



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY - MALAWI

SCHOOL IMPROVEMENT PLAN (SIP)

DISTRICT: MCHINJI

SCHOOL: _____ EMIS ID: _____ ZONE: _____ PERIOD FROM : _____ TO _____

SCHOOL IMPROVEMENT PLAN

Section I SIP SUMMARY

Note: These are the themes in the National Education Strategic Plan and the 10 Rights are all in line with this.

National Education Sector Plan (NESP) GOALS AND SIP Activities		Fund Required
	QUALITY AND RELEVANCE	MK
1		
2		
3		
4		
5		
6		
	SUBTOTAL	
	ACCESS AND EQUITY	MK
1		
2		
3		
4		
5		
6		
	SUBTOTAL	
	MANAGEMENT AND GOVERNANCE	MK
1		
2		
3		
4		
5		
6		
	SUBTOTAL	
	GRAND TOTAL	

Section: II

Introduction:

District: _____ Zone _____

Emis No: _____

School Address: _____

Contact No: _____

Name of School _____

T/A _____ GV: _____

School Vision: _____

_____ School Mission

Dates of SIP meeting(s) _____

Number attending SIP meetings(s) _____

List of all people SIP who took part in the development of the
SIP: _____

Name and position of the person completing the form: _____

Arrangements for reporting SIP progress to community Stakeholders:

Signatories:

Headteacher: _____ Date: _____

SMC Chairperson: _____ Date: _____

PTA: _____ Date: _____

PEA: _____ Date: _____

School Stamp

Section III

SIP ACTION PLAN

Activity: _____

NESP Goals: _____

Issue to be addressed _____

Starting date: _____ Proposed date of completion _____

Issue to be addressed	Actions Required	Resources	Output/ Outcome	Output/Outcome Indicators

Circle one or more which the activity is to accomplish:

- 1) PSLCE Pass Rate
- 2) Pupil Qualified Teacher Ratio
- 3) Dropout Rate
- 4) Repetition Rate
- 5) Pupil Toilet Ratio
- 6) Pupil Class Room Ratio

Write below:

- 1) How the situation was at the beginning of the term with any number circled.
- 2) What you want with each issue circled to be at the end of the School session

Section IV Stakeholders Contract Form

District: _____ T/A _____

School: _____ Area/Location _____

Date: _____

We, stakeholders, who our names appear below, vow to do the work honestly as it should be done		
Activity	Position	Name & Signature
<u>Sip Activity</u>		
<u>Sip Activity</u>		
<u>Sip Activity</u>		
<u>Sip Activity</u>		
<u>Sip Activity</u>		
Second Part: We, PTA members whose names appear below, vow to monitor and supervise all SIP activities in all sections up to the end.		

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

SIP ASSESSMENT FORM

The form is used to check if the SIP has been well developed.

School Improvement Plan for _____ School.

Question	Yes	No	Remarks
SIP Development Completion: Have all the four sections been well completed.			
Community Participation and Leadership: Does the plan show the community to have taken part.			
Information and Discussions: Is the plan showing the use of information from the school Admin. Books and following NESP GOALS.			
SIP Action Plan: is the action plan showing different sections, resources, amount of money required, responsible persons and explanations of how is to be done.			
Contract Form and Monitoring -Has the contract form been well filled and signed.			
In Conclusion - shall the fulfillment of the SIP enable education quality at the school to go up?			

Remarks:

Head teachers: _____ Signature Date _____

Primary Education Advisor (PEA) Signature
 _____ Date _____