



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

Audit instrument for Teachers offering Technical Mathematics and Technical Sciences

INTRODUCTION AND PURPOSE OF AUDIT

1. In order for the Department of Basic Education to effectively support the teachers offering Technical Mathematics and Technical Sciences; an audit to establish teacher qualifications and experience in teaching either Technical Mathematics or Technical Sciences. This will also assist to establish the number of teachers who are teaching these two subjects in the Sector
The collected data will also be used to inform Teacher Development within the Department.

THE FOLLOWING TABLE SHOULD BE COMPLETED SEPARATELY BY EACH SCHOOL

2. Complete this column with the necessary information. Technical Mathematics teacher

School Name	District	Province	
EMIS Number (Ref No.)			
Physical address:			
Street name:			
Suburb:			
Town:			
Postal code:			
Postal address:			
P.O. Box/ Private Bag:			
Town:			
Postal code:			

THE FOLLOWING TABLE SHOULD BE COMPLETED SEPARATELY BY EACH TEACHER

3. Please indicate the qualifications of Technical Mathematics teacher.

Name of the Teacher	Teaching Qualification in Technical Mathematics	Grade 10 learners in 2017		Grade 11 learners in 2017	
		Total enrolment	No. Passed	Total enrolment	No. Passed
Other (please specify):					

Signed by:

Name & Surname of Technical Mathematics Teacher

Date: _____

Name Principal

Signature of Principal

Date: _____

SCHOOL STAMP WITH DATE

Signed by:

NAME OF DISTRICT DIRECTOR

DATE:

THE FOLLOWING TABLE SHOULD BE COMPLETED SEPARATELY BY EACH SCHOOL

4. Complete this column with the necessary information. Technical Sciences teacher

School Name	District	Province	
EMIS Number (Ref No.)			
Physical address:			
Street name:			
Suburb:			
Town:			
Postal code:			
Postal address:			
P.O. Box/ Private Bag:			
Town:			
Postal code:			

THE FOLLOWING TABLE SHOULD BE COMPLETED SEPARATELY BY EACH TEACHER

5. Please indicate the qualifications of Technical Sciences teacher.

	Name of the Teacher	Teaching Qualification in Technical Sciences
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
	Other (please specify):	

6. Please indicate whether the teacher is a qualified artisan (i.e. has passed government trade test).

Artisan - Specify

Signed by:

Name & Surname of Technical Sciences Teacher

Signature of Technical Sciences Teacher

Date: _____

Name Principal

Signature of Principal

Date: _____

SCHOOL STAMP WITH DATE

Signed by:

NAME OF DISTRICT DIRECTOR

DATE: