

English Resource Center Portfolio of Evidence

Resource Center:

Coordinator:

Academic year: 2013-2014

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- A teacher evaluation of the activity		
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- A teacher evaluation of the activity		
- A visitor evaluation of the activity		

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Application form

School Information

School name: _____

Type of school: _____

School address: _____

Number of students: _____

Teacher in Charge (Coordinator)

Full name: _____

Mailing address: _____

Phone number: _____

Email: _____

Signature of coordinator:

Date:

Resource Center Background Information

School

Date of foundation of school: _____

Five distinctive characteristics of your school:

1. _____
2. _____
3. _____
4. _____

Resource Center

Date of foundation: _____

Type of Resource Center: (You can tick more than one type)

SAC:	<input type="checkbox"/>	ERC:	<input type="checkbox"/>	LEC:	<input type="checkbox"/>	ORC:	<input type="checkbox"/>
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Established clubs:

Reading:	<input type="checkbox"/>	Creative writing :	<input type="checkbox"/>	Performing arts:	<input type="checkbox"/>	Other*:	<input type="checkbox"/>
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*Please specify: _____

Various activities you / your school have been involved in before:

1. _____
2. _____
3. _____

Other extra-curricular activities you are interested in:

1. _____
2. _____
3. _____

Any further information

**Moroccan Resource Centers of
English Network (MoRCE-Net)**
Website: www.morce.net

الشبكة المغربية
لمراكز الادوات التربوية للغة الانجليزية
Email: morcenet@gmail.com

Partnership

Reserved for a copy of partnership signed by the delegué, the coordinator, school headmaster and officials of MoRCE-Net (to be scanned and pasted on this page)

Resource Center Action Plan

Activity	Club	Number of participants	Dates	Evaluation method	Learning outcome
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					

Club:

Activity Details

Activity title:

School name		Activity Number	
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Title of activity			
Teacher in charge			
Date of activity			
A concise description of the objectives, content and outcomes of the activity			
Number of learners taking part in this activity			
Number of copies of evidence			
Number and kind of evaluation forms included	Learner	Visitor	Teacher

Club:
Learner evaluation of the activity

School name		Activity Number	
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To be filled in by a learner

Learner's Name	Class or Level	Date
Title of activity		
What did you like about the activity?		
What did you learn from the activity?		
What did you not like in the activity?		
What do you suggest to make the activity more attractive and informative?		

Club:
Teacher evaluation of the activity

School name		Activity Number	
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To be filled in by a teacher

Teacher's Name	Class or Level
Title of activity	Date
How beneficial is the activity to learners?	
How were you affected by the activity?	
How was your school affected by the activity?	
What do you suggest to make the activity more beneficial &informative?	
Any further remarks?	

Club:
Visitor evaluation of the activity

School name		Activity Number	
-------------	--	-----------------	--

To be filled in by a visitor

Visitor's Name	Class or Level		
Title of activity	Date		
What did you get from the activity?			
What did you like most from the activity?			
How were you affected by the activity?			
What do you suggest to change in the activity?			
Any further remarks?			

Additional Activities

School name		Activity Number	
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Title of activity		Date	
A concise description of the objectives, content and outcomes of the activity.			

School name		Activity Number	
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Title of activity		Date	
A concise description of the objectives, content and outcomes of the activity.			

Future Plans

Please write down what you intend to do next year so as to ensure the sustainability and efficiency of activities.

Appendices

