



Ministry of Education  
Government of India

सत्यमेव जयते



Performance Assessment, Review, and  
Analysis of Knowledge for Holistic Development

विद्यया ऽ मृतमश्नुते



एन सी ई आर टी  
NCERT



# HOLISTIC PROGRESS CARD (HPC)

**PREPARATORY STAGE**





# HOLISTIC PROGRESS CARD (HPC)

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Preparatory Stage

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**HOLISTIC PROGRESS CARD (HPC)**

Preparatory Stage

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Holistic Progress Card

HP C

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PREPARATORY  
STAGE

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## PART A (1)

Name and Address of the School: .....

..... Pin Code:

UDISE Code:

Teacher Code:

APAAR ID: .....

### GENERAL INFORMATION

(To be filled by the teacher in consultation with caregiver/parent)

Student Name: \_\_\_\_\_

Roll No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Class: Grade 3 



 Grade 4 



 Grade 5

Section: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Education: \_\_\_\_\_ Mother/Guardian Occupation: \_\_\_\_\_

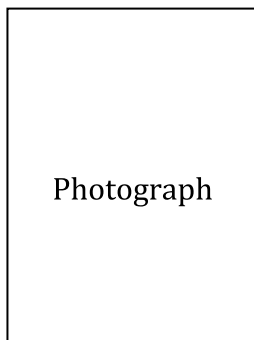
Father/Guardian Name: \_\_\_\_\_

Father/Guardian Education: \_\_\_\_\_ Father/Guardian Occupation: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Siblings' age: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Medium of Instruction: \_\_\_\_\_

Rural/Urban: \_\_\_\_\_



### ATTENDANCE

| MONTHS                                    | APR | MAY | JUNE | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| No. of Working Days                       |     |     |      |     |     |     |     |     |     |     |     |     |
| No. of Days Attended                      |     |     |      |     |     |     |     |     |     |     |     |     |
| % of Attendance                           |     |     |      |     |     |     |     |     |     |     |     |     |
| If attendance is low then reasons thereof |     |     |      |     |     |     |     |     |     |     |     |     |

## PART A (2)

My name is:

\_\_\_\_\_

I am \_\_\_\_\_ years old.



My Family

Paste a picture or draw



I am good at \_\_\_\_\_

I improve my skill of \_\_\_\_\_

I like to \_\_\_\_\_

I don't like to \_\_\_\_\_

I am good at \_\_\_\_\_

Things about me...

Some of my favorite things...

Food:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Games:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Festivals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When I grow up I want to be...



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Hero! One person who inspires me is...

\_\_\_\_\_



Three things I want to learn this school year:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## PART A (3)

### How do I feel at school?

Circle the most appropriate option for each sentence.

|                                                                                 |                                                                                     |                                                                                      |                                                                                       |                                                                                       |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>1. I can talk about how I feel, e.g., happy, confident, upset, or angry.</p> |    |    |    |    |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>2. I can calm myself down during difficult situations.</p>                   |    |    |    |    |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>3. I can understand how my friends feel.</p>                                 |    |    |    |    |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>4. I respect everyone's opinions.</p>                                        |  |  |  |  |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>5. I can help my friends make up after a fight.</p>                          |  |  |  |  |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>6. When someone is sad, I can make them feel better.</p>                     |  |  |  |  |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| <p>7. I think I do well at school.</p>                                          |  |  |  |  |
|                                                                                 | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |

# Peer Feedback

Peer 1

Circle the most appropriate option for each sentence.

My name: \_\_\_\_\_

My friend's name: \_\_\_\_\_

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. My friend can talk about how he/she feels, e.g., happy, confident, upset, or angry.</p> | <div>     </div> <div> Yes Sometimes No Not sure </div>         |
| <p>2. My friend can calm himself/herself down during difficult situations.</p>                | <div>     </div> <div> Yes Sometimes No Not sure </div>         |
| <p>3. My friend can understand how his/her friends feel.</p>                                  | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>4. My friend respects everyone's opinions.</p>                                             | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>5. My friend can help others make up after a fight.</p>                                    | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>6. When someone is sad, my friend can make them feel better.</p>                           | <div>     </div> <div> Yes Sometimes No Not sure </div> |

# Peer Feedback

Peer 2

Circle the most appropriate option for each sentence.

