Province of the Eastern Cape

DEPARTMENT OF EDUCATION
ISEBE LEZEMFUNDO
DEPARTEMENT VAN ONDERWYS

Districts (Mark with an X)

01	Mt Fletcher	07	Queenstown	13	Ngcobo	19	King Williams Town
02	Mt Frere	08	Lady Frere	14	Cofimvaba	20	Graaff-Reinet
03	Maluti	09	Cradock	15	Dutywa	21	Grahamstown
04	Lusikisiki	10	Mthata	16	Butterworth	22	Port Elizabeth
05	Mbizana	11	Qumbu	17	Fort Beaufort	23	Uitenhage
06	Sterkspruit	12	Libode	18	East London		

Key to Overall Performance

Rating Code	%	Description of Competence	Rating Code	%	Description of Competence
7	80-100	Outstanding Achievement	3	40-49	Moderate Achievement
6	70-79	Meritorious Achievement	2	30-39	Elementary Achievement
5	60-69	Substantial Achievement	1	1-29	Not Achieved
4	50-59	Adequate Achievement			

Form No. EC108C2

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Grade 7-8

Internal Progression Schedule: Senior Phase

Name of School _____ EMIS Number | | | | | | | | | | Year Ending **2** **0** | | Population Group A=Asian | B= Black | C = Coloured | I = Indian | W = White

Surnames, First Name listed Alphabetically (A-Z) No Class Schedules Accepted Surname, First Name	Gender (M/F)	Population Group	Identity Number/Date of Birth (YYMMDD	Years in Phase	Learning Areas: Fundamentals: Afrikaans Home Language	Afrikaans 1st Additional Language	English Home Language	English 1st Additional Language	SeSotho Home Language	IsiXhosa Home Language	IsiXhosa 1st Additional Language	Maths	L0	AC	EMS	NS	SS	TECH	Progression RP/NRP	Remarks
					Rating Code															

** I declare that::

(a) The learners on this progression schedule have been correctly progressed/ retained as per progression policy.
(b) No learners have been omitted from this schedule.
(c) All marks have been calculated correctly, transferred to this schedule correctly and appear in the correct subject column.
(d) The reports given to parents have been generated from this schedule and have exactly the same marks on them.
(e) No alterations will be done to this schedule after it has been signed off by the EDO and submitted to the Provincial Office.

Educator Name (Print)	Educator Signature	Principal Name (Print)	Principal Signature	EDO Name (Print)	EDO Signature

Date _____ Date _____ Date _____

SCHOOL STAMP

** As a signatory to this schedule I declare that I have read and understood the points a-e above.