



Follow Up Visit Form

(Rotarians/ Inner Wheel Members are required to fill up this for each project on a monthly basis and send back to elarning@rotaryteach.org)

DETAILS OF PERSON FILLING THE FORM

(The person filling the form will be considered as the primary contact.)

Select your identity

Rotarian Inner Wheel Member Rotaractor

1. RI / IW District _____ 2. Name of Club _____

3. Name : _____ 4. Designation : _____

5. Phone Number _____ 6. E-mail id _____

7. City / Town/ Village _____ 8. State : _____ 9. PIN _____

Instructions:

- Questions 2 is to be filled based on sitting in and actual observation of an e-learning supported class in the school.

1. Does the school have a schedule/time-table for e-learning supported classes?
 - a. Yes (please physically verify) and upload picture of the same here or fill the table below

Serial No.	Class	Subjects	Duration (hours/week)

- b. No

If No, please recommend that the school prepares a time-table for the e-learning classes and undertake a physical verification of this on your next monthly visit.



E-learning

Form No EL 6.1 (a)

2. Effectiveness of E-learning facility (In-class observation)

Parameters	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
Teachers were using the software effectively					
Students were enjoying the class					
Students were responding well					

3. Was the projector installed securely?

- a. Yes
- b. No

4. Has the projector worked properly in the last month? (dropdown)

- a. Yes
- b. No

5. What was the problem faced?

6. Who was approached for the repair or maintenance?

- a. Respective Hardware Vendor
- b. Local Repair Man

7. If hardware vendor was contacted, how quick was the issue resolved?

- a. 2 days
- b. 7 days
- c. 15 days
- d. 1 month
- e. More than a month (specify issue)
- f. Did not turn up

8. Remarks/ Suggestions (within 250 words)

9. Upload 2 pictures of E-Learning classes under progress, where observed

(Signature of Rotarian/Inner Wheel Member)