My name: \_\_\_\_\_

My friend's name: \_\_\_\_\_

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. My friend can talk about how he/she feels, e.g., happy, confident, upset, or angry.</p> | <div>     </div> <div> Yes Sometimes No Not sure </div>         |
| <p>2. My friend can calm himself/herself down during difficult situations.</p>                | <div>     </div> <div> Yes Sometimes No Not sure </div>         |
| <p>3. My friend can understand how his/her friends feel.</p>                                  | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>4. My friend respects everyone's opinions.</p>                                             | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>5. My friend can help others make up after a fight.</p>                                    | <div>     </div> <div> Yes Sometimes No Not sure </div> |
| <p>6. When someone is sad, my friend can make them feel better.</p>                           | <div>     </div> <div> Yes Sometimes No Not sure </div> |



# Your Child Matters!

Tick the resources available to your child at home.

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                     |                                                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |  |
| <b>Books</b>                                                                      | <b>Magazines</b>                                                                  | <b>Toys and Games</b>                                                             | <b>Mobile phone</b>                                                               | <b>Computer</b>                                                                     | <b>Internet</b>                                                                     |
| <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                            |

## How can I know your child better?

Circle the most appropriate option for each statement.

|                                                                              |                                                                                     |                                                                                      |                                                                                       |                                                                                       |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. My child finds the classroom and school a welcoming and safe space.       |    |    |    |    |
|                                                                              | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 2. My child participates in academic and co-curricular activities in school. |  |  |  |  |
|                                                                              | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 3. My child finds the grade-level curriculum difficult.                      |  |  |  |  |
|                                                                              | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 4. My child is making good progress as per their grade.                      |  |  |  |  |
|                                                                              | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 5. My child is getting the support needed from school.                       |  |  |  |  |
|                                                                              | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |

|                                                                            |                                                                                     |                                                                                      |                                                                                       |                                                                                       |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 6. My child can talk about how he/she feels, e.g., happy, upset, or angry. |    |    |    |    |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 7. My child can calm himself/herself down during difficult situations.     |    |    |    |    |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 8. My child can understand how his/her friends feel.                       |    |    |    |    |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 9. My child respects everyone's opinions.                                  |   |   |   |   |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 10. My child can help his/her friends make up after a fight.               |  |  |  |  |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |
| 11. When someone is sad, my child can make them feel better.               |  |  |  |  |
|                                                                            | Yes                                                                                 | Sometimes                                                                            | No                                                                                    | Not sure                                                                              |

| My child needs support with... |                               |                          |                                       |
|--------------------------------|-------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/>       | Oral communication (R1 or R2) | <input type="checkbox"/> | Working with other children           |
| <input type="checkbox"/>       | Reading                       | <input type="checkbox"/> | Working independently at home         |
| <input type="checkbox"/>       | Numbers and Math              | <input type="checkbox"/> | Other subject areas<br>Specify: _____ |
| <input type="checkbox"/>       | Self-confidence               |                          |                                       |

