WINNING TEAMS®

WINNING TEAMS PROGRAMME

SCORE-SHEET

School: _____ **Date:** _____

District: _____ **Class:** _____

Person completing the score-sheet: _____

Subject: _____ **Theme:** _____ **Lesson Title:** _____

Educator/Facilitator: _____ **Number of Learners:** _____

Round ☐ ☐ ☐ ☐ ☐ ☐

TEAM NO: 1			**TEAM NO: 2**			**TEAM NO: 3**			**TEAM NO: 4**		
TEAM COLOUR:			**TEAM COLOUR:**			**TEAM COLOUR:**			**TEAM COLOUR:**		
Question Code	**Points**	**Accum. Total**	**Question Code**	**Points**	**Accum. Total**	**Question Code**	**Points**	**Accum. Total**	**Question Code**	**Points**	**Accum. Total**
TOTAL SCORE			TOTAL SCORE			TOTAL SCORE			TOTAL SCORE		
% Achieved			% Achieved			% Achieved			% Achieved		

Performance Objectives: Rounds: **1:** 60% **2:** 65% **3:** 70% **4:** 75% **5:** 80% **6:** 85%

Score Summary **Questions** **% Retention Levels**

Class	Number of Scoresheet	Total Questions Posed / Asked	Total Questions Answered Correctly	Actual Score	Objective/ Target	Deviation

Checked by: _____