

FOR DATA COLLECTOR ONLY: Is this centre in the IQS/IQTE list?  Yes  No

<b>Centre Code</b>																				
<b>Centre Coordinates (in decimal)</b>	Elevation (Meter)																			
	Latitude																			
	Longitude																			



## NATIONAL COMMISSION FOR MASS LITERACY, ADULT AND NON-FORMAL EDUCATION (NMEC)

### \_\_\_ / \_\_\_ IQS/IQTE CENSUS FORM

1. Please ensure that, as a **DATA COLLECTOR**, you have two copies of this Census Form for every Centre. After you have completed all forms, give one copy to the centre for records and return a copy to your SUPERVISOR.
2. Please read the instructions and the examples provided. Make sure that each section is completed carefully and that all your figures and totals are correct.

#### A. CENTRE IDENTIFICATION

**Instructions:** Please enter all answers in **BLOCK CAPITALS**.  
Use a **BLUE BIRO** to complete the form.

**Centre Code:** Please enter the centre code in the box at the TOP of this page.  
If you are not certain about your centre code, leave the box blank.  
**DO NOT USE ABBREVIATIONS ANYWHERE ON THIS PAGE**

<b>A.1 Centre Name</b>																				

<b>A.2 Number and Street name</b>																				

<b>A.3 Community</b>																				
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<b>A.4 Name of Village or Town</b>																				

<b>A.5 Ward</b>																				
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<b>A.6 LGA</b>																				
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<b>A.7 State</b>																				
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<b>A.8 Contact Number</b>																				
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<b>A.9 E-mail Address</b>																				
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## B. CENTRE CHARACTERISTICS

### Instructions

Answer every question and tick only one box in each section

<b>B. 1</b>	<b>Year of establishment</b>						
<b>B. 2</b>	<b>Is the Centre registered with the government?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>B. 3</b>	<b>Location</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural					
<b>B. 4</b>	<b>Type of Centre</b> Tick only one to describe the centre	<input type="checkbox"/> IQS <input type="checkbox"/> IQTE <input type="checkbox"/> Islamiyya Integrated <input type="checkbox"/> Others (Specify).....					
<b>B. 4i</b>	<b>Is the Centre Integrated</b> Tick only the option applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>B.4ii</b>	<b>Year of Integration If B. 4i is Yes</b>						
<b>B. 5</b>	<b>IQS/IQTE centre categorization</b> (Tick all if applicable)	<input type="checkbox"/> Basic Literacy (P1-P3) <input type="checkbox"/> Post-Basic Literacy (P4-P6) <input type="checkbox"/> Continuing Education					
<b>B. 6</b>	<b>Centre's day(s) and time of operation</b>						
		Morning		Afternoon		Evening	
	Session/Time	Start Time	End Time	Start Time	End Time	Start Time	End Time
	Monday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Tuesday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Wednesday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Thursday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Friday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Saturday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
	Sunday	_ : _	_ : _	_ : _	_ : _	_ : _	_ : _
<b>B. 7</b>	<b>Shared facilities</b> Does the centre share facilities with any other centre/school?  If Yes . How many centres/schools are sharing facilities:	Centre <input type="checkbox"/> Yes <input type="checkbox"/> No School <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ Centre (s) _____ School (s)					
<b>B. 8</b>	<b>Multi-grade teaching</b> Does any facilitator teach more than one group of learners at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>B. 9</b>	<b>Neighbourhood</b> Where is the centre nearest to among the following?	<input type="checkbox"/> Market <input type="checkbox"/> Hotel <input type="checkbox"/> Motor Park <input type="checkbox"/> Traditional Ruler's Palace <input type="checkbox"/> Highway <input type="checkbox"/> Mosque <input type="checkbox"/> Factory <input type="checkbox"/> Others (Specify).....					
<b>B9b</b>	<b>Name of nearby Primary School</b>						
<b>B9c</b>	<b>Average distance of the Primary School to the learners (in km)</b>						
<b>B.10</b>	<b>Centre: Distance from LGAHQ</b> How many kilometres is the centre away from LGA HQ?	_____ kilometres (Enter 0 if within 1 km)					

