



UNIVERSAL BASIC EDUCATION COMMISSION (UBEC) NATIONAL PERSONNEL AUDIT (NPA), 2022

BASIC INFORMATION ON ECCDE AND PRIMARY SCHOOLS

PURPOSE: To obtain basic data on ECCDE and Primary schools.

- INSTRUCTIONS:**
- i. This form is to be completed by the **Head** of the School only.
 - ii. Write in the space provided or tick (✓) the box as appropriate.

FOR ENUMERATOR ONLY: Is this school in the school list provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

UBEC SCHOOL CODE	State code	LGA code	School Serial Number	GPS Coordinates	
				Lat.	
				Long.	

CATEGORY OF SCHOOL: **PUBLIC** **PRIVATE**

TYPE OF SCHOOL: **CONVENTIONAL** **SPECIAL NEEDS** **NOMADIC**

MIGRANT FISHERMEN/FARMERS **FAITH-BASED**

GENERAL INFORMATION

- 1. **STATE:**
- 2. **LGA:**
- 3. **NAME OF SCHOOL:**
- 4. **NAME OF TOWN/VILLAGE/SETTLEMENT:**

Please tick as appropriate

- 5. **LOCATION:** **URBAN** **RURAL**
- 6. **LEVEL OF SCHOOL:** **A. ECCDE/Pre-Pry ONLY** **B. ECCDE/Pre-Pry AND PRIMARY**
C. PRIMARY ONLY
- 7. **YEAR OF ESTABLISHMENT:**

8. SCHOOL OWNERSHIP

OWNERSHIP	Faith-Based		Regular
	Christian	Islamic	
State/ Local Government			
FGN/State Agencies (e.g. Staff/Demonstration Schools)			
Community			
Private Proprietorship			
Military/Police/Para-Military Institution			
Association (e.g. NAOWA, POWA)			
Others			

9. NUMBER OF STAFF IN THE SCHOOL

LEVEL	TEACHING STAFF		NON-TEACHING STAFF	
	MALE	FEMALE	MALE	FEMALE
ECCDE/Pre-primary				
Primary				

10. How many Teachers in *item 9* above teach at both ECCDE and Primary Levels? M F

11. SHIFT

a. Does the school run shift system? Yes No
(if yes, the enumerator should capture both morning and afternoon *schools*)

b. Does another school operate in your premises? Yes No

SECTION A: ECCDE/PRE-PRIMARY LEVEL

12. NUMBER AND CONDITION OF CLASSROOMS

CONDITION OF CLASSROOM	Number of Classroom			
	Playgroup	Nursery 1	Nursery 2	Nursery 3/ Kindergarten (One Year pre-primary)
GOOD				
BAD				

13. LEARNERS' ENROLMENT FOR ECCDE/PRE-PRIMARY SECTION ONLY

Pupil age	Playgroup		Nursery 1		Nursery 2		Nursery 3/ Kindergarten (One Year pre-primary)	
	Male	Female	Male	Female	Male	Female	Male	Female
No. of streams								
Below 3 Years								
3 Years								
4 Years								
5 Years								
Above 5 Years								

14. NUMBER OF STAFF IN ECCDE/PRE-PRIMARY BY QUALIFICATIONS

QUALIFICATIONS	TEACHING STAFF			NON-TEACHING STAFF		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
NONE						
FSLC						
BEC/JSS						
SSCE/GCE						
TC II						
ACE/ACIE						
OND/ND						
Diploma In Education						
NCE						
HND						
First Degree with Teaching Qualification						
First Degree without Teaching Qualification						
Master's Degree with Teaching Qualification						
Master's Degree without						

Teaching Qualification						
PHD						
Total						

15. YEARS OF EXPERIENCE (Teaching Staff Only)

LEVEL	Below 6 Years		6 – 10		11 – 15		16 – 20		21 – 25		26 – 30		Above 30	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ECCDE														

SECTION B: PRIMARY LEVEL

16. NUMBER AND CONDITION OF CLASSROOMS

CONDITION OF CLASSROOMS	Number of Classroom					
	PRY 1	PRY 2	PRY 3	PRY 4	PRY 5	PRY 6
GOOD						
BAD						

17. LEARNERS' ENROLMENT FOR PRIMARY SCHOOL SECTION ONLY

No. of streams	PRY1		PRY2		PRY3		PRY4		PRY5		PRY6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Below 6 Years												
6 Years												
7 Years												
8 Years												
9 Years												
10 Years												
11 Years												
Above 11 Years												

18. LEARNERS' FLOW IN THE PRIMARY SCHOOL SECTION

Pupil Flow	Pry 1		Pry 2		Pry 3		Pry 4		Pry 5		Pry 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dropouts												
Transfers In												
Transfers Out												
Promoted												
Repeaters												
Completed Pry 6 in the previous year												

