

FOR ENUMERATOR ONLY: Was this school in the school list?

Yes  No

<b>School Code</b>																				
<b>School Coordinates</b>	Elevation (Meter)																			
	Latitude North																			
	Longitude East																			



## FEDERAL MINISTRY OF EDUCATION

### \_\_\_ / \_\_\_ SCHOOL CENSUS FORM SCIENCE & TECHNICAL COLLEGES/ VOCATIONAL EDUCATION

1. Please ensure that, as an ENUMERATOR, you have two copies of this School Census Form for every school. After you have completed all forms, give one copy to the school 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. SCHOOL IDENTIFICATION

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

**School Code** Please enter the school code in the box at the TOP of this page.  
If you are not certain about your school code, leave the box blank.  
Do not use abbreviations anywhere on this page.

<b>A.1 School Name</b>																				
<b>A.2 Number and Street name</b>																				
<b>A.3 Village or Town</b>																				
<b>A.4 Ward</b>																				
<b>A.5 LGA</b>																				
<b>A.6 State</b>																				
<b>A.7 School Telephone</b>																				
<b>A.8 E-mail Address</b>																				

## B. SCHOOL 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>Location</b>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
<b>B. 3</b>	<b>Levels of education offered</b>	<input type="checkbox"/> Senior Secondary Only <input type="checkbox"/> Junior and Senior Secondary
<b>B. 4</b>	<b>Type of school</b> Tick only one to describe school	<input type="checkbox"/> Regular <input type="checkbox"/> Vocational Training Centre <input type="checkbox"/> Islamiyya integrated <input type="checkbox"/> Science and Technology College
<b>B. 5</b>	<b>Shifts: Does the School operate shift system?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 6</b>	<b>Shared facilities</b> Does the school share facilities/Teachers/premises with any other school? <b>If Yes . How many Schools are sharing facilities:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px; height: 20px;" type="text"/>
<b>B. 7</b>	<b>Multi-grade teaching</b> Does any teacher teach more than one class at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 8</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. 9</b>	<b>School: Distance from LGA</b> How many kilometres is the school away from LGA headquarters?	_____ kilometres (Enter 0 if within 1 km)
<b>B. 10</b>	<b>Students: Distance from School</b> How many students live further than 3km from the school?	_____ students
<b>B. 11</b>	<b>Students: Boarding</b> How many students board at the school premises?	_____ Male      _____ Female
<b>B. 12</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. 13</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. 14</b>	<b>Parent-Teacher 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. 15</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 ____ No.
<b>B. 16</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. 17</b>	<b>Conditional Cash Transfer</b> How many pupils benefitted from Conditional Cash Transfer?	_____ No.
<b>B. 18</b>	<b>School Grants</b> Has your school ever received grants in the last academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 19</b>	<b>Security Guard</b> Does the school have a security guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. 20</b>	<b>Ownership</b> Which of the following owns the school?	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> LGEA <input type="checkbox"/> Community

## C. ENROLMENT

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

How many Students were enrolled with Birth certificates	JSS 1		SS 1	
	Male	Female	Male	Female
NPopC				
Others				

### C.2 New entrants in JSS 1

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

### C.3 Junior Secondary Enrolment by age for the current school year

Ages	JS1		JS2		JS3	
No. of streams						
No of streams with Multigrade teaching						
	Male	Female	Male	Female	Male	Female
Below 12 years						
12 Years						
13 Years						
14 Years						
Above 14 years						
Total						
Repeaters						
Completed JSS3 for previous year						

### C.4 New entrants in SS1

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

**C.5 Senior Secondary enrolment by age for the current school year**

Ages	SS1		SS2		SS3	
No. of streams						
No of streams with Multigrade teaching						
	Male	Female	Male	Female	Male	Female
Below 15 years						
15 Years						
16 Years						
17 Years						
Above 17 years						
TOTAL						
Repeaters						
Completed SS3 for previous year						

