



**NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING**  
**SRI AUROBINDO MARG, NEW DELHI – 110016**

**NISHTHA**

**(Block Level Teacher Training)**  
**On-Site Information and Observation Tool for Follow Up and**  
**Support under NISHTHA**

**About NISHTHA**

NISHTHA stands for National Initiative for School Heads and Teachers Holistic Advancements. It is a national mission with the aim to improve the learning outcomes of students by integrated teacher training program. This integrated programme aims to build the capacities of around 42 lakh participants covering all teachers and Heads of Schools at the elementary level in all Government schools. With this huge coverage, NISHTHA Programme is perhaps the largest such initiative in the world. The aim of this training is to motivate and equip teachers to encourage and foster critical thinking in students, handle diverse situations and act as first level counsellors.

**Important points to be kept in view:**

1. You are requested to fill the following sections on the basis of your observations of the site of training.
2. Observations will be related to the training venue as well as the training sessions.
3. There are three types of inputs required from you
  - a. You will be required to respond with a Yes/No or tick mark the specific input.
  - b. You might be required to mark the responses on a rating scale.
  - c. You may further explain your choice in the follow-up report.
4. Your responses will be used for research purpose only and for planning future trainings.
5. Your responses will be kept confidential.

**I. General**

a.	State	<Name>
b.	District	<Name>
c.	Block	<Name>
d.	Date of training	From _____ To _____
e.	Which day of the training was observed by the FSM Team?	<input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5

f.	FSM Team Details	<p>I. National Level Observer  Name: _____  Organization: _____  Designation: _____</p> <p>II. State level Observer  Name: _____  Organization: _____  Designation: _____</p> <p>III. NGO/Civil Society Organization  Name of Organization _____</p> <p>IV. UN Partners  Name: _____  Organization: _____  Designation: _____</p>
g.	Officer in-charge of Block Level Workshop	<p><input type="checkbox"/> BRC  <input type="checkbox"/> Cluster level officer  <input type="checkbox"/> CRC  <input type="checkbox"/> CRC coordinator  <input type="checkbox"/> BEO  <input type="checkbox"/> DIET faculty  <input type="checkbox"/> SCERT faculty  <input type="checkbox"/> SIEMAT  <input type="checkbox"/> Any Other</p> <p>Officer in-charge details  Name _____  Phone no. _____  Email id _____</p>
h.	SRG Group Details	<p>I. KRP Details-  Name _____  Phone No. _____  Email Id _____</p> <p>II. SRP Details-  Name _____  Phone No. _____  Email Id _____</p>
i.	<p>Brief about NRG under which the SRG had taken training</p> <p>(ask 3-4 SRG members this question)</p>	<p>Name of NRG Members _____  _____  _____</p> <p>Venue _____</p> <p>Dates of Training From _____  To _____</p>

j.	Number of Batches Formed for Training Purpose	Number of Participant in each batch
<input type="checkbox"/>	1	_____
<input type="checkbox"/>	2	_____
<input type="checkbox"/>	3	_____
<input type="checkbox"/>	4	_____
<input type="checkbox"/>	5	_____
<input type="checkbox"/>	More than 5	_____
k.	Are Block Level Functionaries present at the venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Are District Level Functionaries present at the venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Were the SRPs present at the venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Venue of the Training	<input type="checkbox"/> Government School, <input type="checkbox"/> Government College/University, <input type="checkbox"/> Local Government Building, <input type="checkbox"/> Private Premises <input type="checkbox"/> Any other Please specify _____

## II. About the Number of Participants, KRPs and SRPs

***(Please refer to attendance sheet or ask Venue Coordinator to respond to questions in this section)***

a	Number of Teachers invited	Number
b	Number of Teachers attending on day of observation	number
c	Number of School Heads invited	Number
d	Number of School Heads attending on day of observation	Number
e	Number of KRPs present at the venue	Number
f	Number of key functionaries present at the venue	Number

