

MINISTRY OF GENERAL EDUCATION

INDIVIDUAL WORK PLAN

(To be attached to every appraisal as may be appropriate)

NAME OF JOB HOLDER:
– 31ST DEC., 2021

PERIOD: 1ST JAN.

JOB TITLE: SUBJECT TEACHER.
GENERAL EDUCATION.

DEPARTMENT:

JOB PURPOSE: (AS IN THE JOB DESCRIPTION).

To teach the learners effectively in order to equip them with knowledge and skills that will be beneficial to them.

(To be completed by the teacher while the rating is completed during Appraisal by the Supervisor)

KEY RESULT AREA	PRINCIPAL ACCOUNT	TARGETS	SCHEDULE OF ACTIVITIES
PLANNING AND IMPLEMENTATION.	❖ Preparing program of work, timetable, and schemes of work, lesson plans and record of work. ❖ Teaching effectively in order for learners to acquire relevant knowledge and skills.	Grade 8,9	❖ Schemes, termly lesson plans, daily record for work fortnightly, teaching daily.
	❖ Evaluating the teaching and learning.		❖ Evaluation daily, ❖ Assessing daily after

EVALUATION AND ASSESSMENT.	❖ Assess regularly the performance of pupils in order to ❖ Determine and apply appropriate. ❖ Interaction to the learners	Grade 8 & 9	each topic, monthly and at the end of the term.
ADMINISTRATION.	❖ To control and coordinate the equipments which is used and required. ❖ To assist the administrator on any assigned work.	All learners in school.	❖ Every time materials are used when assigned to.
CO-CURRICULAR ACTIVITIES.	❖ Close supervision of PMS. ❖ Take part in ANTI-AIDS Club.	All learners in school.	❖ PMS Daily.
CAPACITY BUILDING.	❖ Take part in CPD, TGM, HIM, GRACE. ❖ Workshop, seminar, staff meeting and assignments from the head teacher.	Periodical.	❖ Opening/ closing staff meeting. ❖ Workshop, seminar CPD, TGM, GRACE.
COMMUNICATION.	❖ Inform pupils on important issues whenever need arise. ❖ Communicate to parents on any issues pertaining to the welfare of the children. ❖ Interacting with fellow members of staff to facilitate learning and teaching of learners.	Teachers, pupils and parents.	❖ Daily ❖ When need arise.

JOB HOLDER'S NAME:_____.

SIGNATURE:_____ **DATE:**_____

SUPERVISOR'S NAME:_____ **SIGNATURE:**_____

DATE:_____

COUNTER SIGNING OFFICER'S NAME:_____ **SIGNATURE:**_____

DATE:_____