

## 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.											
	<b>Total No. of Lessons Missed</b>						<b>Total Number of Lessons Recovered</b>			<b>Total Number of Lessons Not Recovered</b>	

Maintained and Confirmed By Deputy Head teacher/Principal;

Name \_\_\_\_\_ Date \_\_\_\_\_ Sign \_\_\_\_\_

Verified By Head teacher/ Principal;

Name \_\_\_\_\_ Date \_\_\_\_\_ Sign \_\_\_\_\_