

☐ Yes ☐ No

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



2022/2023 SCHOOL CENSUS FORM

SENIOR SECONDARY EDUCATION

PUBLIC SCHOOLS

1. Please ensure that, as an **ENUMERATOR**, you have received two copies of the School Census Form. After you have completed all forms, keep one copy for the school 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

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.

[illegible]

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"/> 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"/> Special needs
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
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"/> 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

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

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

	SS1	SS2	SS3
No. of Streams			
No of streams with multigrade teaching			

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

	SS1		SS2		SS3	
Student Ages	Male	Female	Male	Female	Male	Female
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						

..... 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 education (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 SSCE examinations for the previous Academic Year

Number of Students	WAEC			NECO		
	Male	Female	Total	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

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 staffs 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 staffs 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 – Grade II 4 – OND / Diploma	5 – NCE 6 – HND / bachelor degree 7 – Masters degree/ PhD

(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 – General Mathematics 8 - Hausa 9 - Igbo 10 - Yoruba
 11 - One trade Entrepreneurship Studies 12 - Computer studies/ICT 13 - Civic Education 14 - Literature –in- English 15 - Geography 16 - Government
 17 - Christian Religious Knowledge 18 - Islamic Studies 19 - History 20 - Visual Arts 21 - Music 22 - French 23 - Arabic 24 - Economics 25 - Biology 26 - Chemistry
 27 - Physics 28 - Further Mathematics 29 - Agriculture 30 - Physical Education 31 - Health Education 32 - Technical Drawing 33 - General Metal Work
 34 - Basic Electricity 35 - Electronics 36 - Auto Mechanics 37 - Building Construction 38 - Wood Work 39 - Home Management 40 - Foods & Nutrition
 41 - Clothing & Textiles 42 - Accounting 43 - Store Management 44 - Office Practice 45 - Insurance 46 - Commerce 47 - No teaching qualification

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 attended training workshop / seminar in last 12 months	Tick box if teacher also teaches junior secondary classes in this school
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"/>

School Code									
-------------	--	--	--	--	--	--	--	--	--

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 attended training workshop / seminar in last 12 months	Tick box if teacher also teaches junior secondary classes in this school
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"/>
24																		<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 primary source.</p>	<table border="0"> <tr> <td>1. Pipe- borne Water</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Borehole</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Well</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Other (Specify.....)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. No Source of Safe Water</td> <td><input type="checkbox"/></td> </tr> </table>	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"/>
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 facilities available in your School

F.2	Facilities available	F.3	
		Useable	Not useable
<p>How many useable facilities does the school have? (If the facilities are not available, write zero)</p> <p>Please note only figure is required here</p>	Toilets		
	Computers		
	Water Source(s)		
	Laboratories		
	Classrooms		
	Library		
	Play Ground(s)		
	Wash hand facility		
	Others		

Instructions – Please indicate shared facilities available in your School

F.3	Shared Facilities	<input type="checkbox"/> Toilets	<input type="checkbox"/> Classrooms
	If your school share facilities,	<input type="checkbox"/> Computers	<input type="checkbox"/> Library
	specify the facilities shared by separate school/levels	<input type="checkbox"/> Water Source(s)	<input type="checkbox"/> Play Ground(s)
	by ticking the appropriate box	<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 toilet units, not toilet blocks.

[illegible]

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

I.

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

S/N	Highest qualification	Senior Secondary	
		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	Others degree / graduate		
	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		/ /