## PART B

| Learning Standard: Language Education (R1)                 |                                 |                                 |                                 |                                 |                                 |
|------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i> | <input type="checkbox"/> L1CG1  | <input type="checkbox"/> L1CG2  | <input type="checkbox"/> L1CG3  | <input type="checkbox"/> L1CG4  | <input type="checkbox"/> L1CG5  |
| <b>Competencies</b><br><i>(Can choose one or more)</i>     | <input type="checkbox"/> L1C1.1 | <input type="checkbox"/> L1C1.2 | <input type="checkbox"/> L1C1.3 | <input type="checkbox"/> L1C2.1 | <input type="checkbox"/> L1C2.2 |
|                                                            | <input type="checkbox"/> L1C3.1 | <input type="checkbox"/> L1C3.2 | <input type="checkbox"/> L1C3.3 | <input type="checkbox"/> L1C3.4 |                                 |
|                                                            | <input type="checkbox"/> L1C4.1 | <input type="checkbox"/> L1C4.2 | <input type="checkbox"/> L1C5.1 | <input type="checkbox"/> L1C5.2 |                                 |
| <b>Activity</b>                                            |                                 |                                 |                                 |                                 |                                 |
| <b>Assessment Questions</b>                                |                                 |                                 |                                 |                                 |                                 |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

| Teacher's Feedback |                                   |            |          |
|--------------------|-----------------------------------|------------|----------|
| Abilities          | Key Performance Level Descriptors |            |          |
|                    | Beginner                          | Proficient | Advanced |
| Awareness          |                                   |            |          |
| Sensitivity        |                                   |            |          |
| Creativity         |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

| Observational Notes |
|---------------------|
|                     |

| Think about how the learner performed... |                                                      |
|------------------------------------------|------------------------------------------------------|
| What challenges did the learner face?    | How did they overcome them? / How did you help them? |
|                                          |                                                      |

## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |

| Learning Standard: Language Education(R2)                  |                                 |                                 |                                 |                                 |                                 |
|------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i> | <input type="checkbox"/> L2CG1  | <input type="checkbox"/> L2CG2  | <input type="checkbox"/> L2CG3  | <input type="checkbox"/> L2CG4  |                                 |
| <b>Competencies</b><br><i>(Can choose one or more)</i>     | <input type="checkbox"/> L2C1.1 | <input type="checkbox"/> L2C1.2 | <input type="checkbox"/> L2C1.3 | <input type="checkbox"/> L2C1.4 | <input type="checkbox"/> L2C2.1 |
|                                                            | <input type="checkbox"/> L2C2.2 | <input type="checkbox"/> L2C2.3 | <input type="checkbox"/> L2C2.4 | <input type="checkbox"/> L2C2.5 | <input type="checkbox"/> L2C3.1 |
|                                                            | <input type="checkbox"/> L2C3.2 | <input type="checkbox"/> L2C3.3 | <input type="checkbox"/> L2C4.1 |                                 |                                 |
| <b>Activity</b>                                            |                                 |                                 |                                 |                                 |                                 |
| <b>Assessment Questions</b>                                |                                 |                                 |                                 |                                 |                                 |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

## Teacher's Feedback

| Abilities   | Key Performance Level Descriptors |            |          |
|-------------|-----------------------------------|------------|----------|
|             | Beginner                          | Proficient | Advanced |
| Awareness   |                                   |            |          |
| Sensitivity |                                   |            |          |
| Creativity  |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

### Observational Notes

### Think about how the learner performed...

| What challenges did the learner face? | How did they overcome them? / How did you help them? |
|---------------------------------------|------------------------------------------------------|
|                                       |                                                      |

## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |



| Learning Standard: Mathematics                             |                                |                                |                                |                                |                                |
|------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i> | <input type="checkbox"/> MCG1  | <input type="checkbox"/> MCG2  | <input type="checkbox"/> MCG3  | <input type="checkbox"/> MCG4  | <input type="checkbox"/> MCG5  |
| <b>Competencies</b><br><i>(Can choose one or more)</i>     | <input type="checkbox"/> MC1.1 | <input type="checkbox"/> MC1.2 | <input type="checkbox"/> MC1.3 | <input type="checkbox"/> MC1.4 | <input type="checkbox"/> MC2.1 |
|                                                            | <input type="checkbox"/> MC2.2 | <input type="checkbox"/> MC2.3 | <input type="checkbox"/> MC2.4 | <input type="checkbox"/> MC3.1 | <input type="checkbox"/> MC3.2 |
|                                                            | <input type="checkbox"/> MC3.3 | <input type="checkbox"/> MC3.4 | <input type="checkbox"/> MC3.5 | <input type="checkbox"/> MC3.6 | <input type="checkbox"/> MC3.7 |
|                                                            | <input type="checkbox"/> MC4.1 | <input type="checkbox"/> MC4.2 | <input type="checkbox"/> MC4.3 | <input type="checkbox"/> MC5.1 |                                |
| <b>Activity</b>                                            |                                |                                |                                |                                |                                |
| <b>Assessment Questions</b>                                |                                |                                |                                |                                |                                |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

