

☐ Yes ☐ No

| | | | | | | | | | | | | |
|--------------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| School Code | | | | | | | | | | | | |
| School Coordinates | Elevation (Meter) | | | | | | | | | | | |
| | Latitude North | | | | | | | | | | | |
| | Longitude East | | | | | | | | | | | |

[illegible]

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"/> Junior 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"/> |
| 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: 100px; 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 | 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 | _____ / _____ / _____ <input type="checkbox"/> day/month/year _____ No. |
| 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? | _____ No. |
| 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 JSS1

| How many children were enrolled with Birth certificates | JSS 1 | |
|---|-------|--------|
| | Male | Female |
| NPopC | | |
| Others | | |

C.2 New entrants in JSS1

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

C.3a Number of streams in Junior Secondary Schools in the current school year

| | JS1 | JS2 | JS3 |
|--|-----|-----|-----|
| No. of streams | | | |
| No of streams with Multigrade teaching | | | |

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

| Age | JS1 | | JS2 | | JS3 | |
|---------------------------------------|------|--------|------|--------|------|--------|
| | Male | Female | Male | Female | Male | Female |
| Below 12 years | | | | | | |
| 12 Years | | | | | | |
| 13 Years | | | | | | |
| 14 Years | | | | | | |
| Above 14 years | | | | | | |
| Total | | | | | | |
| Repeaters | | | | | | |
| No. Completed JSS 3 for previous year | | | | | | |

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

| Students Flow | JS 1 | | JS 2 | | JS 3 | |
|---------------|------|--------|------|--------|------|--------|
| | Male | Female | Male | Female | Male | Female |
| Dropout | | | | | | |
| Transfer in | | | | | | |
| Transfer out | | | | | | |
| Promoted | | | | | | |

C.5 Students with Special Needs for the Current Academic Year

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 | |
|--|------|--------|------|--------|------|--------|
| | Male | Female | Male | Female | Male | Female |
| Blind / visually impaired | | | | | | |
| Hearing / speech impaired | | | | | | |
| Physically challenged (other than visual or hearing) | | | | | | |
| Mentally challenged | | | | | | |
| Albinism | | | | | | |
| Autism | | | | | | |

..... Family Live HIV Education (FLHE)

| | | |
|--|---|--|
| | Education Institutions: rules and guidelines Does the rules and guidelines in your school cover the following aspects? <ul style="list-style-type: none"> Physical safety in school Stigma and discrimination towards staff or students 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 regulation described in the rules and guidelines. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Has your school communicated information about the rules and guidelines to relevant stakeholders such as pupils, parents, teachers etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Life Skills-based Family Life HIV Education (FLHE) Did students at your school receive any form of life skills-based Family Life HIV Education (FLHE) in the previous academic year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, indicate which of these topics were covered in the FLHE programme <ul style="list-style-type: none"> Teaching on generic life skills (e.g. decision-making, communication, etc). Teaching on reproductive health/FLHE (e.g. teaching on human growth and development, family life, etc) Teaching on HIV transmission and prevention. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Number of students that received/participated in Life Skills-based Family Life HIV Education (FLHE) in the previous year? | M F |
| | Orientation Process for Parents or Guardians of Students How many times has your school organised orientation programme for parents or guardians of pupils regarding FLHE programmes in the previous academic year? In what fora was the orientation provided? | _____ Number <input type="checkbox"/> PTA <input type="checkbox"/> Open Day <input type="checkbox"/> Special Session(s) |
| | Date of Last Orientation When was the last orientation Programme conducted? | / / day/month/year |
| | How many teachers in your school received formal training on FLHE | M F |
| | How many teachers in your school who received formal training in the previous year also taught lessons in FLHE | M F |

C.6 JSCE examination for the previous Academic Year

| | Male | Female | Total |
|---|------|--------|-------|
| How many students were registered for JSCE? | | | |
| How many students took part in the JSCE? | | | |
| How many students passed JSCE? | | | |

| | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|
| School Code | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|

