



LESOTHO

SCHEDULE 11
Regulation 14 (2)
**APPLICATION FOR ASSESSMENT OF A TEACHER PRIOR TO
PROMOTION**

To the Chief Inspector of Schools:
Ministry of Education, P.O. Box 47, Maseru – 100

School: _____

School Registration Number: _____ District: _____

Name of teacher: _____

Registration Number: _____ Employment Number: _____

Date of appointment: _____

Type of allocation to school (indefinite or limited)

Subjects taught:

1. _____ Class _____

2. _____ Class _____

3. _____ Class _____

4. _____ Class _____

5. _____ Class _____

The above teacher has applied for an assessment of his/her work, with a view to confirmation of his/her appointment. Would you please arrange for an inspector to carry out the assessment.

Signed: _____ Date: _____

Principal