**C.6 Student Flow for the Current Academic Year**

Student Flow	JS 1		JS 2		JS 3		SS 1		SS 2		SS 3	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dropout												
Transfer in												
Transfer out												
Promoted												

**C.7 Students with Special needs in the current school year**

Instructions												
Please enter the number of Students by grade level with physical and mental challenges or special needs for the current academic year.												
Challenge that impacts the ability to learn	JS1		JS2		JS3		SS1		SS2		SS3	
	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												

**C.8 NABTEB examination in the previous school year**

	Male	Female	Total
How many students were registered for NABTEB?			
How many students took part in the NABTEB?			
How many students passed (5 credit including English and Maths) in NABTEB exams?			

School Code																			
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**D. STAFF**

		Male	Female	Total
<b>D. 1</b>	How many <u>non-teaching staff</u> are working at the school?			
<b>D. 2</b>	How many <u>teachers</u> are working at the school regardless of whether they are currently present or on Course or Absent			

**D. 3 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.**

<b>Gender</b>	M – Male	F – Female							
<b>Type of staff</b>	1 – Principal	2 – Vice principal	3 – Teacher	4 – Other non-teaching staff					
<b>Source of salary</b>	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							
<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	2 – SSCE/WASC	3 – OND / Diploma	4 – NCE	5 – Degree / HND / Graduate	6 – PhD/Masters degree			
<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>	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	8 – Other	9 – None	
<b>Area of specialisation</b>	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	8 – Other	9 – None	
<b>Main subject taught</b>	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	8 – Other	9 – None	
<b>Teaching type</b>	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	Subject of qualification	Area of specialisation	Main subject taught	Teaching type	Tick box if teacher teaches both junior & senior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months
Example	P456	Fred Abdul	M	1	1	1976	1996	2002	2005	7 / 2	1	4	3	3	3	3	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1																		<input type="checkbox"/>	<input type="checkbox"/>
2																		<input type="checkbox"/>	<input type="checkbox"/>
3																		<input type="checkbox"/>	<input type="checkbox"/>

<b>School 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	Subject of qualification	Area of specialisation	Main subject taught	Teaching type	Tick box if teacher teaches both junior & senior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months
4																		<input type="checkbox"/>	<input type="checkbox"/>
5																		<input type="checkbox"/>	<input type="checkbox"/>
6																		<input type="checkbox"/>	<input type="checkbox"/>
7																		<input type="checkbox"/>	<input type="checkbox"/>
8																		<input type="checkbox"/>	<input type="checkbox"/>
9																		<input type="checkbox"/>	<input type="checkbox"/>
10																		<input type="checkbox"/>	<input type="checkbox"/>
11																		<input type="checkbox"/>	<input type="checkbox"/>
12																		<input type="checkbox"/>	<input type="checkbox"/>
13																		<input type="checkbox"/>	<input type="checkbox"/>
14																		<input type="checkbox"/>	<input type="checkbox"/>
15																		<input type="checkbox"/>	<input type="checkbox"/>
16																		<input type="checkbox"/>	<input type="checkbox"/>
17																		<input type="checkbox"/>	<input type="checkbox"/>
18																		<input type="checkbox"/>	<input type="checkbox"/>
19																		<input type="checkbox"/>	<input type="checkbox"/>
20																		<input type="checkbox"/>	<input type="checkbox"/>
21																		<input type="checkbox"/>	<input type="checkbox"/>
22																		<input type="checkbox"/>	<input type="checkbox"/>
23																		<input type="checkbox"/>	<input type="checkbox"/>
24																		<input type="checkbox"/>	<input type="checkbox"/>
25																		<input type="checkbox"/>	<input type="checkbox"/>
26																		<input type="checkbox"/>	<input type="checkbox"/>

School Code																			
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**E. CLASSROOMS**

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

**E. 3 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 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?				<b>1 – Yes</b>	<b>2 – No</b>	
<b>Good blackboard</b>	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	Good blackboard
Example	1976	1	7	5	3	3	3	1	1
1									
2									
3									
4									
5									
6									
7									
8									
9									

