

B. SCHOOL CHARACTERISTICS

Instructions		
Answer every question and tick only one box in each section <input checked="" type="checkbox"/>		
B. 1	Year of establishment	
B. 2	Location	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
B. 3	Levels of education offered	<input type="checkbox"/> Pre-primary only <input type="checkbox"/> Pre-primary and primary <input type="checkbox"/> Primary only
B. 4	Type of school Tick only one to describe school	<input type="checkbox"/> Regular <input type="checkbox"/> Nomadic (Migrants) <input type="checkbox"/> Islamiyya integrated <input type="checkbox"/> Special needs
B. 5	Shifts: Does the School operate shift system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 6	Shared facilities Does the school share facilities/Teachers/premises with any other school? If Yes . How many Schools are sharing facilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 5px;"></div>
B. 7	Multi-grade teaching Does any teacher teach more than one class at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 8	School: Average Distance from Catchment communities What is average distance of school from its catchment areas	_____ kilometres (Enter 0 if within 1 km)
B. 9	School: Distance from LGA How many kilometres is the school away from LGA HQ?	_____ kilometres (Enter 0 if within 1 km)
B. 10	Pupils: Distance from School How many pupils live further than 3km from the school?	_____ pupils
B. 11	Pupils: Boarding How many pupils board at the school premises?	_____ Male _____ Female
B. 12	School Development Plan (SDP) Did the school prepare SDP in the last school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 13	School Based Management Committee (SBMC) Does the school have SBMC, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 14	Parent-Teacher Association (PTA) / Parents' Forum (PF)/ Mother's Association Does the school have PTA / PF / MA, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 15	Date of Last Inspection Visit When was the school last inspected? Number of inspection Visit in last academic year	/ / day/month/year _____ Number.
B. 16	Authority of Last Inspection Which authority conducted the last inspection visit?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA
B. 17	Conditional Cash Transfer How many pupils benefitted from Conditional Cash Transfer?	_____ Number.
B. 18	School Grants Has your school ever received grants in the last academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 19	Security Guard Does the school have a security guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. 20	Ownership Which of the following owns the school?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA <input type="checkbox"/> Community

C.3 New entrants in primary 1

Pupil age	New entrants in PRY1		How many of the new entrants attended any early childhood education	
	Male	Female	Male	Female
Below 6 Years				
6 Years				
7 Years				
8 Years				
9 Years				
10 Years				
11 Years				
Above 11 Years				
Total				

C.4 Primary enrolment by age for the current school year

No. of streams	PRY1		PRY2		PRY3		PRY4		PRY5		PRY6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No of streams with Multigrade teaching												
Pupil age	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												
Completed P6 for previous year												

School Code																			
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D. STAFF

		Male	Female	Total
D. 1	How many <u>non-teaching staff</u> are working at the school?			
D. 2	How many <u>teachers</u> are working at the school regardless of whether they are currently present or on course or absent			
D. 3	How many Care Givers are in the School for ECCD			

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

Instructions
 Enter information on all staff who work in this school (present or currently absent) regardless of payroll status
 Make sure that the total number of staff listed in this table agrees with the number of non-teaching staff (D1) and the number of teachers (D2) reported above.
If the number of staff is more than the space provided, photocopy the following page and attach to the questionnaire.

Gender	M – Male	F – Female							
Type of staff	1 – Head teacher	2 – Assistant head teacher	3 – Teacher	4 – Pre-primary teacher	5 – Care giver	6 – Other non-teaching staff			
Source of salary	1 – Federal Government - FTS	2 – State Government - On this school's payroll	3 – State Government - On another school's payroll	4 – Other, for example: community, PTA	5 – No salary, for example: volunteer, NYSC				
Present	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				
Academic qualification	1 – Below SSCE	2 – SSCE/WASC	3 – OND / Diploma	4 – NCE	5 – Degree / HND / Graduate	6 – PhD/Masters degree			
Teaching qualification	1 – NCE	2 – PGDE	3 – B.Ed. or equivalent	4 – M.Ed. or equivalent	5 – Grade II or equivalent	6 – None			
Subject of qualification	0 – General primary	1 – English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	6 – Care giving	8 – Other	9 – None
Main subject taught	0 – General primary	1 – English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	8 – Other	9 – None	
Teaching type	1 – Full-time	2 – Part-time							