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 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 – Grade II 4 -OND/Diploma | 5 – NCE 6 – HND/Bachelor Degree 7 – Masters Degree /Ph.D. |
| (Use this to fill Area of Specialisation and Main Subject taught) | | | | |
| Teaching qualification | 1 – NCE | 2 – PGDE | 3 – B.Ed. or equivalent | 4 – M.Ed. or Equivalent |
| | 5 – Ph.D. | 6 - English Studies | 7 - Mathematics | 8 - Hausa |
| | 9 - Igbo | 10 - Yoruba | 11 - Basic Science | 12 - Basic Technology |
| | 13 - Physical and Health Education | 14 - Information Technology | 15 - Home Economics | 16 - Agriculture |
| | 17 - Entrepreneurship | 18 - Christian Religious Studies | 19 - Islamic Studies | 20 - Social Studies |
| | 21 - Civic Education | 22 - Security Education | 23 - Cultural & Creative Arts | 24 - French |
| | 25 - Arabic Language | 26 - No teaching qualification | | |
| Teaching type | 1 – Full-time | 2 – Part-time | | |

| No. | National Identification Number. | 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 the school | Grade level / Step | Present | Academic Qualification | Teaching Qualification | Subject of qualification | Area of specialization | Main subject taught | Teaching type | Tick box if teacher also teaches senior secondary classes in this school | 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 | 3 | 3 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

School Code

| No. | National Identific ation Number. | 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 the school | Grade level / Step | Present | Academic Qualification | Teaching Qualification | Subject of qualification | Area of specialization | Main subject taught | Teaching type | Tick box if teacher also teaches senior secondary classes in this school | Tick box if teacher attended training workshop / seminar in last 12 months |
|-----|---|---------------|--------|---------------|------------------|---------------|------------------------------|--------------------------------|----------------------------------|--------------------|---------|------------------------|------------------------|--------------------------|------------------------|---------------------|---------------|--|---|
| 2 | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

School Code

E. CLASSROOMS

| | | |
|------------|---|--|
| E.1 | How many <u>classrooms</u> are there in the school? | ----- Number |
| 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 | _____ Number. |
| 2 | Office | _____ Number. |
| 3 | Library | _____ Number. |

| | | |
|---|--------------|---------------|
| 4 | Laboratories | _____ Number. |
| 5 | Store room | _____ Number. |
| 6 | Others | _____ Number. |

F. FACILITIES

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

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

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

| F.2 | Facilities available | | Useable | Not useable |
|-----|--|--------------------|---------|-------------|
| | How many useable facilities does the school have? (If the facilities are not available, write zero) | Toilets | | |
| | | Computers | | |
| | | Water Source(s) | | |
| | | Laboratories | | |
| | | Classrooms | | |
| | | Library | | |
| | | Play Ground(s) | | |
| | | Wash hand facility | | |
| | | Others | | |

Instructions – Please indicate the shared facilities available in your School

| | | |
|---|--|---|
| F.3 If your school share facilities, specify the facilities shared by separate school/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 |

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

[illegible]

| | | | |
|-----|---|-----------------------|--------------------------|
| F.5 | Source(s) 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"/> |

| | | | |
|-----|--|-----------------------|--------------------------|
| 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 Class 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 |
| JSS 1 | | | |
| JSS 2 | | | |
| JSS 3 | | | |

G. NUMBER OF STUDENT BY SUBJECT

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

| Class/Subject | Number of Students by Subject | | | | | |
|-----------------------------|-------------------------------|--------|------|--------|------|--------|
| | JSS1 | | JSS2 | | JSS3 | |
| | Male | Female | Male | Female | Male | Female |
| English | | | | | | |
| Mathematics | | | | | | |
| Social Studies | | | | | | |
| Basic Science | | | | | | |
| Civic Education | | | | | | |
| Cultural & Creative Arts | | | | | | |
| Physical & Health Education | | | | | | |
| Computer | | | | | | |
| Basic Technology | | | | | | |
| Agriculture | | | | | | |
| Home Econs | | | | | | |
| Business Studies | | | | | | |
| French Language | | | | | | |
| Arabic | | | | | | |
| Christian | | | | | | |
| Islamic | | | | | | |
| Igbo | | | | | | |
| Hausa | | | | | | |
| Yoruba | | | | | | |

H. STUDENT/TEACHER BOOK

H1. Number of core subject textbooks available to students provided by government.

| Subject Area | Number of Students Book Made Available for each Subject | | |
|------------------|---|------|------|
| | JSS1 | JSS2 | JSS3 |
| English | | | |
| Mathematics | | | |
| Social Studies | | | |
| Basic Science | | | |
| Basic Technology | | | |

H2. Number of core subject Teachers' Textbooks available in the School provided by government.

| Subject Area | Number of Teachers Book Made Available for each Subject | | |
|------------------|---|------|------|
| | JSS1 | JSS2 | JSS3 |
| English | | | |
| Mathematics | | | |
| Basic Science | | | |
| Social Studies | | | |
| Basic Technology | | | |

I. Teachers Qualification in Current Academic Year

| | Highest qualification | JSS | |
|----|---------------------------|------|--------|
| | | 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 degrees / graduates | | |
| | TOTAL | | |

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 Principal

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 | | / / |