

Monthly Course Review

Basic Information				
Course Title:				
Course Code:				
Course credits/week:	Theory:	Lab:	Total:	
Name of the Teacher				
Semester	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Fall <input type="checkbox"/>	Year:
Period under review	Semester Week No.	TO	Semester Week No.	
Course File				
Is the Course File being maintained by the teacher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain course specifications/outcomes/lecture breakdown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain list of recommended text, reading materials, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain breakdown of laboratory experiments (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain a copy of the lab manual (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain a copy of the class schedule/time table?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain schedule of assessments (quizzes/assignments, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain updated record of class attendance of the students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain record of lab attendance of the students (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain updated record of results of quizzes, assignments, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain copy of question papers for quizzes, exams, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain samples of best, worst, and average answer sheets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain record of make-up classes (if any)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the file contain class activity reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Classes		Practicals		
Scheduled:	Conducted:	Scheduled:	Conducted:	
Reasons for any missing classes/practicals:				
Key Learning Outcomes/Main Topics				
Planned	Achieved			
Chairman's Remarks		Dean's Remarks:		
Signature:	Date:	Signature:	Date:	