SMCF

SCHOOL MANAGEMENT COMMITTEE FORMAT

(To be completed by School Management Committee for quarters II and IV only and to be sent to the CRCC)

Quarter under Report II IV		Year		-
Period of quarterto				
General Guidelines:				
Please answer all questions. Ur	nanswered question	n or blank space left	will mean th	at the activity
is not held or the information is	nil. Information p	rovided will be used	l for research	purpose only.
General Information;				
1. Name of school with location				
2. Name of CRC	BRC	District	State	
3. Number of Members in SMC:	;			
(a) Total (b) V	Women	(c) Parents of o	children in so	chool
(d) SC(e) ST	(f) Minority	(g) Others		
 (0, 1, 2, 3, 4) (b) Write dates 2. (a) Have SMC members been profit fyes, (b) When was the training program (c) Themes of training provided 	rovided training?			Yes No
3. (a) Whether 'School Developme (b) If yes, whether SMC mer School Development Plan?			paration of	Yes No

4.	What improvements are needed in the school functioning (List between 1 and 4 in order of priority)?
	(i)
	(ii)
	(iii)
	(iv)
5.	List major initiatives of SMC for improving functioning of school.
	(i)
	(ii)
	(iii)
	(iv)
Da	te Name and Signature of Chairperson