

B. SCHOOL CHARACTERISTICS

Instructions

Answer every question and tick only one box in each section

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

Student age	New entrants in JSS1	
	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)

<p>Education Institutions: rules and guidelines Does the rules and guidelines in your school cover the following aspects?</p> <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
<p>Has your school communicated information about the rules and guidelines to relevant stakeholders such as pupils, parents, teachers etc?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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, etc). Teaching on reproductive health/FLHE (e.g. teaching on human growth and development, family life, etc) <p>Teaching on HIV transmission and prevention.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Number of students that received/participated in Life Skills-based Family Life HIV Education (FLHE) in the previous year?</p>	<p>M F</p>
<p>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?</p> <p>In what fora was the orientation provided?</p>	<p>_____ Number</p> <input type="checkbox"/> PTA <input type="checkbox"/> Open Day <input type="checkbox"/> Special Session(s)
<p>Date of Last Orientation When was the last orientation Programme conducted?</p>	<p>/ / day/month/year</p>
<p>How many teachers in your school received formal training on FLHE</p>	<p>M F</p>
<p>How many teachers in your school who received formal training in the previous year also taught lessons in FLHE</p>	<p>M F</p>

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 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
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?	----- <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	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		/ /