



## B. SCHOOL CHARACTERISTICS

<b>Year of establishment of :</b>		
<b>B. 1</b>	<b>Pre-primary</b>	
<b>B. 2</b>	<b>Primary</b>	
<b>B. 3</b>	<b>Junior Secondary School</b>	
<b>B. 4</b>	<b>Senior Secondary School</b>	
<b>B. 5</b>	<b>Location</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
<b>B. 6</b>	<b>Ownership status</b>	<input type="checkbox"/> Community <input type="checkbox"/> Faith-based <input type="checkbox"/> NGO <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other
<b>B. 7</b>	<b>Recognition status</b>	<input type="checkbox"/> Yet to be approved <input type="checkbox"/> In process of approval <input type="checkbox"/> Approved
<b>B. 8</b>	<b>Levels of education offered</b> Tick all that apply	<input type="checkbox"/> Pre-primary <input type="checkbox"/> Junior secondary <input type="checkbox"/> Primary <input type="checkbox"/> Senior secondary
<b>B. 9</b>	<b>Shifts:</b> Does the School operate shift system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 10</b>	<b>Shared Facilities:</b> Does the school/level share facilities/premises with any other school/level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 11</b>	<b>Type of school</b> Does your school fall into any of these special categories? Tick only one to describe school	<input type="checkbox"/> Regular School <input type="checkbox"/> Nomadic (Migrants) <input type="checkbox"/> Islamiyya integrated <input type="checkbox"/> Science and Technical College <input type="checkbox"/> Special Needs
<b>B. 12</b>	<b>Is the School a member of Private Schools Association?</b> If a member write name otherwise write None	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>

<b>B. 13</b>	<b>School: Average Distance from Catchment Communities</b> What is average distance of school from its catchment areas	___ kilometres (Enter 0 if within 1 km)
<b>B. 14</b>	<b>Students/Pupils Boarding</b> How many students/pupils board at the school premises	___ Male ___ Female

<b>B. 15</b>	<b>School Development Plan (SDP)</b> Did the school prepare SDP in the last school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 16</b>	<b>School Based Management Committee (SBMC)</b> Does the school have SBMC, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 17</b>	<b>Parents'-Teachers' Association (PTA) / Parents Forum (PF)</b> Does the school have PTA / PF, which met at least once last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>B. 18</b>	<b>Date of Last Inspection Visit</b> When was the school last inspected? <b>Number of inspection Visit in last academic year</b>	/ / day/month/year ___ (Number).
<b>B. 19</b>	<b>Authority of Last Inspection</b> Which authority conducted the last inspection visit?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA
<b>B. 20</b>	<b>Security Guard</b> How many employed Security Guards does the school have?	___ (Number).

## C. SCHOOL ENROLMENT

### C.1 Number of Children with Birth Certificates in pre-primary & primary 1

How many children were enrolled with Birth certificates	Pre-primary										Primary 1	
	Kindergarten 1/ECCD		Kindergarten 2/ECCD		Nursery 1		Nursery 2		Nursery 3 / One Year pre-primary			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
National Population Commission												
Others												

### C.2 Number of Students with Birth Certificates in JSS 1 & SSS 1

How many children were enrolled with Birth certificates	JSS 1		SS 1	
	Male	Female	Male	Female
National Population Commission				
Others				

### C.3 Pre-primary Enrolment by age for the Current Academic Year

	Kindergarten 1/ECCD		Kindergarten 2/ECCD		Nursery 1		Nursery 2		Nursery3 / One Year Pre-primary	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No of Streams										
Pupil age										
Below 3 Years										
3 Years										
4 Years										
5 Years										
Above 5 Years										
Total										

### C.4 New entrants in Primary 1

Pupil age	New entrants in Primary 1		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.8 Pupil Flow for the Current Academic Year (PRIMARY)**

Pupil Flow	PRY 1		PRY 2		PRY 3		PRY 4		PRY 5		PRY 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dropout												
Transfer in												
Transfer out												
Promoted												

**C.9 New entrants in JSS 1**

	New entrants in JSS1	
	Male	Female
Student age		
Below 12 years		
12 Years		
13 Years		
14 Years		
Above 14 years		
Total		

**C.10 Junior Secondary Enrolment by age for the Current Academic Year**

	JS1		JS2		JS3	
	Male	Female	Male	Female	Male	Female
No. of streams						
No of streams with Multigrade teaching						
Ages						
Below 12						
12 Years						
13 Years						
14 Years						
Above 14 years						
Total						
Repeaters						
Completed JS3 for previous year						

**C.11 New entrants in SS 1**

	New entrants in SS1	
	Male	Female
Student age		
Below 15 years		
15 Years		
16 Years		
17 Years		
Above 17 years		
Total		



## D. CLASSROOMS AND FACILITIES

Instructions – Please tick source of drinking water available in your school

<b>D.1</b> <b>Source of safe drinking water</b> Is there a source of water in the school that is <b>safe</b> to drink and in <b>sufficient</b> quantity to provide water every day for students? If there is more than one source, <b>select only the primary source.</b>	1. Pipe Borne Water	<input type="checkbox"/>
	2. Borehole	<input type="checkbox"/>
	3. Well	<input type="checkbox"/>
	4. Other (Specify.....)	<input type="checkbox"/>
	5. No Source of Safe Water	<input type="checkbox"/>

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

D.2 Number of useable toilets units by each type of toilet.										
Toilet type	Used only by students			Used only by teachers			Used by students and teachers			Total
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	
Pit										
Bucket system										
Water flush										
Others										

Please enter the total number of facilities available in your School

<b>D.3</b> <b>Facilities available</b>  How many useable facilities does the school have? (If the facilities are not available, write zero)  <b>Please note only figure is required here</b>	Toilets	Useable	Not useable
	Computers		
	Water Source(s)		
	Laboratories		
	Classrooms		
	Library		
	Play Ground(s)		
	Wash hand facility		
	Others		

Please indicate shared facilities available in your School

<b>D.4</b> <b>Shared Facilities</b>  If your school share facilities,  Specify the facilities shared by separate schools/levels by ticking the appropriate box	<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"/> Laboratories	<input type="checkbox"/> Wash hand facility
		<input type="checkbox"/> Others

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

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

<b>D.7</b>	<b>Ownership status of school building</b> Are the school premises rented or owned?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Granted for free
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<b>D.8</b>	<b>Type of school building</b>	<input type="checkbox"/> Purposely-built	<input type="checkbox"/> Converted building, one class per room (walls separating)
		<input type="checkbox"/> Converted building, rooms holding multiple classes (no walls between)	<input type="checkbox"/> Mixed-use building (school plus other commercial use)
		<input type="checkbox"/> Space in house/apartment (residential)	

#### D.9 Additional Classrooms Information – Pre-Pry – Pry - JSS and SSS

##### 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
Pre-primary						
PRY 1						
PRY 2						
PRY 3						
PRY 4						
PRY 5						
PRY 6						
JSS 1						
JSS 2						
JSS 3						
SSS 1						
SSS 2						
SSS 3						





## G. Family Life HIV/AIDS Education (FLHE)

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

## H. UNDERTAKING

### Attestation by Head Teacher / Principal

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

<b>Name</b>	
<b>Telephone</b>	
Signature: _____ Date: ____/____/____	

### Attestation by SBMC Chairperson/member

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

<b>Name</b>	
<b>Position</b>	
<b>Telephone</b>	
Signature: _____ Date: ____/____/____	

### Attestation by Supervisor

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

<b>Name</b>	
<b>Position</b>	
<b>Telephone</b>	
Signature: _____ Date: ____/____/____	

### FOR OFFICE USE ONLY

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