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| Governance Review SubcommitteeReview Report**(**Please specify areas studied**)**Period/Date: (Please specify the period/date of review)Reviewing Areas: (Please specify the area reviewed) |

|  | Review Items | Compliance\* | Finding/Evidence*N.B. Provide documentation* *where necessary* | Recommendations |
| --- | --- | --- | --- | --- |
| Yes | No |
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\* **Yes**: Compliance with the relevant requirements - School-based policies fully comply with the relevant requirements. No further improvement or follow-up is required.

 **No**: Non-compliance with the relevant requirements -School-based policies do not comply with the relevant requirements. Based on the experience and decision of the Governance Review Subcommittee, rectification by the school is required.

**Governance Review Sub-committee**

**Review Report on (Please specify area studied)**

**Period / Date:** (Please specify the period/ date of review)

**Area Reviewed**: (Please specify the area reviewed)

**Findings:**

(A) Good Practices:

1. (Please specify the good practices of the school)

2.

(B) Areas for improvement:

1. (Please specify the areas for improvement of the school)

2.

**Recommendations:**

1. (Please specify the relevant recommendations)

2.