.	5			
7	Co-curricular activity records.	5			
8	Learners' discipline management and guidance and counselling /programs/records. Minor and major punishment books.	5			
9	Staff meeting files with confirmed minutes	5			
10	Performance Appraisal and Development analysis for all staff.	5			
11	Staff personal file; containing posting letter, copies of appointment/casualty return assignment of letter, records of indiscipline, and any other official communication from and to the teacher.	5			
12	Circulars, policies and Internal memo files	5			
13	BOM minutes file	5			

14	Relevant and current Statutory documents; TSC Act, Basic Education Act, Code of Regulations for Teachers, Code of Conduct and Ethics for teachers. Etc.	5			
15	Appointment/casualty return book	5			
16	Updated log book and Visitors book	5			
17	Teacher duty Rota.	5			
18	All relevant books of accounts as provided for in the Accounting Instruction for handbook.	5			
19	Ledgers and inventories	5			
20	School development/strategic plan	5			
	Total	100			

NB: This information should be used to corroborate with evidence for rating TPAD Standard No. 1 on Professional Knowledge and Application		
This part should be filled by either Curriculum Support Officer or Sub-County Director/County Director for primary and post primary institutions respectively		
		Remarks
1st Month Checked by: Sign _____ Date _____	TSCNO _____ Name _____	
2nd Month Checked by: Sign _____ Date _____	TSC NO _____ Name _____	
3rd Month Checked by: Sign _____ Date _____	TSC NO _____ Name _____	