### III. Facilities Available (In consonance with the NISHTHA Guidelines)

a.	Total Number of rooms allocated for training –	_____ (Please specify number)
b.	How was the inaugural /valedictory session held?	<input type="checkbox"/> Jointly <input type="checkbox"/> Independently <input type="checkbox"/> Not happened
c.	Were there sufficient rooms for separate academic sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Were all the rooms comfortable for imparting training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Was drinking water available on all days of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Were separate toilets available for female participants on all days of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Were food and refreshments adequate on all days of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Were Projectors, sound systems, and other technology well managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Was Electricity constantly available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Was Internet connectivity consistently available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Was Per academic session trainer versus participant ratio about 1:50?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Was there any additional learning resources available on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

		If yes they were, <input type="checkbox"/> Posters <input type="checkbox"/> Material in local language <input type="checkbox"/> Charts <input type="checkbox"/> Teaching Aids <input type="checkbox"/> State Developed Materials <input type="checkbox"/> Any other Please specify _____
--	--	---

#### IV. Logistics Related to the Training Modules

a.	Were training modules available on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Were translated training modules available on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### V. Training Session Observation:

a. **Session Name (Tick mark the session observed)**

Teacher training	Leadership training
<input type="checkbox"/> Curriculum learner centered pedagogy, learning outcomes and inclusive education	<input type="checkbox"/> School leadership
<input type="checkbox"/> Developing social-personal qualities and creating safe and healthy school environment	<input type="checkbox"/> Pre- school education
<input type="checkbox"/> Art integrated learning	<input type="checkbox"/> Pre vocational education
<input type="checkbox"/> School based Assessment	<input type="checkbox"/> Relevance of gender dimensions in teaching and learning process
<input type="checkbox"/> Health and well being in school	<input type="checkbox"/> Initiatives in school education
<input type="checkbox"/> Integration of ICT	
<input type="checkbox"/> Initiatives in school education	
<input type="checkbox"/> Pedagogy of environmental science	
<input type="checkbox"/> Pedagogy of mathematics	

<input type="checkbox"/> Pedagogy of languages	
<input type="checkbox"/> Pedagogy of science	
<input type="checkbox"/> Pedagogy of social science	
<input type="checkbox"/> Discussions / Presentations / Activities	

b (i) **Duration of Observation**

☐ Complete session

☐ Half session

☐ Brief session

(ii) In case entire session was not observed please indicate whether the start or end of the session was observed? \_\_\_\_\_

c. **Overview of Session:**

Were the participants told about the objective of the session? ☐ Yes  
☐ No

d. **Session Content:**

(i) To what extent was the training content in alignment with the 'NISHTHA' module?



(ii) To what extent the connections were made to 'Student Learning Outcomes' during the session?



(iii) To what extent was the content contextualized as per state needs?



e. **Session Facilitation:**

(i) To what extent did the facilitator guide participants through the activity?

Not at all      To a very little extent      To some extent      To a great extent

(ii) To what extent the facilitator promoted reflective questions during the session?

Not at all      To a very little extent      To some extent      To a great extent

f. **Participation & Responsiveness:**

(i) To what extent the facilitator encouraged participation during session?

Not at all      To a very little extent      To some extent      To a great extent

(ii) To what extent the participants queries/needs/concerns were addressed by the facilitator?

Not at all      To a very little extent      To some extent      To a great extent

g. **Inclusion:**

To what extent the facilitator demonstrated and encouraged inclusive attitudes, language and appreciation for diversity?

Not at all      To a very little extent      To some extent      To a great extent

h. **Use of Resources:**

- (i) To what extent did the facilitator use available teaching learning resources for the session?

A horizontal scale with four circles and four corresponding labels below them. The labels are: Not at all, To a very little extent, To some extent, and To a great extent.

- (ii) To what extent did the facilitator use ICT resources during the session?

A horizontal scale with four circles and four corresponding labels below them. The labels are: Not at all, To a very little extent, To some extent, and To a great extent.

i. **Assessment:**

- (i) To what extent did the facilitator ask follow up and reflective questions in such a manner that reflect participant's learnings during the session?

A horizontal scale with four circles and four corresponding labels below them. The labels are: Not at all, To a very little extent, To some extent, and To a great extent.

manner that reflect participant's learnings during the session?

A horizontal scale with four circles and four corresponding labels below them. The labels are: Not at all, To a very little extent, To some extent, and To a great extent.