DEPARTMENT OF EDUCATION AND TRAINING
PRINCIPAL'S REPORT ON TEACHER

❑ Teacher's copy
❑ Principal's copy
❑ District Office copy

Teacher's Name _____ _____ Serial Number _____

Address _____ School _____

_____ Post Code _____ School Code No _____

TEACHER TRAINING COURSE (state institution, nature of course, dates and period of training in years): **DEGREES and DIPLOMAS or COURSES** (state degree or diploma, university or institution, courses taken and when): **CLASSIFICATION AND STATUS** (e.g. 4YT Prob 1)	**CLASSES/SUBJECT NOW TAUGHT**: **SUBJECTS QUALIFIED TO TEACH** (other than above): **SPECIAL DUTIES**:

YEARS OF SERVICE (excluding period of training):

(a) current service with this Department from _____ to _____ Total: _____ (yrs/mths)
(b) previous service with this Department from _____ to _____ Total: _____ (yrs/mths
(c) with other education authorities (give details):

Signature of Teacher: _____

PRINCIPAL'S REPORT:

Principal's name: _____ Signature: _____ Date: _____

MEMORANDUM TO THE TEACHER:
Following consideration of the above report and other evidence of your work, it is proposed that your efficiency will be determined on as

District Superintendent's name:_____ Signature _____
District: _____ Date: _____