<b>B.11</b>	<b>Learners: Distance from Centre</b> How many learners live farther than 3km from the centre?	_____ learners
<b>B.12</b>	<b>Accessibility of the Centre</b>	<input type="checkbox"/> All Seasons <input type="checkbox"/> Dry Season <input type="checkbox"/> Rainy Season
<b>B.13</b>	<b>Learners: Boarding</b> How many learners board at the centre's premises?	Male_____ Female _____
<b>B.14</b>	<b>Centre Development Plan (CDP)</b> Did the centre prepare CDP last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.15</b>	<b>Centre Based Management Committee (CBMC)</b> Does the centre have CBMC, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.16</b>	<b>Mother's Association (MA)</b> Does the centre have MA which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.17</b>	<b>Monitoring Visits:</b> How frequent does NFE officials visit the centre?  When was the centre last monitored?  Number of monitoring visits last year	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annual <input type="checkbox"/> Annual  / / day/month/year  _____ time(s)
<b>B.18</b>	<b>Authority of Last Monitoring</b> Which authority conducted the last monitoring visit?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA <input type="checkbox"/> Others (specify).....
<b>B.19</b>	<b>Cash Transfer</b> How many learners benefitted from Cash Transfer last year?	_____ learners.
<b>B.20</b>	<b>Grants</b> Did the centre receive any grant(s) last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.21</b>	<b>Security Guard</b> Does the centre have a security guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.22</b>	<b>Ownership</b> Which of the following owns the centre?	<input type="checkbox"/> SUBEB <input type="checkbox"/> SAME <input type="checkbox"/> Community <input type="checkbox"/> Individual <input type="checkbox"/> NGO <input type="checkbox"/> Faith Based Organisation <input type="checkbox"/> Others (specify).....
<b>B.23</b>	<b>Supervising Authority (Tick all if applicable)</b>	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA

## C. LEARNERS ENROLMENT

### C.1 New entrants (learners) in Basic Literacy programme this year

	New entrants in P1		
Learner's age	Male	Female	Total
Below 6 Years			
6 Years			
7 Years			
8 Years			
9 Years			
10 Years			
11 Years			
Above 11 Years			
Total			

### C.2 Learners enrolment by age, gender and programme for the current year

No. of streams	Basic Literacy						Post-Basic Literacy						Continuing Education	
	P1		P2		P3		P4		P5		P6			
Learner's age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Below 6 Years														
6 Years														
7 Years														
8 Years														
9 Years														
10 Years														
11 Years														
Above 11 Years														
Total														
Repeaters														

How many attending formal school														
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Learners Flow	Basic Literacy						Post-Basic Literacy						Continuing Education	
	P1		P2		P3		P4		P5		P6			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dropout														
Transfer In														
Transfer Out														
Promoted														
Transited to higher programme														
Mainstreamed to formal school														

**C.4 Number of Learners with Special needs in the current year by gender and programme**

Please enter the number of learners by gender and programme with physical and mental challenges or special needs for the year														
Challenge that impacts the ability to learn	Basic Literacy						Post-Basic Literacy						Continuing Education	
	P1		P2		P3		P4		P5		P6			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Blind / visually impaired														
Hearing / speech impaired														
Physically challenged (other than visual or hearing)														
Mentally challenged														
Albinism														
Autism														
Others (specify).....														

