TEACHERS SERVICE COMMISSION

LESSON RECOVERY SCHEDULE(LRS)

School …….

Class/Form ……Year ……..Term ……Week……Dates: - From Mon …….. To Fri.....

	LESSONS MISSED					LESSONS RECOVERED			LESSONS NOT RECOVERED	
	TEACHER	TSC NO.	DATE	SUBJECT	LESSON No.	DATE	WEEK	TIME	NO. OF LESSONS NOT RECOVERED	TEACHER SIGN
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
	Total No. of Lessons Missed					Total Number of Lessons Recovered			Total Number of Lessons Not Recovered	

Maintained and Confirmed By Deputy Head teacher/Principal;

Name_____Date_____Sign _____

Verified By Head teacher/ Principal;

Name_____Date_____Sign_____