## Teacher's Feedback

| Abilities   | Key Performance Level Descriptors |            |          |
|-------------|-----------------------------------|------------|----------|
|             | Beginner                          | Proficient | Advanced |
| Awareness   |                                   |            |          |
| Sensitivity |                                   |            |          |
| Creativity  |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

### Observational Notes

### Think about how the learner performed...

| What challenges did the learner face? | How did they overcome them? / How did you help them? |
|---------------------------------------|------------------------------------------------------|
|                                       |                                                      |

## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |

| Learning Standard: The World Around Us                     |                                 |                                 |                                 |                                 |
|------------------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i> | <input type="checkbox"/> TWCG1  | <input type="checkbox"/> TWCG2  | <input type="checkbox"/> TWCG3  | <input type="checkbox"/> TWCG4  |
|                                                            | <input type="checkbox"/> TWCG5  | <input type="checkbox"/> TWCG6  | <input type="checkbox"/> TWCG7  |                                 |
| <b>Competencies</b><br><i>(Can choose one or more)</i>     | <input type="checkbox"/> TWC1.1 | <input type="checkbox"/> TWC1.2 | <input type="checkbox"/> TWC1.3 | <input type="checkbox"/> TWC1.4 |
|                                                            | <input type="checkbox"/> TWC1.5 | <input type="checkbox"/> TWC2.1 | <input type="checkbox"/> TWC2.2 | <input type="checkbox"/> TWC2.3 |
|                                                            | <input type="checkbox"/> TWC3.1 | <input type="checkbox"/> TWC3.2 | <input type="checkbox"/> TWC3.3 | <input type="checkbox"/> TWC4.1 |
|                                                            | <input type="checkbox"/> TWC4.2 | <input type="checkbox"/> TWC4.3 | <input type="checkbox"/> TWC4.4 | <input type="checkbox"/> TWC4.5 |
|                                                            | <input type="checkbox"/> TWC4.6 | <input type="checkbox"/> TWC4.7 | <input type="checkbox"/> TWC5.1 | <input type="checkbox"/> TWC5.2 |
|                                                            | <input type="checkbox"/> TWC5.3 | <input type="checkbox"/> TWC6.1 | <input type="checkbox"/> TWC6.2 | <input type="checkbox"/> TWC7.1 |
|                                                            | <input type="checkbox"/> TWC7.2 |                                 |                                 |                                 |
| <b>Activity</b>                                            |                                 |                                 |                                 |                                 |
| <b>Assessment Questions</b>                                |                                 |                                 |                                 |                                 |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

## Teacher's Feedback

| Abilities   | Key Performance Level Descriptors |            |          |
|-------------|-----------------------------------|------------|----------|
|             | Beginner                          | Proficient | Advanced |
| Awareness   |                                   |            |          |
| Sensitivity |                                   |            |          |
| Creativity  |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

### Observational Notes

### Think about how the learner performed...

| What challenges did the learner face? | How did they overcome them? / How did you help them? |
|---------------------------------------|------------------------------------------------------|
|                                       |                                                      |

## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |

| Learning Standard: Art Education (AE)                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Visual Arts (VA)/ Theatre (T)/ Music (MU)/ Dance and Movement (DM) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i>         | <input type="checkbox"/> VACG1 <input type="checkbox"/> VACG2 <input type="checkbox"/> VACG3 <input type="checkbox"/> VACG4 <input type="checkbox"/> AECG1<br><input type="checkbox"/> TCG1 <input type="checkbox"/> TCG2 <input type="checkbox"/> TCG3 <input type="checkbox"/> TCG4 <input type="checkbox"/> AECG1<br><input type="checkbox"/> MUCG1 <input type="checkbox"/> MUCG2 <input type="checkbox"/> MUCG3 <input type="checkbox"/> MUCG4 <input type="checkbox"/> AECG1<br><input type="checkbox"/> DMCG1 <input type="checkbox"/> DMCG2 <input type="checkbox"/> DMCG3 <input type="checkbox"/> DMCG4 <input type="checkbox"/> AECG1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Competencies</b><br><i>(Can choose one or more)</i>             | <input type="checkbox"/> VAC1.1 <input type="checkbox"/> VAC1.2 <input type="checkbox"/> VAC2.1 <input type="checkbox"/> VAC2.2 <input type="checkbox"/> VAC3.1 <input type="checkbox"/> VAC3.2<br><input type="checkbox"/> VAC4.1 <input type="checkbox"/> VAC4.2 <input type="checkbox"/> AEC1.1 <input type="checkbox"/> AEC1.2 <input type="checkbox"/> AEC1.3<br><br><input type="checkbox"/> TC1.1 <input type="checkbox"/> TC1.2 <input type="checkbox"/> TC2.1 <input type="checkbox"/> TC2.2 <input type="checkbox"/> TC3.1 <input type="checkbox"/> TC3.2<br><input type="checkbox"/> TC4.1 <input type="checkbox"/> TC4.2 <input type="checkbox"/> AEC1.1 <input type="checkbox"/> AEC1.2 <input type="checkbox"/> AEC1.3<br><br><input type="checkbox"/> MUC1.1 <input type="checkbox"/> MUC1.2 <input type="checkbox"/> MUC2.1 <input type="checkbox"/> MUC2.2 <input type="checkbox"/> MUC3.1 <input type="checkbox"/> MUC3.2<br><input type="checkbox"/> MUC4.1 <input type="checkbox"/> MUC4.2 <input type="checkbox"/> AEC1.1 <input type="checkbox"/> AEC1.2 <input type="checkbox"/> AEC1.3<br><br><input type="checkbox"/> DMC1.1 <input type="checkbox"/> DMC1.2 <input type="checkbox"/> DMC2.1 <input type="checkbox"/> DMC2.2 <input type="checkbox"/> DMC3.1 <input type="checkbox"/> DMC3.2<br><input type="checkbox"/> DMC4.1 <input type="checkbox"/> DMC4.2 <input type="checkbox"/> AEC1.1 <input type="checkbox"/> AEC1.2 <input type="checkbox"/> AEC1.3 |
| <b>Activity</b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Assessment Questions</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

| Teacher's Feedback |                                   |            |          |
|--------------------|-----------------------------------|------------|----------|
| Abilities          | Key Performance Level Descriptors |            |          |
|                    | Beginner                          | Proficient | Advanced |
| Awareness          |                                   |            |          |
| Sensitivity        |                                   |            |          |
| Creativity         |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

| Observational Notes |
|---------------------|
|                     |

| Think about how the learner performed... |                                                      |
|------------------------------------------|------------------------------------------------------|
| What challenges did the learner face?    | How did they overcome them? / How did you help them? |
|                                          |                                                      |



## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |

| Learning Standard 1 & 2 : Physical Education               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Curricular Goals</b><br><i>(Can choose one or more)</i> | <b>Learning Standard1</b> <input type="checkbox"/> P1CG1 <input type="checkbox"/> P1CG2 <input type="checkbox"/> P1CG3 <input type="checkbox"/> P1CG4<br><b>Learning Standard2</b> <input type="checkbox"/> P2CG1 <input type="checkbox"/> P2CG2 <input type="checkbox"/> P2CG3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Competencies</b><br><i>(Can choose one or more)</i>     | <b>LS1</b> <input type="checkbox"/> P1C1.1 <input type="checkbox"/> P1C1.2 <input type="checkbox"/> P1C1.3 <input type="checkbox"/> P1C1.4<br><input type="checkbox"/> P1C2.1 <input type="checkbox"/> P1C2.2 <input type="checkbox"/> P1C2.3 <input type="checkbox"/> P1C2.4<br><input type="checkbox"/> P1C2.5 <input type="checkbox"/> P1C3.1 <input type="checkbox"/> P1C3.2 <input type="checkbox"/> P1C4.1<br><b>LS1</b> <input type="checkbox"/> P2C1.1 <input type="checkbox"/> P1C1.2 <input type="checkbox"/> P1C1.3 <input type="checkbox"/> P2C2.1<br><input type="checkbox"/> P2C2.2 <input type="checkbox"/> P2C2.3 <input type="checkbox"/> P2C2.4 <input type="checkbox"/> P2C2.5<br><input type="checkbox"/> P2C3.1 <input type="checkbox"/> P2C3.2 |
| <b>Activity</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Assessment Questions</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| ASSESSMENT RUBRIC* |          |            |          |
|--------------------|----------|------------|----------|
| Abilities          | Beginner | Proficient | Advanced |
| Awareness          |          |            |          |
| Sensitivity        |          |            |          |
| Creativity         |          |            |          |

\* Please write the assessment rubric for the performance levels of each ability.

| Teacher's Feedback |                                   |            |          |
|--------------------|-----------------------------------|------------|----------|
| Abilities          | Key Performance Level Descriptors |            |          |
|                    | Beginner                          | Proficient | Advanced |
| Awareness          |                                   |            |          |
| Sensitivity        |                                   |            |          |
| Creativity         |                                   |            |          |

\*Please put a tick mark (✓) to indicate the performance level of each ability.

| Observational Notes |
|---------------------|
|                     |

| Think about how the learner performed... |                                                      |
|------------------------------------------|------------------------------------------------------|
| What challenges did the learner face?    | How did they overcome them? / How did you help them? |
|                                          |                                                      |

## Self-Assessment

Please answer the following regarding the activity you just completed.

**Colour the emoji for each statement.**

|                                                         |                                                                                              |                                                                                             |                                                                                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| I followed my teacher's instructions.                   | <br>yes   | <br>no   | <br>not sure   |
| I liked doing this work.                                | <br>yes   | <br>no   | <br>not sure   |
| I asked for help if I didn't understand.                | <br>yes   | <br>no   | <br>not sure   |
| I tried my best in this task.                           | <br>yes | <br>no | <br>not sure |
| I am proud of my work.                                  | <br>yes | <br>no | <br>not sure |
| I want to do this task again.                           | <br>yes | <br>no | <br>not sure |
| I liked working with my classmate/s.                    | <br>yes | <br>no | <br>not sure |
| I could ask my classmates for help, and they helped me. | <br>yes | <br>no | <br>not sure |

## PART C

### SUMMARY FOR THE ACADEMIC YEAR

Tick the appropriate performance level descriptor and write an observational note for each category based on performance throughout the academic year.