Centre Code											
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**C.5 Number of orphans by gender and programme**

Please enter the number of orphans by gender and programme

Challenge that impacts the ability to learn	Basic Literacy						Post-Basic Literacy						Continuing Education	
	P1		P2		P3		P4		P5		P6		Male	Female
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Lost Mother														
Lost Father														
Lost Both														

Centre Code																			
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**D. INFORMATION ON FACILITATORS**

		Male	Female	Total
<b>D.1</b>	How many <b>facilitators</b> are working at the centre regardless of whether they are currently present or on course or absent?			
<b>D.2</b>	How many Quranic/Arabic <b>teachers</b> are working at the centre?			
<b>D.3</b>	How many other supporting staff are working in the centre			

**D.4 Information on all staff during the current year**

**Instructions**  
 Enter information on all **Facilitators** who work in this centre (present or currently absent) regardless of payroll status  
 Make sure that the total number of **Facilitators** listed in this table agrees with the number of facilitators(D1), number of Quranic/Arabic **teachers** (D2) and the number of other supporting staff(D3) reported above.  
**If the number of Facilitators is more than the space provided, photocopy the following page and attach to the questionnaire.**

<b>Gender</b>	M – Male	F – Female							
<b>Type of staff</b>	1 – Proprietor	2 – Facilitator	3 – Quranic/Arabic Teacher	4 – Other supporting staff					
<b>Source of salary/allowance</b>	1 – Federal Government -	2 – State Government	3 – Local Government	4 – Others, for example: community, NGO	5 – Volunteer				
<b>Present</b>	1 – Present or temporarily absent	2 – Absent for more than 1 month – Maternity leave	3 – Absent for more than 1 month – Sick leave	4 – Absent for more than 1 month – Training	5 – Absent for more than 1 month – Unauthorised				
<b>Academic qualification</b>	1–Below SSCE/FSLC/JIS	2–SSCE/WASC/Grade II/SIS/HIS	3–OND/Diploma	4–NCE	5–Degree/HND/Graduate	6–PhD/Masters	7. Others		
<b>Teaching qualification</b>	1–NCE	2–PGDE	3– B.Ed. or equivalent	4–M.Ed. or equivalent	5 – Grade II or equivalent	6 – None			
<b>Subject of qualification</b>	0 – General primary	1 – English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	6 – Quran/Arabic	8 – Other	9 – None
<b>Main subject taught</b>	1 – Basic Literacy	2 – Basic Numeracy	3 – Basic science	4– Quran/Arabic	5– Other	6– None			
<b>Type of appointment</b>	1 – Full-time	2 – Part-time	3 - Volunteer						

No.	Staff File No	Name of Staff	Gender	Type of staff	Source of salary	Year of birth	Year of first appointment	Year of present appointment	Year of posting to this school	Grade level / Step	Present	Academic Qualification	Teaching Qualification	Area of specialisation	Main subject taught	Teaching type	Tick box if teacher attended training workshop / seminar in last 12 months
Example	P4567	Abubakar Alkamu	M	1	1	1976	1996	2002	2005	7 / 2	1	4	3	3	1	1	<input checked="" type="checkbox"/>
1																	<input type="checkbox"/>
2																	<input type="checkbox"/>

<b>Centre Code</b>												
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No.	Staff File No	Name of Staff	Gender	Type of staff	Source of salary	Year of birth	Year of first appointment	Year of present appointment	Year of posting to this school	Grade level / Step	Present	Academic Qualification	Teaching Qualification	Area of specialisation	Main subject taught	Teaching type	Tick box if teacher attended training workshop / seminar in last 12 months
3																	<input type="checkbox"/>
4																	<input type="checkbox"/>
5																	<input type="checkbox"/>
6																	<input type="checkbox"/>
7																	<input type="checkbox"/>
8																	<input type="checkbox"/>
9																	<input type="checkbox"/>
10																	<input type="checkbox"/>
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22																	<input type="checkbox"/>
23																	<input type="checkbox"/>
24																	<input type="checkbox"/>
25																	<input type="checkbox"/>
26																	<input type="checkbox"/>



Centre Code										
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**E. INFORMATION ON CLASSROOMS**

<b>E.1</b>	Does the centre have dedicated <u>classrooms</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E.2</b>	If Yes to E.1, how many <u>classrooms</u> are there in the centre?	_____ <i>Number.</i>
<b>E.3</b>	If No to E.1, where is the learning taking place (tick all if applicable)?	<input type="checkbox"/> Under tree <input type="checkbox"/> Residential house <input type="checkbox"/> Mosque <input type="checkbox"/> Others (specify).....

