

## **Nomination of Schools for External School Review by School Sponsoring Bodies**

### Notes

1. The Education Bureau Circular (EDB Circular No. 11/2015) issued on 19 June 2015 sets out details for the implementation of the next phase of the School Development and Accountability (SDA) framework. In this connection, EDB will allocate a small quota of External School Review (ESR) for School Sponsoring Bodies (SSB) to nominate schools under their purview for conducting ESR.
2. The purposes of the above measure are to provide flexibility for SSB to cater for schools' different needs and strengthen the collaboration between the education sector and EDB. In considering whether to nominate, SSB can take into account the needs of the schools under their purview.
3. SSB nomination for ESR is applicable to government schools, aided schools (including special schools) and caput schools but not Direct Subsidy Scheme schools.
4. Please use one form for each nomination and send the completed form either by fax or by post to the Quality Assurance Sections of EDB.
5. Following the stipulated ESR procedure, a school will be notified about 12 weeks prior to the conduct of ESR, regardless of whether it is nominated by the SSB or selected randomly by EDB.
6. Enquiries can be made to the Quality Assurance Sections of EDB by phone at 3902 3737 or by e-mail to [scoqasbs@edb.gov.hk](mailto:scoqasbs@edb.gov.hk).

**Nomination of Schools for External School Review by School Sponsoring Bodies**  
**Nomination Form**

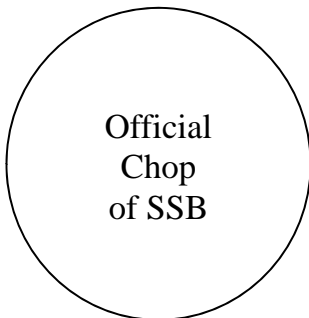
To: Principal Assistant Secretary (Quality Assurance & School-based Support)  
(Attn: Chief Quality Assurance Officer)  
Quality Assurance Sections  
Quality Assurance and School-based Support Division  
Education Bureau  
Rm 1602, 16/F, Crocodile Centre, 79 Hoi Yuen Road, Kwun Tong, Kowloon, Hong Kong

Fax number: 2123 1227

On behalf of the \_\_\_\_\_,  
(Name of sponsoring body)

I would like to nominate the following school for EDB's consideration in conducting an ESR.

Name of School: \_\_\_\_\_



Authorised Signature  
of SSB Representative : \_\_\_\_\_

Name of SSB Representative: \_\_\_\_\_  
( in Block Letters)

Position Held in SSB: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

Note: An acknowledgement reply will be issued by EDB upon receiving a nomination form.  
Please provide a correspondence address in the box provided.