

**TEACHERS SERVICE COMMISSION**  
**Checklist of Professional Documents to be Maintained by Teachers**

**Institution:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Term** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Teacher's Name.** \_\_\_\_\_ **TSC No.** \_\_\_\_\_

All teachers are required to comply with performance standards and shall in the course of duty maintain professional documents and records that facilitate curriculum delivery. This checklist is intended to assist the teachers to maintain professional documents that can be assessed by supervisors for the purpose of teacher appraisal. In this regard, the following documents must be prepared, used, updated and maintained at all times.

	<b>Documents</b>	<b>Remarks</b>
1.	Current Personal Timetable/training schedule.	
2.	Syllabi /course outline/ curriculum design.	
3.	Approved Schemes of work/work plans.	
4.	Updated Lesson plans/facilitators guide.	
5.	Updated Lesson notes/presentation notes.	
6.	Records of work/sessions/activities checked weekly.	
7.	Examination analysis by subject (national and internal)/ Assessment records/staff training indices records	
8.	Marked/checked learners work exercise books/training reports/back to office reports	
9.	Co-curricular/team building activity records.	
10.	Learners'/trainees conduct and behaviour records and guidance and counseling records.	
11.	Copies of subject/programmes/departmental meeting minutes.	
12.	Teacher Performance Appraisal and Development records.	
13.	Individualized Educational Programmes (IEP records)	
14.	Professional development activities	
15.	Lesson observation Records	
16.	Records of community and stakeholders involvement	
17.	Evidence of integration of ICT in teaching/learning	
18.	Preparation of teaching aids using locally available resource materials	

<b>NB:</b> This information should be used to corroborate with evidence for rating TPAD Standard No. 1 on Professional Knowledge and Practice.		<b>Remarks</b>
1 <sup>st</sup> Month Checked by: Sign _____	TSC NO _____ Name _____ Date: _____	
2 <sup>nd</sup> Month Checked by: Sign _____	TSC NO _____ Name _____ Date: _____	
3 <sup>rd</sup> Month Checked by: Sign _____	TSC NO _____ Name _____ Date: _____	
Confirmed at the end of each term by: Head of Institution Sign _____	TSC NO _____ Name _____ Date: _____	