**E.4 Information on all classrooms**

**Instructions**  
Record details for each individual classroom, regardless of whether or not they are in use. **Each row must correspond to a different classroom** (not a classroom block).  
**If the number of classrooms is more than the space provided, photocopy this page and attach to the questionnaire.**

<b>Present condition</b>	1 – Good	2 – Needs minor repairs	3 – Needs major repairs	4 – Under construction	5 – Unusable
<b>Floor material</b>	1 – Mud/Earth	2 – Concrete	3 – Wood	4 – Tile/Terrazzo	
<b>Wall material</b>	1 – Mud	2 – Cement/Concrete	3 – Wood/Bamboo	4 – Burnt bricks	5 – Iron sheets    6 – Stone    7 – No walls / dwarf walls
<b>Roof material</b>	1 – Mud	2 – Cement/Concrete	3 – Wood/Bamboo	4 – Ceramic tiles	5 – Iron sheets    6 – Asbestos    7 – No roof
<b>Seating</b>	Are there enough seats for the children in this classroom?			1 – Yes	2 – No
<b>Good blackboard</b>	Does the classroom have a good blackboard (white board etc) that children can read from?			1 – Yes	2 – No

No.	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Writing board
Example	1976	1	7	5	3	3	3	1	1
1									
2									
3									
4									
5									
6									
7									
8									
9									

No.	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Writing board
Example	1976	1	7	5	3	3	3	1	1
10									
11									
12									
13									
14									
15									
16									
17									
18									

Centre Code										
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**E.5 Number of rooms other than classrooms in the centre by type**

1	Staffrooms	___ Number.
2	Office	___ Number.
3	Library	___ Number.

4	Workshops	___ Number.
5	Store room	___ Number.
6	Others (e.g. hostel)	___ Number.

<b>Centre Code</b>											
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## F. FACILITIES

**Instructions – Please tick source of drinking water available in your centre**

<b>F.1</b>	<b>Source of safe drinking water</b> <i>(Select only the primary source)</i>	<b>1. Pipeborne Water</b> <input type="checkbox"/>
		<b>2. Borehole</b> <input type="checkbox"/>
		<b>3. Well</b> <input type="checkbox"/>
		<b>4. Other (Specify.....)</b> <input type="checkbox"/>
		<b>5. No Source of Safe Water</b> <input type="checkbox"/>

**Instructions – Please enter the total number of facilities available in your centre**

<b>F.2</b>	<b>Facilities available</b> How many useable facilities does the centre have? (If the facilities are not available, write zero)  <b>Please note only figure is required here</b>		Useable	Not usable
		Toilets		
		Water Source(s)		
		Workshops		
		Classrooms		
		Library		
		Play Ground(s)		
		WASH facility		
		Others		

**Instructions – Please indicate shared facilities available in your centre**

<b>F.3</b>	<b>Shared Facilities</b>  If your centre share facilities, specify the facilities shared by separate centre/schools (tick all applicable)	<input type="checkbox"/> Toilets	<input type="checkbox"/> Classrooms
		<input type="checkbox"/> Computers	<input type="checkbox"/> Library
		<input type="checkbox"/> Water Source(s)	<input type="checkbox"/> Play Ground(s)
		<input type="checkbox"/> Workshops	<input type="checkbox"/> WASH facility
			<input type="checkbox"/> Others

**Instructions – Please enter the total number of useable toilets units by each type below. Count the number of toilet units, not toilet blocks.**