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	Fred Abdul	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"/>
3																	<input type="checkbox"/>
4																	<input type="checkbox"/>

School Code

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
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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23																	<input type="checkbox"/>
24																	<input type="checkbox"/>
25																	<input type="checkbox"/>
26																	<input type="checkbox"/>
27																	<input type="checkbox"/>

School Code										
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E. CLASSROOMS

E. 1	How many <u>classrooms</u> are there in the school?	_____ <i>Number.</i>
E. 2	Are any classes held outside (because classrooms are unusable or insufficient)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. 3	How many <u>play rooms</u> are there in the school for ECCD?	_____ <i>Number.</i>

E. 4 Information on all classrooms/play rooms

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 block).**
If the number of classrooms is more than the space provided, photocopy this page and attach to the questionnaire.

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

E. 5 Number of rooms other than classrooms are there in the school by type of room

1	Staff rooms	_____ <i>Number.</i>	4	Laboratories	_____ <i>Number.</i>
2	Office	_____ <i>Number.</i>	5	Store room	_____ <i>Number.</i>
3	Library	_____ <i>Number.</i>	6	Others	_____ <i>Number.</i>

F.5	Sources of power Is there a source of power for the school?	1. PHCN/NEPA	<input type="checkbox"/>
		2. Generator	<input type="checkbox"/>
		3. Solar	<input type="checkbox"/>
		4. No source of Power	<input type="checkbox"/>

F.6	Health facility Does the school have a health facility?	1. Health Clinic	<input type="checkbox"/>
		2. First Aid Kit	<input type="checkbox"/>
		3. No Health facility	<input type="checkbox"/>

F7	Fence/Wall Does the school have a fence or wall around it?	1. In Good Condition	<input type="checkbox"/>
		2. Needs Minor Repair	<input type="checkbox"/>
		3. Needs Major Repair	<input type="checkbox"/>
		4. No Fence or Wall	<input type="checkbox"/>

F8	Play Room Does the school have a playroom for ECCD?	1. Yes but no rugs or sand floor	<input type="checkbox"/>
		2. Yes with Play Rugs	<input type="checkbox"/>
		3. Yes with Sand Floor	<input type="checkbox"/>
		4. No Play Room	<input type="checkbox"/>

F9	Play Facilities Does the school have play facilities for ECCD? Tick all that apply	1. Merry Go Round	<input type="checkbox"/>
		2. Swing	<input type="checkbox"/>
		3. Ladder Slide	<input type="checkbox"/>
		4. See Saw	<input type="checkbox"/>
		5. Indoor Play Activity Materials	<input type="checkbox"/>

F10	Learning Materials Does the school have learning materials ECCD? Tick all that apply	1. Charts	<input type="checkbox"/>
		2. Posters	<input type="checkbox"/>
		3. Toys	<input type="checkbox"/>
		4. Audio/Visual (Radio, TV, DVD)	<input type="checkbox"/>
		5. Word Puzzle Box	<input type="checkbox"/>
		6. Caregiver Guide	<input type="checkbox"/>

F.11 Additional Classrooms Information

Instructions

Please indicate seating available by grade. Only count seats where both a seat and a writing desk are available.

Only seats and desks owned by the school should be counted.

Class	Seating available					
	1 Seater	2 Seater	3 Seater	4 Seater	5 Seater	6 Seater
ECCD						
Pre-primary						
PRY1						
PRY2						
PRY3						
PRY4						
PRY5						
PRY6						

G. PUPIL/TEACHER BOOK

G.1 Number of core subject textbooks available to pupils provided by government.

