## **Handout 9.3: School Visit Summary Sheet**

## **Session 9: Pilot and Full Data Collection**

Date.	
Supervisor: Assessor 1: Assessor 2: Region:	Name of School: School Code: School Tel. No.: Head Teacher:
District:  Arrival Time to School:::	Departure Time from School::
Will the school need to be revisited? ☐ YES	□ NO
If YES, what day / date is planned to revisit:	(day) Date:/ DD MM
Instruments administered	
Primary 2 EGRA	
Primary 3 EGRA [specify language and any other instruments as applicable]	
OBSERVATIONS (Describe/explain any unu visit.)	usual or special circumstances at the school on the day of
Assessor 1 Initials:	
Assessor 2 Initials:	
Supervisor Initials:	
Head Teacher Initials:	