**Quality Management System**

**Appraiser’s Report**

Appraiser’s Name and Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appraiser’s Status

(Principal/Deputy Principal/Departmental Head/Subject Head):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appraisees’ Initials and Surnames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration**

As the appraiser, I declare that the QMS procedure was done in accordance with the requirements and that the following 🗹 instruments are completed as proof.

Mid-year Appraisal

* Self-Appraisal Instrument
* Pre-Appraisal Discussion
* Lesson Observation
* Mid-year Appraisal
* Post-Appraisal Discussion

Annual Appraisal

* Self-Appraisal Instrument
* Pre-Appraisal Discussion
* Lesson Observation
* Annual Appraisal
* Post-Appraisal Discussion
* Composite Score Sheet

Signed

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Appraiser Date