

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"/> Senior Secondary Only <input type="checkbox"/> Junior and Senior Secondary
B. 4	Type of school Tick only one to describe school	<input type="checkbox"/> Regular <input type="checkbox"/> Islamiyya integrated
B. 5	Shifts: Does Your 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 share these facilities (Please provide in Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></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 headquarters?	_____ kilometres (Enter 0 if within 1 km)
B. 10	Students: Distance from School How many students live further than 3km from the school?	_____ students
B. 11	Students: Boarding How many students 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) Does the school have PTA / PF, 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. ENROLMENT

C.1 Number of Students with Birth Certificates in SSS 1

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

C.2 New entrants in SSS 1

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

C.3 Senior Secondary Enrolment by age for the Current Academic Year

	SS1		SS2		SS3	
	Male	Female	Male	Female	Male	Female
No. of Streams						
No of streams with multigrade teaching						
Student Ages						
Below 15 years						
15 Years						
16 Years						
17 Years						
Above 17 years						
Total						
Repeaters						
No. Completed SS 3 for previous year						

C.4 Students Flow for the Current Academic Year Senior Secondary School

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

C.5 Students with Special needs for the Current Academic 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	SS1		SS2		SS3	
	Male	Female	Male	Female	Male	Female
Blind / visually impaired						
Hearing / speech impaired						
Physically challenged (other than visual or hearing)						
Mentally challenged						
Albinism						
Autism						

C.6 SSCE examinations for the previous Academic Year

	Male	Female	Total
How many students were registered for SSCE?			
How many students took part in the SSCE?			
How many students passed (5 credits including English and Mathematics) in SSCE Exams			

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 Information on all staff during the 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 – Principal	2 – Vice principal	3 – Teacher	4 – Other none-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	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	8 – Other	9 - None			
Area of specialization	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	8 – Other	9 - None			
Main subject taught	1 – English	2 – Mathematics	3 – Science	4 – Business	5 – Humanities	6 – Technology	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	Subject of qualification	Area of Specialisation	Main subject taught	Teaching type	Tick box if teacher also teaches junior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months
Example	P.34567	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"/>

School Code											
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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 also teaches junior secondary classes in this school	Tick box if teacher attended training workshop / seminar in last 12 months	Tick box if teacher also teaches junior secondary classes in this school
4																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26																		<input type="checkbox"/>	<input type="checkbox"/>	<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 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.**

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	Good blackboard
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	Good blackboard
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>
2	Office	___ <i>Number.</i>
3	Library	___ <i>Number.</i>
4	Laboratories	___ <i>Number.</i>
5	Store room	___ <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. 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"/>

F.7	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"/>

F.8 Additional Classrooms Information

Instructions - Please indicate seating available by grade. Only count seats where both a seat and a writing desk that are available. Only seats and desks owned by the school should be counted.

Class	Total Seating available		
	1 Seater	2 Seater	3 Seater
SS 1			
SS 2			
SS 3			

G. NUMBER OF STUDENTS BY SUBJECT.

G.1 Number of Students by Subject in current Academic Year

Class/Subject	Number of Students by Subject					
	SS 1		SS2		SS3	
	Male	Female	Male	Female	Male	Female
Litration in English						
English						
Mathematics						
Biology						
Basic Science						
Physics						
Chemistry						
Health Science						
Civic Education						
Agric Science						
Computer						
Basic Technology						
Food and Nutrition						
Home Management						
Home Economics						
History						
Geography						
Economics						
Business Studies						
Technical Drawing						
Automechics						
Building Construction						
Woodwork						
Electrical/Electronics						
Clothing & Textile						
PHE						
French						
Arabic						
Hausa						
Igbo						
Yoruba						

H. STUDENT /TEACHER BOOK

H1: Number of core subject textbooks available to students in the current Academic Year. (Both from school, parents /guardians and other sources)

Subject Area	Number of Students Textbooks		
	SS 1	SS2	SS3
English			
Mathematics			
Biology			
Civic Education			

H.2 Number of core subject Teachers' Textbooks available in the School in the current Academic Year

I. J. K.	Subject Area	Number of Teacher Textbooks		
		SS 1	SS2	SS3
	English			
	Mathematics			
	Biology			
	Civic Education			

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

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

J. Family Life HIV/AIDS Education (FLHE)

J.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>
J. 2	<p>Has your school communicated information about the rules, regulations and guidelines to relevant stakeholders such as pupils, parents, teachers etc?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
J. 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>
J. 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>
J. 5	<p>Number of students that received/participated in Life Skills-based Family Life HIV/AIDS Education (FLHE) in the previous year?</p>	<p>M F</p>
J. 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>
J. 7	<p>Date of Last Orientation When was the last orientation Programme on FLHE conducted?</p>	<p>/ / day/month/year</p>
J. 8	<p>Life skills-based FLHE: Teacher training and teaching How many teachers in your school received formal training on FLHE?</p>	<p>M F</p>
J. 9	<p>How many teachers in your school who received formal training in the previous year also taught related topics on FLHE?</p>	<p>M F</p>

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.

Name	
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Telephone	
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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.

Name	
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Position	
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Telephone	
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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.

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