



PRAGYAN

English Medium Co- Ed School

Affiliated to Central Board of Secondary Education

Sankeda Naka, Old Itarsi, Dist- Narmdapuram (M.P.) 461111

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[Holistic Progress Card]

| | | | | | | | | | | | | |
|--|--------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|-------|
| Student's Name | | | | | | | | | | | | PHOTO |
| Roll No. | | Sch no: | | | | | | | | | | |
| Class | | D.O.B. | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| Mother's Name | | | | | | | | | | | | |
| Father's Name | | | | | | | | | | | | |
| Mother Tongue | | | | | | | | | | | | |
| Medium Of Instruction | | | | | | | | | | | | |
| Attendance | | | | | | | | | | | | |
| Months | APR | JUNE | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | |
| No of Working Days | | | | | | | | | | | | |
| No of Days Attended | | | | | | | | | | | | |
| % of Attendance | | | | | | | | | | | | |
| Reason of Low Attendance | | | | | | | | | | | | |
| My Goal | | | | | | | | | | | | |
| Academic Goal | | | | | | | | | | | | |
| Personal Goal | | | | | | | | | | | | |
| My Ambition | | | | | | | | | | | | |
| Things About Me | | | | | | | | | | | | |
| I Like to | | | | | | | | | | | | |
| I don't like to | | | | | | | | | | | | |
| I am Good at | | | | | | | | | | | | |
| I improve my skill of | | | | | | | | | | | | |
| When I grow up I want to be | | | | | | | | | | | | |
| My Hero (One person who Inspires me) | | | | | | | | | | | | |
| Teacher Signature- | Parents Signature- | | | | | | | | | | Principal Signature- | |













































Parents- 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"/> |

Parents Assessment

Circle the most appropriate option for each statement

| | |
|--|---|
| 1 My child finds the classroom and school a welcoming and safe space |     |
| | Yes Sometimes No Not sure |
| 2 My child participates in academic and co-curricular activities in school |     |
| | Yes Sometimes No Not sure |
| 3 My child find the grade-level curriculum difficult |     |
| | Yes Sometimes No Not sure |
| 4 My child is making good progress as per their grade |     |
| | Yes Sometimes No Not sure |
| 5 My child is getting the support needed from school |     |
| | Yes Sometimes No Not sure |
| 6 My child can talk about how he/she feels, e.g. happy, upset or angry |     |
| | Yes Sometimes No Not sure |
| 7 My child can calm himself/herself down during difficult situation. |     |
| | Yes Sometimes No Not sure |
| 8 My child can understand how his/her friends feel |     |
| | Yes Sometimes No Not sure |
| 9 My child respects everyone's opinions |     |
| | Yes Sometimes No Not sure |
| 10 My child can help his/her friends make up after a fight |     |
| | Yes Sometimes No Not sure |
| 11 When someone is sad, my child can make them feel better |     |
| | Yes Sometimes No Not sure |

My Child Needs Support with

| | |
|--|---|
| <input type="checkbox"/> Oral communication | <input type="checkbox"/> Working with other children |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Working independently at home |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Numbers and math | <input type="checkbox"/> Manage difficult emotions like anger |
| <input type="checkbox"/> Self -confidence | <input type="checkbox"/> Developing effective study skills like time management |
| <input type="checkbox"/> Vocational Guidance/ Digital Literacy | <input type="checkbox"/> Building self- belief & self-reliance |

Teacher Signature-

Parent Signature-





Principal Signature-

ACADAMIC PERFORMANCE

| SUBJECT | TERM- 1 | | | | TERM- 2 | | | | Comment |
|--------------------------------|--------------------|----|--------------------|----|--------------------|----|--------------------|----|---------|
| | Teacher Assessment | | Parents Assessment | | Teacher Assessment | | Parents Assessment | | |
| | % | Gr | % | Gr | % | Gr | % | Gr | |
| Language -I | | | | | | | | | |
| Language -I | | | | | | | | | |
| Mathematics | | | | | | | | | |
| Science | | | | | | | | | |
| SST | | | | | | | | | |
| GK | | | | | | | | | |
| Computer | | | | | | | | | |
| PAT (Pragyan Aptitude Test) | | | | | | | | | |
| Art Education | | | | | | | | | |
| Physical Education | | | | | | | | | |
| Vocational Education | | | | | | | | | |
| Music | | | | | | | | | |
| Theatre | | | | | | | | | |
| Dance | | | | | | | | | |

| | | |
|------------------|--|-------------------|
| Over All Term-I- | | Over All Term- I— |
|------------------|--|-------------------|

| Overall | Performance level description | | | |
|---------|-------------------------------|--|--|--|
|---------|-------------------------------|--|--|--|

| | | | | |
|-----------|--|--|---|---|
| |  Advanced (A) |  Proficient (P) |  Beginner (B) |  Needs Improvement (I) |
| Abilities | Awareness | | | |
| | Sensitivity | | | |
| | Creativity | | | |

| | | |
|--------------------|-------------------|----------------------|
| Teacher Signature- | Parent Signature- | Principal Signature- |
|--------------------|-------------------|----------------------|

























Self Assessment

Circle the most appropriate option for each statement

| | | | | | |
|---|---|--|---|--|--|
| 1 | I can talk about how I feel e.g. happy confident upset or angry |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 2 | I can calm myself down during difficult situations |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 3 | I can understand how my friends feel |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 4 | I respect everyone's opinions |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 5 | I can help my friends make up after a fight |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 6 | When someone is sad I can make them feel better |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 7 | I think I do well at school |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |

Peer Assessment

Circle the most appropriate option for each statement Friend's Name.....

| | | | | | |
|---|---|---|--|---|---|
| 1 | My friend can talk about how he/she feels e.g. happy confident upset or angry |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 2 | My friend can calm himself herself down during difficult situations |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 3 | My friend can understand how his her friends feel |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 4 | My friend respect everyone opinions |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 5 | My friend can help others make up after a fight |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |
| 6 | When someone is said my friend can make them feel better |  |  |  |  |
| | | Yes | Sometimes | No | Not sure |

Teacher Signature-

Parent Signature-

Principal Signature-