FOR ENUMERATOR ONLY: Was this school in the school list?	☐ Yes ☐ No

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

FEDERAL MINISTRY OF EDUCATION

2015/2016 SCHOOL CENSUS FORM
JUNIOR SECONDARY EDUCATION
PUBLIC SCHOOLS

1. Please ensure that, as an ENUMERATOR, you have two copies of this School Census Form for every school. After you have completed all forms, give one copy to the school for 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

Instructions:	**Please enter all answers in BLOCK CAPITALS.** **Use a BLUE BIRO to complete the form.**
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.

A.1 School Name

A.2 Number and Street name

A.3 Village or Town

A.4 Ward

A.5 LGA

A.6 State

A.7 School Telephone

A.8 E-Mail Address

B. SCHOOL CHARACTERISTICS

B. 1	**Year of establishment**		
B. 2	**Location**		☐ Urban ☐ Rural
B. 3	**Levels of education offered**	☐ Junior Secondary Only ☐ Junior and Senior Secondary	
B. 4	**Type of school** Tick only one to describe school	☐ Regular ☐ Islamiyya integrated	
B. 5	**Shifts:** Does the School operate shift system?		☐ Yes ☐ No
B. 6	**Shared facilities** Does the school share facilities/Teachers/premises with any other school? **If Yes .** How many Schools are sharing facilities:		☐ Yes ☐ No
B. 7	**Multi-grade teaching** Does any teacher teach more than one class at the same time?		☐ Yes ☐ 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?		☐ Yes ☐ No
B. 13	**School Based Management Committee (SBMC)** Does the school have SBMC, which met at least once last year?		☐ Yes ☐ No
B. 14	**Parent-Teacher Association (PTA) / Parents' Forum (PF)** Does the school have PTA / PF, which met at least once last year?		☐ Yes ☐ 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 ____/_____/_____ ____ No.
B. 16	**Authority of Last Inspection** Which authority conducted the last inspection visit?		☐ Federal ☐ State ☐ 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?		☐ Yes ☐ No
B. 19	**Security Guard** Does the school have a security guard?		☐ Yes ☐ No
B. 20	**Ownership** Which of the following owns the school?		☐ Federal ☐ State ☐ LGEA ☐ 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**
National Population Commission		
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.3   Junior Secondary Enrolment by age for the Current Academic Year

	JS1		JS2		JS3	
No. of streams						
No of streams with Multigrade teaching						
Student age	**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.						
	JS1		JS2		JS3	
Challenge that impacts the ability to learn	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Blind / visually impaired						
Hearing / speech impaired						
Physically challenged (other than visual or hearing)						
Mentally challenged						
Albinism						
Autism						

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 – OND / Diploma	4 – NCE	5 – Degree / HND / Graduate	6 – PhD/Masters degree
Teaching qualification	1 – NCE	2 – PGDE	3 – B.Ed. or equivalent	4 – M.Ed. or equivalent	5 – Grade II or equivalent	6 - None
Subject of qualification	1 – English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	8 – Other 9 – None
Area of specialization	1– English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	8 – Other 9 – None
Main subject taught	1– English	2 – Mathematics	3 – Social studies	4 – Basic science	5 – Hausa/Igbo/Yoruba	8 – Other 9 – None
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 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	☑	☐
1																		☐	☐
2																		☐	☐
3																		☐	☐

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IF PHOTOCOPY, PAGE _____ OF _____

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 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
4																		☐	☐
5																		☐	☐
6																		☐	☐
7																		☐	☐
8																		☐	☐
9																		☐	☐
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23																		☐	☐
24																		☐	☐
25																		☐	☐

IF PHOTOCOPY, PAGE _____ OF _____

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)?	☐ Yes ☐ 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	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	Example	1976	1	7	5	3	3	3	1	1
1										10									
2										11									
3										12									
4										13									
5										14									
6										15									
7										16									
8										17									
9										18									

E.5   Number of rooms other than classrooms are there in the school by type of room

1	Staff rooms	____ *Number.*	4	Laboratories	____ *Number.*
2	Office	____ *Number.*	5	Store room	____ *Number.*
3	Library	____ *Number.*	6	Others	____ *Number.*

F. FACILITIES

F.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 main primary source**.	1. Pipe- borne Water ☐ 2. Borehole ☐ 3. Well ☐ 4. Other (Specify………………………) ☐ 5. No Source of Safe Water ☐

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

F.2	**Facilities available** **How many useable facilities does the school have?** **(If the facilities are not available, write zero)** **Please note only figure is required here**		Useable	Not useable
		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	**Shared Facilities** If your school share facilities, specify the facilities shared by separate school/levels by ticking the appropriate box	☐ Toilets ☐ Classrooms ☐ Computers ☐ Library ☐ Water Source(s) ☐ Play Ground(s) ☐ Laboratories ☐ Wash hand facility ☐ Others

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

F.4 **Number of useable toilets units by each type of toilet.**

	Used only by students			Used only by teachers			Used by students and teachers			
	Male only	Female only	Mixed	Male only	Female only	Mixed	Male only	Female only	Mixed	**Total**
Pit										
Bucket system										
Water flush										
Others										

F.5	**Source(s)of power** Is there a source of power for the school?	1. PHCN/NEPA	☐
		2. Generator	☐
		3. Solar	☐
		4. No source of Power	☐

F.6	**Health facility** Does the school have a health facility?	1. Health Clinic	☐
		2. First Aid Kit	☐
		3. No Health facility	☐

F.7	**Fence/Wall** Does the school have a fence or wall around it?	1. In Good Condition	☐
		2. Needs Minor Repair	☐
		3. Needs Major Repair	☐
		4. No. Fence or Wall	☐

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. UNDERTAKING

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 Enumerator

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		/ /