F.4	Number of useable toilets units by type									
	Used by learners only			Used by staff only			Used by both learners and staff			Total
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	
Pit										
Bucket system										
Water flush										
Others										

<b>Centre Code</b>									
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F.5	<b>Sources of power supply</b> (Select the primary source)	1. PHCN/NEPA	<input type="checkbox"/>
		2. Generator	<input type="checkbox"/>
		3. Solar	<input type="checkbox"/>
		4. Others (specify)	<input type="checkbox"/>
		5. No source of Power	<input type="checkbox"/>

F.6	<b>Health facility</b> (Select the primary health facility)	1. Health Clinic	<input type="checkbox"/>
		2. First Aid Kit	<input type="checkbox"/>
		3. None	<input type="checkbox"/>

F.7	<b>Fence/Wall</b>	1. In Good Condition	<input type="checkbox"/>
		2. Needs Minor Repair	<input type="checkbox"/>
		3. Needs Major Repair	<input type="checkbox"/>
		4. None	<input type="checkbox"/>

### F.8 Additional Classrooms Information

#### Instructions

Please indicate seating available by programme. Only seats and desks owned by the centre should be counted.

Programme		Seating available						Total
		Floor/ Ground	Mat	Bench only	Desk only	Bench & Desk	Sack	
Basic literacy	P1							
	P2							
	P3							
Post-basic literacy	P4							
	P5							
	P6							
Continuing education								

### G. INFORMATION ON LEARNERS'/FACILITATORS' MATERIALS

#### G.1 Number of Learning Materials available to learners by subject and programme

Subject	Programme						Continuing Education
	Basic Literacy			Post-basic Literacy			
	P1	P2	P3	P4	P5	P6	
Literacy							
Numeracy							
Basic Science							

Centre Code										
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**G.2 Number of Facilitators' Instructional Materials available in the Center by subject and programme**

Subject	Programme						
	Basic Literacy			Post-basic Literacy			Continuing Education
	P1	P2	P3	P4	P5	P6	
Literacy							
Numeracy							
Basic Science							

**H. CENTRE'S RECORDS.**

S/N	Type of Record	Availability of record template/booklet (1- Available; 2 -Not Available)	Usage (If available) 1 – Used (updated); 2 – Used (not updated); 3 – Not used
1	Enrolment register		
2	Class daily attendance register		
3	Log book		
4	Punishment / reward book		
5	Continuous assessment record		
6	Attendance register for teaching and non-teaching staff		
7	Staff movement		
8	Annual leave roster for facilitators		
9	Transfer certificate book		
10	Visitors book		
11	Weekly diary of work		
12	Assignment book record for facilitators		
13	Query book		
14	Centre history book		
15	Learners personal file		
16	Sport and games record file		
17	Centre clubs/societies records of activities		
18	Centre leaving certificate record		
19	Staff disciplinary book		
20	Learners health record		
21	NMEC Harmonised IQTE Curriculum		
22	CBMC minute book		
23	Centre Cash book		
24	Inventory and stock book		

Centre Code

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### H. UNDERTAKING

#### NOTICE

Public officers completing this form are reminded that **Civil Service Rule 04107 Section 1** requires the recording and supply of accurate data. Failure to do so amounts to gross misconduct punishable by sanctions that may include dismissal.

#### Attestation by Proprietor/ Head Teacher

I certify that the information I have given in this form is correct to the best of my knowledge.

Name

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Telephone

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Attestation by Data Collector

I have checked the information in this form and can confirm that it is complete and correct.

Name

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Position

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Telephone

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Attestation by Supervisor

I have checked the information in this form and can confirm that it is complete and correct.

Name

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Position

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Telephone

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### FOR OFFICE USE ONLY

CHECK	CHECKED BY	DATE
FIELD COORDINATOR CHECK		/ /
PRE-DATA ENTRY CHECK		/ /
DATA ENTRY COMPLETED		/ /
VERIFICATION CHECK		/ /