

STELLA MARIS CATHOLIC SCHOOL

STELLA MARIS POLICY REVIEW

NAME OF POLICY:

REVIEW DATE:

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1.	Is the purpose for this policy clear?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is the policy clear in its intent?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are the guidelines as presented, workable?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are they being fully implemented? If not, why not?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the format of the policy comply with the school's standard format?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have any changes occurred since the last review, which impact upon it?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Does its present content still meet the school's needs?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Is there a need to amend the policy? If so, in what way?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Do we still need a policy?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Consultation with	
	<input type="checkbox"/> Staff (as appropriate)	
	<input type="checkbox"/> Parents (as appropriate)	
	<input type="checkbox"/> Wider Community (as appropriate)	

COMMENTS