Subject Area	Number of Pupils Book Made Available for each Subject						
	Pre-Primary	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6
English							
Mathematics							
Social Studies							
Basic Science / Technology							

G.2 Number of core subject Teachers' Textbooks available in the School provided by government.

Subject Area	Number of Teachers Book Made Available for each Subject						
	Pre-Primary	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6
English							
Mathematics							
Social Studies							
Basic Science / Technology							

G.3 Care Giver Manuals provided by the School in the current Academic Year

Care Giver Manuals	Yes	No
Care Giver Guide/Hand Book		
National Policy on ECCDE/Pre-primary School		
National Curriculum		
Toy Making Manuals		

H. TEACHERS QUALIFICATION (BY LEVEL AND CLASS) IN CURRENT ACADEMIC YEAR

	Level of Teaching Input	Pre PRY		Pry		Total	
		Male	Female	Male	Female	Male	Female
1	Below SSCE						
2	SSCE/WASC						
3	OND / Diploma						
4	NCE						
5	PGDE						
6	B. Ed						
7	M. Ed						
8	Grade II						
9	B.A (Ed)						
10	B.Sc./HND						
11	B.Sc.(Ed)						
12	HND						
13	Other degree / graduate						
	TOTAL						

I. Family Life HIV/AIDS Education (FLHE)

I.1	<p>School Rules, Regulations and Guidelines. Do the rules, regulations and guidelines in your school cover the following aspects of FLHE?</p> <ul style="list-style-type: none"> • Physical safety in school • Stigma and discrimination towards staff or pupils/living with/affected by HIV, or based on sex, race or ethnicity, religion or any other grounds, sexual harassment and abuse. • Grievance/disciplinary procedures in case of breach of the regulations described in the rules and guidelines. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
I. 2	Has your school communicated information about the rules, regulations and guidelines to relevant stakeholders such as pupils, parents, teachers etc?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
I.3	<p>Life Skills-based Family Life HIV/AIDS Education (FLHE) Did students of your school receive any form of life skills-based Family Life Health Education (FLHE) in the previous academic year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
I.4	<p>If yes, indicate which of these topics were covered in the FLHE programme:</p> <ul style="list-style-type: none"> • Teaching on generic life skills (e.g. decision-making, communication, refusal skills). • Teaching on reproductive health/FLHE (e.g. teaching on human growth and development, family life, sexual abuse and transmission of STIs) • Teaching on HIV transmission and prevention. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
I.5	Number of students that received/participated in Life Skills-based Family Life HIV/AIDS Education (FLHE) in the previous year?	M F
I.6	<p>Orientation Process for Parents or Guardians of Pupils How many times have your school organised orientation programme for parents or guardians of pupils regarding FLHE programmes in the previous academic year?</p> <p>At what forums were the orientation programmes provided?</p>	<p>_____ Number</p> <p><input type="checkbox"/> PTA</p> <p><input type="checkbox"/> Open Day</p> <p><input type="checkbox"/> Special Session(s)</p>
I.7	<p>Date of Last Orientation When was the last orientation Programme on FLHE conducted?</p>	<p>/ / day/month/year</p>
I.8	<p>Life skills-based FLHE: Teacher training and teaching How many teachers in your school received formal training on FLHE?</p>	M F
I.9	How many teachers in your school who received formal training in the previous year also taught related topics on FLHE?	M F

J. 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 Head Teacher

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

Name	
Telephone	
Signature: _____ Date: ____/____/____	

Attestation by SBMC Chairperson/member

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

Name	
Position	
Telephone	
Signature: _____ Date: ____/____/____	

Attestation by Supervisor

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

Name	
Position	
Telephone	
Signature: _____ Date: ____/____/____	

FOR OFFICE USE ONLY

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