



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

BASIC INFORMATION ON JUNIOR SECONDARY SCHOOLS

PURPOSE: To obtain basic data on Junior Secondary Schools.

- INSTRUCTIONS:**
- i. This form is to be completed by the **PRINCIPAL** 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 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. JSS ONLY B. JSS & SSS
 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 JUNIOR SECONDARY SCHOOL SECTION ONLY

Number of staff assigned to serve in the Junior Secondary School section only	TEACHING STAFF		NON-TEACHING STAFF	
	MALE	FEMALE	MALE	FEMALE

10. SHIFT

- a. Does the school run shift system? Yes No
(if yes, the enumerator should capture both morning and afternoon *sessions*)
- b. Does another school operate in your premises? Yes No

11. NUMBER AND CONDITION OF CLASSROOMS

CONDITION OF CLASSROOM	Number of Classroom		
	JS 1	JS 2	JS 3
GOOD			
BAD			

12. LEARNERS' ENROLMENT IN THE JUNIOR SECONDARY SCHOOL SECTION ONLY

	JS1		JS2		JS3	
	Male	Female	Male	Female	Male	Female
No. of Streams (Arms)						
Age						
Below 12 years						
12 Years						
13 Years						
14 Years						
Above 14 years						
Total						

13. LEARNERS' FLOW FROM THE PREVIOUS ACADEMIC YEAR

Student Flow	JS 1		JS 2		JS 3	
	Male	Female	Male	Female	Male	Female
Dropouts						
Transfers In						
Transfers Out						
Promoted						
Repeaters						
No. Completed JSS 3 in the previous year						

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

CLASS	GENDER	
	Male	Female
JS 1		
JS 2		
JS 3		

15. NUMBER OF STAFF IN JUNIOR SECONDARY 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						

16. YEARS OF EXPERIENCE (Teaching Staff Only)

LEVEL	Below 6		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
JSS														

ADDITIONAL INFORMATION

17. SCHOOL FACILITIES

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

17.2	How many of these useable facilities does the school have? (If the facilities are not available, write zero) Please note only figure is required here Computers desktops laptops Tablets Ipads Laboratories Library Play Ground(s) Incinerator	Number Useable	Number Not useable

17.3	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"/>

17.4	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"/>

17.5	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"/>

17.6	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="checkbox"/>	F <input type="checkbox"/>

18. TOILET FACILITIES

Type of Toilet	Number of Toilets by Type (Unit of toilet)									
	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										

Note: Record **unit counts** of toilets

19. LEARNERS' FURNITURE

Class	Total Seating Capacity			
	1-Seater	2 - Seater	3 - Seater	more than 3 - Seater
JS 1				
JS 2				
JS 3				

Instructions

Please indicate the seating capacity by type. For example, if one 3-seater is available, the capacity is 3 Pupils 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.

20. INSTRUCTIONAL MATERIAL: LEARNERS/TEACHERS' TEXTBOOKS

20.1 Number of Learners' Textbooks Available in School

Subject Area	Number of Learners' Books Available by Subject		
	JS 1	JS 2	JS 3
English Language			
Mathematics			
Basic Science & Technology			
Social Studies			
History			

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

20.2 Number of Teachers' Textbooks Available in School

Subject Area	Number of Teachers' Books Available by Subject		
	JS 1	JS 2	JS 3
English Language			
Mathematics			
Basic Science & Technology			
Social Studies			
History			

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

21. 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
JS 1																
JS 2																
JS 3																
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 21 must reconcile with Table 12 for Junior Secondary enrolment.

22. SAFE SCHOOL

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

23. FAMILY LIFE HIV/AIDS EDUCATION (FLHE)

23.1	<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>
23.2	Has your school communicated information about the rules, regulations and guidelines to relevant stakeholders such as pupils, parents, teachers etc?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
23.3	<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>
23.4	<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>
23.5	Number of students that received/participated in Life Skills-based Family Life HIV/AIDS Education (FLHE) in the previous year?	M F
23.6	<p>Orientation Process for Parents or Guardians of Pupils 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>At what forum 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>
23.7	<p>Date of Last Orientation When was the last orientation Programme on FLHE conducted?</p>	<p>/ /</p> <p>day/month/year</p>
23.8	<p>Life skills-based FLHE: Teacher training and teaching How many teachers in your school received formal training on FLHE?</p>	M F
23.9	How many teachers in your school who received formal training in the previous year also taught related topics on FLHE?	M F

24. CURRICULUM DEVELOPMENT

Do you have the Nine (9) Year Basic Education Curriculum in your School?		
i.	JSS 1-3	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

25.1	Is your School a beneficiary of the Agricultural Education Training Programme (AETP) coordinated by UBEC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.2	Do you have sports facilities/equipment in your School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.3	Have you conducted school inter-house sports in the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.4	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 image	
v.	5 th image	

i. NAME OF PRINCIPAL

GSM NO: _____

SIGNATURE/DATE

ii. NAME OF SMOE/SUBEB/Private Provider's Official

GSM NO: _____

SIGNATURE/DATE

iii. NAME OF VERIFICATION OFFICER

NAME OF ORGANIZATION: _____

GSM No: _____

SIGNATURE/ DATE