19. LEARNERS' ATTENDANCE (ON THE DAY OF VISIT)

CLASS	GENDER	
	Male	Female
Playgroup		
Nursery 1		
Nursery 2		
Nursery 3 (One Year pre-primary)		
PRY 1		
PRY 2		
PRY 3		
PRY 4		
PRY 5		
PRY 6		

20. NUMBER OF STAFF IN PRIMARY SCHOOL BY QUALIFICATIONS

QUALIFICATIONS	TEACHING STAFF			NON-TEACHING STAFF		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
NONE						
FSLC						
BEC/JSS						
SSCE/GCE						
TC II						
ACE/ACIE						
OND/ND						

Diploma In Education							
NCE							
HND							
First Degree with Teaching Qualification							
First Degree without Teaching Qualification							
Master's Degree with Teaching Qualification							
Master's Degree without Teaching Qualification							
PHD							
Total							

21. YEARS OF EXPERIENCE (Teaching Staff Only)

LEVEL	Below 6 Years		6 – 10		11 – 15		16 – 20		21 – 25		26 – 30		Above 30	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Primary														

ADDITIONAL INFORMATION

22. SCHOOL FACILITIES

22.1	<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>	<p>1. Yes Piped Water <input type="checkbox"/></p> <p>2. Yes Borehole <input type="checkbox"/></p> <p>3. Yes Well <input type="checkbox"/></p> <p>4. Yes Other <input type="checkbox"/></p> <p>5. No Source of Safe Water <input type="checkbox"/></p>
-------------	--	--

22.2	<p>How many of these useable facilities does the school have? (If the facilities are not available, write zero)</p> <p>Please note only figure is required here</p> <p style="text-align: center;">Computers desktops laptops Tablets Ipad Laboratories Library Play Ground(s) Incinerator</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 50%;">Number Useable</th> <th style="width: 50%;">Number Not useable</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Number Useable	Number Not useable																		
Number Useable	Number Not useable																					

22.3	Sources of Power Is there a source of power for the school?	1. Yes PHCN/NEPA	<input type="checkbox"/>
		2. Yes Generator	<input type="checkbox"/>
		3. Yes Solar	<input type="checkbox"/>
		4. No. No source of Power	<input type="checkbox"/>

22.4	Health Facility Does the school have a health facility?	1. Yes Health Clinic/Sick Bay	<input type="checkbox"/>
		2. Yes First Aid Kit	<input type="checkbox"/>
		3. No. No Health facility	<input type="checkbox"/>

22.5	Fence/Wall Does the school have a fence or wall around it?	1. Yes In Good Condition	<input type="checkbox"/>
		2. Yes Needs Minor Repair	<input type="checkbox"/>
		3. Yes Needs Major Repair	<input type="checkbox"/>
		4. No. Fence or Wall	<input type="checkbox"/>

22.6	Learning Materials Does the school have learning materials for ECCD? Tick all that apply	1. Charts	<input type="checkbox"/>
		2. Posters	<input type="checkbox"/>
		3. Toys	<input type="checkbox"/>
		4. Audio/Visual (Radio, TV, DVD)	<input type="checkbox"/>
		5. Word Puzzle Box	<input type="checkbox"/>
		6. Caregiver Guide	<input type="checkbox"/>
		7. None	<input type="checkbox"/>

22.7	1. Does the school have data officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. Number of classes that are held outside/under trees (if any)		
	3. Enrolment of learners in classes that are held outside/under trees:	M <input type="text"/>	F <input type="text"/>

23. ECCDE/PRE-PRIMARY TOILET FACILITIES

Type of Toilet	Number of Toilets by Type (Unit of toilet counts)									
	Used only by learners			Used only by teachers			Used by learners and teachers			Total
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	
Pit/VIP										
Bucket System										
Water Flush										
Mobile										
Others										

24. PRIMARY SCHOOL TOILET FACILITIES

Type of Toilet	Number of Toilets by Type (Unit of toilet counts)									
	Used only by learners			Used only by teachers			Used by learners and teachers			Total
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	
Pit/VIP										
Bucket System										
Water Flush										
Mobile										
Others										

25. LEARNERS' FURNITURE

Class	Total Seating Capacity			
	1-Seater	2 - Seater	3 - Seater	more than 3 – Seater
ECCDE/Pre-primary				
PRY1				
PRY2				
PRY3				
PRY4				
PRY5				
PRY6				

Instructions

Please indicate the seating capacity by type. For example, if one 3-seater was available, the capacity is 3 Learners and not 1.

