

MINISTRY OF GENERAL EDUCATION

GRADE 7 SBA INTEGRATED SCIENCE RECORD SHEET

SCHOOL: ……..TEACHER: ……. TS NO: …… PHONE: ……. NO. ON ROLL: …… M: ….. F: ……. YEAR: ……

S/N	NAME	SEX	TERM 1								TOTAL	TERM 2								TOTAL	TOTAL MARKS
			ASIGNMENT				EXPERIMENT		TEST			ASIGNMENT				EXPERIMENT		TEST			
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S/N	NAME	SEX	10	10	10	10	10	10	20	20	100	10	10	10	10	10	10	20	20	100	200
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