



## PHASE II: IMPLEMENTATION DATA COLLECTION FORM (Academic year 2024)

### INSTRUCTIONS

1. This form collects data for academic year **2024, COMPLETE ALL SPACES.**
2. DDM must explain the process to educator. DDM must randomly sample four (4) LS/LO exercise books or SLP learner workbooks per class to complete section B1. DDM must ensure to capture the needed evidence.
3. Submission of this form should be accompanied by scans or photos of pages from learner workbooks or exercise books indicating notes, homework and activities where SLPs were used for implementation.
4. **Use one form per class, to document six lessons, taught by the same educator.**
5. Please complete section C, only if the school implements SAB\_FL. Ensure that evidence of SAB\_FL implementation is submitted.
6. Ensure that the form is signed and bear a school stamp prior to submission.
7. For all updates – additional stamp(with date is required)

**EDC collects personal information for purposes of programming only. All data shall be securely stored and shall not be shared with other third parties, except where it is used for the intended programming purposes only.**

Name of EDC DREAMS Official:		Date (insert date of data collection):	
Province:		Sub-district:	
Health District:		Education District:	

### A1: School Details

Name of school:		EMIS Nō:	
Type of school (mark with X)	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Intermediate <input type="checkbox"/> Combined <input type="checkbox"/> Other:

### A2: Educator Details

Name of Educator:		ID Nō:	
Sex (mark with an X)	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Has Educator Attended EDC SLP training? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Contact:	Cell/mobile		E-mail:

### B1: Implementation Verification

Grade & Class:		Nō. of girls in this class		Nō of boys in this class:	
Total number of SLP lessons taught in this class:		Visit 1:		Visit 2:	

### Sampling Evidence

Learner Name & Surname	Lesson Nō. & Date taught	Lesson Nō. & Date taught	Lesson Nō. & Date taught	Evidence Collected Yes/No
<i>Lynette Bomaha</i>	<i>5.1: 15 Feb 2023</i>	<i>5.2: 01 Mar 2023</i>	<i>5.3: 16 Mar 2023</i>	<i>Yes</i>

Learner Name & Surname	Lesson Nō. & Date taught	Lesson Nō. & Date taught	Lesson Nō. & Date taught	Evidence Collected Yes/No
<i>Atlehang Moleleki</i>	<i>5.4: 12 Apr 2023</i>	<i>5.5: 01 May 2023</i>	<i>5.6: 18 Jun 2023</i>	<i>Yes</i>



Total Number of SLP Lessons as at Q2 (School Term 1)	Total Number of SLP Lessons as at Q3 (School Term 2)	Total Number of SLP Lessons as at Q4 (School Term 3)	Total Number of SLP Lessons as at Q1 (School Term 4)	Total Dosage e.g. 6/10

**C: SOCIAL ASSET BUILDING AND FINANCIAL LITERACY IMPLEMENTATION**

- Fill the section below **only if** the class implementing SLP is also implementing SAB/FL
- If **more than three (3) SAB FL sessions** have been implemented, please submit evidence of the register

SAB_FL Implementation monitoring			
Is there an LSA in the school?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If No, who is implementing SAB_FL?	
Has this class started SAB_FL sessions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, No of SAB_FL sessions done: e.g. 3/6:	
Please record the three SAB sessions' details below. Please submit registers and evidence through the evidence folder			
Session number and name/title	Date Conducted	Number of learners	FL session
		Females: Males:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Females: Males:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Females: Males:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Comments/Notes( Date: dd/mm/yyyy):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DH/Principal (or designated) signature:

\_\_\_\_\_

DDM Signature:

\_\_\_\_\_

Comments/Notes( Date: dd/mm/yyyy) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DH/Principal (or designated) signature:

\_\_\_\_\_

DDM Signature:

\_\_\_\_\_

School Stamp  
(First 3 lessons)

School Stamp  
(next 3 lessons)