Only count seats where both a seat and a writing desk is available. Where there are benches, count seats only where desks are attached to bench.

Only seats and desks owned by the school should be counted.

26. INSTRUCTIONAL MATERIAL: LEARNERS/TEACHERS' TEXTBOOKS

26.1 Number of Learners' Textbooks Available in School

Subject Area	Number of Learners' Textbooks Available by Subject						
	Pre-Primary	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6
English							
Mathematics							
Basic Science & Technology							
Social Studies							
History							

Total number of Learners' Library Resource Materials available in school (e.g. story books, fiction books, etc)

Pre-primary

Primary

26.2 NUMBER OF TEACHERS' TEXTBOOKS AVAILABLE IN SCHOOL

Subject Area	Number of Teachers' Books Available by Subject						
	Pre-Primary	PRY1	PRY2	PRY3	PRY4	PRY5	PRY6
English							
Mathematics							
Basic Science & Technology							
Social Studies							
History							

Total number of Teachers' Library Resource Materials available in school (e.g. story books, fiction books, etc)

Pre-primary

Primary

27. SPECIAL NEEDS ENROLMENT IN SCHOOL

Class	Visual Impairment		Hearing Impairment		Physically Challenged		Mentally Challenged		Gifted/Talented Children		Others (Specify)		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total ECCDE/Pre-primary														
PRY 1														
PRY 2														
PRY 3														
PRY 4														
PRY 5														
PRY 6														
Total														

Note:

i. To determine Inclusiveness of Special Needs Children in conventional Schools or an Exclusively Special Needs School where applicable

ii. Where School is Exclusively a Special Needs School, Table 27 must reconcile with Table 13 and/or Table 17 for ECCDE/Pre-primary and Primary enrolment respectively as applies.

28. SAFE SCHOOL

28.1	How many times have your school been attacked in the last 3 years?	
28.2	What is the risk rating of this school?	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
28.3	Number of teachers trained in disaster risk reduction/emergency preparedness and response	M <input type="text"/> F <input type="text"/>
28.4	Number of SBMC members trained in disaster risk reduction/emergency preparedness and response:	M <input type="text"/> F <input type="text"/>
28.5	Does this school have a school safety or emergency preparedness and response plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.6	Do you have an early warning system against school attacks in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.7	Does the school have security personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>

29. FAMILY LIFE HIV/AIDS EDUCATION (FLHE)

29.1	<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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
29.2	Has your school communicated information about the rules, regulations and guidelines to relevant stakeholders such as pupils, parents, teachers, e.t.c?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.3	<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.4	<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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
29.5	Number of students that received/participated in Life Skills-based Family Life HIV/AIDS Education (FLHE) in the previous year?	M F
29.6	<p>Orientation Process for Parents or Guardians of Pupils How many times has your school organized orientation programme for parents or guardians of pupils regarding FLHE programmes in the previous academic year?</p> <p>At what forum were the orientation programmes provided?</p>	<p>_____ Number</p> <input type="checkbox"/> PTA <input type="checkbox"/> Open Day <input type="checkbox"/> Special Session(s)
29.7	<p>Date of Last Orientation When was the last orientation Programme on FLHE conducted?</p>	<p>/ / day/month/year</p>
29.8	<p>Life skills-based FLHE: Teacher training and teaching How many teachers in your school received formal training on FLHE?</p>	M F
29.9	How many teachers in your school who received formal training in the previous year also taught related topics on FLHE?	M F

30. CURRICULUM DEVELOPMENT

Do you have the following categories of the Nine (9) Year Basic Education Curriculum in your School?			
30.1	Pre-primary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.2	Primary 1 - 3	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.3	Primary 4 - 6	Yes <input type="checkbox"/>	No <input type="checkbox"/>

31. AGRICULTURAL EDUCATION TRAINING PROGRAMME/SPORTS/GUIDANCE AND COUNSELING

31.1	Is your School a beneficiary of the Agricultural Education Training Programme (AETP) coordinated by UBEC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.2	Do you have sports facilities/equipment in your School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.3	Have you conducted school inter-house sports in the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.4	Do you have Counselors / Para Counselors in your School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For Verification Officers Only

Snapshot of the School:

i.	School signpost	
ii.	Frontal view	
iii.	Back view	
iv.	4 th photo	
v.	5 th photo	

i. NAME OF HEAD TEACHER

GSM NO: _____

SIGNATURE/DATE:

ii. NAME OF SMOE/SUBEB/PRIVATE PROVIDER'S OFFICIAL SIGNATURE/DATE

GSM NO: _____

iii. NAME OF VERIFICATION OFFICER

NAME OF ORGANIZATION: _____

GSM No: _____

SIGNATURE/ DATE