	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Good blackboard
Example	1976	1	7	5	3	3	3	1	1
10									
11									
12									
13									
14									
15									
16									
17									
18									

**E.4 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>

School Code																			
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### E.5 Information on all workshops

<b>Instructions</b>										
Record details for each individual workshop, regardless of whether or not they are in use. <b>Each row must correspond to a different workshop</b> (not a block). <b>If the number of workshops is more than the space provided, photocopy this page and attach to the questionnaire.</b>										
<b>Type of workshop</b>	1 – Electrical installation   2 – Computer Operation   3 – Basic Computer Electronics   4 – Computer Programming   5 – Wood Metal Finishing   6 – Furniture Design and Construction   7 – Automechics   8 – Building Construction   9 – General Woodwork   10 – Electrical/Electronics   11 – Clothing & Textile Design   12 – Upholstery 13 – Introduction to Building   14– Walls, Floors and Ceiling Finishing   15 – Concreting   16 – Garment Construction   17 – Brick, Block Laying   18 – Refrigeration And Air Conditioning   19 – Fabrication And Welding   20– Plumbing   21 – Technical drawing studies   22 – Mechanical crafting   23 – Printing   24 – Agricultural mechanization   25 – Catering   26– Carpenter and Joinery									
<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>Shared</b>	Is the workshop shared with another school(s)?								1 – Yes   2 – No	
<b>Seating</b>	Are there enough seats for the students in this workshop?								1 – Yes   2 – No	
<b>Good blackboard</b>	Does the workshop have a good blackboard that students can read from?								1 – Yes   2 – No	

No.	Type of workshop	Shared	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Good blackboard
Example			1976	1	7	5	3	3	3	1	1
1											
2											
3											
4											
5											
6											
7											
8											
9											

	Type of workshop	Shared	Year of construction	Present condition	Length in metres	Width in metres	Floor material	Walls material	Roof material	Seating	Good blackboard
Example			1976	1	7	5	3	3	3	1	1
10											
11											
12											
13											
14											
15											
16											
17											
18											





F.5	<b>Sources of power</b> 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	<b>Health facility</b> 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"/>

F.7	<b>Fence/Wall</b> 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"/>

**F.8 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	Total Seating available		
	1-Seater	2-Seater	3-Seater
JS 1			
JS 2			
JS 3			
SS1			
SS2			
SS3			

**G. NUMBER OF STUDENTS BY SUBJECT**

**G. 1 Number of Students by Subject and trade in the current academic Year**





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

J.1	<p><b>School Rules, Regulations and Guidelines.</b> Do the rules, regulations and guidelines in your school cover the following aspects of FLHE?</p> <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.</li> </ul>	<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>
J. 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>
J. 3	<p><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?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
J. 4	<p><b>If yes, indicate which of these topics were covered in the FLHE programme:</b></p> <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>	<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>
J. 5	Number of students that received/participated in Life Skills-based Family Life HIV/AIDS Education (FLHE) in the previous year?	M ..... F .....
J. 6	<p><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?</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>
J. 7	<p><b>Date of Last Orientation</b> When was the last orientation Programme on FLHE conducted?</p>	<p>/ /</p> <p>day/month/year</p>
J. 8	<p><b>Life skills-based FLHE: Teacher training and teaching</b> How many teachers in your school received formal training on FLHE?</p>	M ..... F .....
J. 9	How many teachers in your school who received formal training in the previous year also taught related topics on FLHE?	M ..... F .....

### K. 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 Principal

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

<b>Name</b>	
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<b>Telephone</b>	
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Signature: _____	Date: ____/____/____
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#### 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>	
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<b>Position</b>	
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<b>Telephone</b>	
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Signature: _____	Date: ____/____/____
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#### Attestation by Supervisor

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

<b>Name</b>	
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<b>Position</b>	
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<b>Telephone</b>	
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Signature: _____	Date: ____/____/____
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#### FOR OFFICE USE ONLY

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