| Language (R1)     |             | Performance Level Descriptors                                                              |                                                                                               |                                                                                              |
|-------------------|-------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                   |             |  BEGINNER |  PROFICIENT |  ADVANCED |
| ABILITIES         | Awareness   | <input type="checkbox"/>                                                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|                   | Sensitivity | <input type="checkbox"/>                                                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|                   | Creativity  | <input type="checkbox"/>                                                                   | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
| <hr/> <hr/> <hr/> |             |                                                                                            |                                                                                               |                                                                                              |

| Language (R2)     |             | Performance Level Descriptors                                                               |                                                                                                |                                                                                               |
|-------------------|-------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                   |             |  BEGINNER |  PROFICIENT |  ADVANCED |
| ABILITIES         | Awareness   | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                      |
|                   | Sensitivity | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                      |
|                   | Creativity  | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                      |
| <hr/> <hr/> <hr/> |             |                                                                                             |                                                                                                |                                                                                               |

| Mathematics       |             | Performance Level Descriptors                                                                |                                                                                                 |                                                                                                |
|-------------------|-------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|                   |             |  BEGINNER |  PROFICIENT |  ADVANCED |
| ABILITIES         | Awareness   | <input type="checkbox"/>                                                                     | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                       |
|                   | Sensitivity | <input type="checkbox"/>                                                                     | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                       |
|                   | Creativity  | <input type="checkbox"/>                                                                     | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                       |
| <hr/> <hr/> <hr/> |             |                                                                                              |                                                                                                 |                                                                                                |

| The World Around Us |             | Performance Level Descriptors                                                                 |                                                                                                  |                                                                                                 |
|---------------------|-------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                     |             | <br>BEGINNER | <br>PROFICIENT | <br>ADVANCED |
| ABILITIES           | Awareness   | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
|                     | Sensitivity | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
|                     | Creativity  | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
| <hr/> <hr/> <hr/>   |             |                                                                                               |                                                                                                  |                                                                                                 |

| Art Education     |             | Performance Level Descriptors                                                                 |                                                                                                  |                                                                                                 |
|-------------------|-------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                   |             | <br>BEGINNER | <br>PROFICIENT | <br>ADVANCED |
| ABILITIES         | Awareness   | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
|                   | Sensitivity | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
|                   | Creativity  | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                         | <input type="checkbox"/>                                                                        |
| <hr/> <hr/> <hr/> |             |                                                                                               |                                                                                                  |                                                                                                 |

| Physical Education |             | Performance Level Descriptors                                                                   |                                                                                                    |                                                                                                   |
|--------------------|-------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|                    |             | <br>BEGINNER | <br>PROFICIENT | <br>ADVANCED |
| ABILITIES          | Awareness   | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                          |
|                    | Sensitivity | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                          |
|                    | Creativity  | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                          |
| <hr/> <hr/> <hr/>  |             |                                                                                                 |                                                                                                    |                                                                                                   |

[illegible]





# Core Team

## Ministry of Education

Sh. Sanjay Kumar, Secretary, Department of School Education and Literacy (DoSEL), Ministry of Education (MoE)  
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## Central Board of Secondary Education (CBSE)

Smt. Nidhi Chibber, Chairperson  
Dr. Joseph Emmanuel, Director (Academics)  
Dr. Praggya M. Singh, Director (Academics-Assessment)  
Dr. Sweta Singh, Joint Secretary (Academics)

## Navodaya Vidyalaya Samiti (NVS)

Shri Vinayak Garg, IRSEE, Commissioner  
Shri Gyanendra Kumar, Assistant Commissioner

## Kendriya Vidyalaya Sangathan (KVS)

Ms. Nidhi Pandey, IIS, Commissioner  
Shri N.R. Murali, Joint Commissioner

## Other Institutes/Organizations

SCERT/SIEs, Samagra Shiksha, All States/UTs of India  
UNICEF

## PRINCIPAL COORDINATOR

**Prof. (Dr.) Indrani Bhaduri**

CEO & Head, PARAKH and Head, Educational Survey Division, NCERT

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Mr. Puneet Bhole, Sr. Psychometrician  
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Ms. Alankita Upadhyaya, Sr. Reviewer-Subject Matter  
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Ms. Alka Singh, State Liaisoning Officer  
Ms. Tanya, State Liaisoning Officer  
Ms. Aarti, IT Support and Helpdesk  
Ms. Dipika, IT Support and Helpdesk

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