CATCH-UP PROGRAMME FOR TIME LOST DUE TO ABSENTEEISM/ ATTENDANCE OF WORKSHOP/ CLUSTER MEETING/ EARLY DEPARTURE

Name of Educator: _____ Subject: _____Grade:_____

Date on which Period(s) was /were missed: _____Number of Period(s) missed:_____

Scheduled Date	Topic	Content/ Concepts / Activities to be taught	Week no.	Lesson Duration	Anticipated completion Date

Educator

education
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

SCHOOL STAMP

(Principal)

MPUMALANGA
THE PLACE OF THE RISING SUN