

# **SANTOSH**

**Deemed to be University**



2.2.1 The institution assesses the learning levels of the students after admission and organizes special programmes for advanced learners and slow performers

### Proforma to identify slow performers and advanced learners

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**Deemed to be University**  
(Established u/s 3 of the UGC Act, 1956)

As per recommendations from IQAC and approval sought, for the Proforma for assessing Slow Performers and Advance Learners:

## Format 1. Assessment for Slow Performers and Advance Learners

<b>Santosh Medical/Dental College</b> Department of _____		
Name: Roll no: Course: Year:		
S.NO.	Parameter	Weightage in Percentage
1.	Scores of the Terminal Examination	
<p>1) Weightage less than 35% considered as a Slow Performer. 2) Weightage more than 70% considered as an Advance Learner.</p> <p>Date: _____</p> <p style="text-align: right;">_____ HOD's Signature</p>		



**Format 2 (a). Special Programs conducted for Slow Performers**

<b>Santosh Medical/Dental College</b> Department of _____		
1.	Name:	
2.	Roll no:	
3.	Course:	
4.	Year	
5.	Percentage	
6.	Special Programs conducted	<input type="checkbox"/> Tutorial in groups <input type="checkbox"/> Remedial Classes <input type="checkbox"/> Revision Practical <input type="checkbox"/> Case Discussion <input type="checkbox"/> Monthly Test <input type="checkbox"/> Personal Guidance and Counseling by subject teacher <input type="checkbox"/> Pair them with brighter students for group activities Include Library Sessions  <input type="checkbox"/> Any other _____
Date: _____		
_____ Faculty Signature		_____ HOD's Signature



Format 2 (b). Special Programs conducted for Advance Learners

<b>Santosh Medical/Dental College</b> Department of _____		
1.	Name:	
2.	Roll no:	
3.	Course:	
4.	Year	
5.	Percentage	
6.	Special Programs conducted	<input type="checkbox"/> Enroll for Short term internship in specific areas of research <input type="checkbox"/> Pair with Slow Learner for group activities <input type="checkbox"/> Journal club presentations <input type="checkbox"/> Library research followed by presentations <input type="checkbox"/> Poster presentations/ Paper presentations <input type="checkbox"/> Case presentations  <input type="checkbox"/> Any other _____
Date: _____		
_____ Faculty Signature		_____ HOD's Signature



### Format 3: Outcome Performance

<b>Santosh Medical/Dental College</b> Department of _____		
Name: Roll no: Course: Year:		
S.NO.	Parameter	Weightage in Percentage
1.	Scores of the Professional Examination	
Date:		
_____ HOD's Signature		

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