



**Government of Sierra Leone**  
Ministry of Education, Science and Technology



**Annual School Census Questionnaire  
2016-17**

**PRIMARY SCHOOL QUESTIONNAIRE**

**Introduction**

Every child deserves an education, but this can only occur when nations make resources available equitably, fairly and promptly. The goal of the Annual School Census Questionnaire is to collect education data every year at the school level. The data collected through this questionnaire provides a snapshot of the Sierra Leonean education system and assists planners at all levels to target interventions.

Conducting the census is an involved process and requires full participation and involvement at all levels of the Sierra Leonean education system.

Thank you for completing this questionnaire to the best of your ability.

**Responsibility**

1. Each Head Teacher is responsible for the correct and accurate completion of his or her school's Annual School Census (ASC) Questionnaire.
2. All schools, regardless of type, must complete the Questionnaire.
3. An enumerator will visit your school and give you brief instructions on how to complete the Questionnaire, and leave the Questionnaire Guide and the Questionnaire for you to complete.
4. The enumerator will return at an agreed upon date to collect the completed questionnaire, verify it, and return it to the District Deputy Director - Education.
5. The Questionnaire will be verified by the District Deputy Director.
6. **Deliberate reporting of inaccurate or incomplete information will lead to disciplinary action.**

**Your Source for Information**

1. In order to complete the questionnaire, you will need to have on hand your school registers.
2. Unless otherwise specified, write the information as of July 2015.
3. If after consulting your school registers you still do not have the information consult your classroom teachers, or District Deputy Director.
4. If you have any questions, please consult your District Deputy Director.

**Getting Started**

Before starting to complete the Questionnaire make sure you:

- Have the school registers on hand.
- Have the Questionnaire Completion Guide.
- Have a pen.
- Have a calculator (optional).
- Have the salary voucher, for public schools.

## A. SCHOOL PROFILE

<b>A.1 EMIS Number</b> <i>The EMIS number is pre-filled, except for new schools that have not completed an EMIS questionnaire before. <b>Make sure to write down the EMIS number for your own records, as you will be required to report this number in the future</b> whenever data is collected for your school. For new schools leave blank. An EMIS number will be assigned to your school by MEST, and communicated to you.</i>	<b>A.1 EMIS Number</b>	
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<b>A2. Name of school</b> <i>The name of school is pre-filled, except for new schools. Correct any errors or omissions in the pre-filled information. For new schools, write the FULL school name.</i>	
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<b>A3. Location</b> <i>This information is pre-filled, except for new schools. Correct any errors or omissions in the pre-filled information. For new schools, record the <u>NAME</u> of District, Chiefdom, Section and Town/Village, and record the <u>NUMBER</u> of the Ward.</i>	<b>A3a. District</b>	
	<b>A3b. Chiefdom</b>	
	<b>A3c. Section</b>	
	<b>A3d. Ward</b>	
	<b>A3e. Town/Village</b>	
<b>A4. Remoteness</b> <i>Indicate ease of access to the community where the school is located</i>	<b>1</b> = Island <b>2</b> = Rough terrains <b>3</b> = Not accessible by vehicle <b>4</b> = Easily accessible	

<b>A5. School contact</b> <i>For the school's main contact, write telephone/mobile number, and e-mail address if applicable.</i>	<b>A5a. Telephone/mobile number</b>	
	<b>A5b. E-mail address</b>	

<b>A6. WAEC code</b> <i>Write the West African Examinations Council (WAEC) code for this school.</i>	<b>A6. WAEC Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>A7. SID Code</b> <i>Write the School payroll code, if applicable. If not applicable, leave blank.</i>	<b>A7. SID Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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## B. SCHOOL PARTICULARS

<b>B1. School Ownership.</b> <i>Circle <u>one</u> answer.</i>	<b>1</b> = Government <b>2</b> = Private <b>3</b> = Mission/religious group <b>4</b> = Community <b>5</b> = Other
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<b>B2. Shift.</b> <i>What is the shift status of this school? Circle one answer.</i>	<b>1</b> = Single Shift <b>2</b> = Double shift, Morning <b>3</b> = Double shift, Afternoon
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<b>B3 Type.</b> <i>Is this school a boys only, girls only, or mixed school? Circle one answer.</i>	<b>1</b> = Boys only <b>2</b> = Girls only <b>3</b> = Mixed
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<b>B4. Year of establishment</b> <i>Write the <u>YEAR</u> your school was founded.</i>	YYYY
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<b>B5. Other school(s) found on the same compound.</b> <i>There may be other schools or shifts in the same compound or that share the same address. If so, circle <u>all</u> that are <u>Applicable</u>. <b>If not, skip to Section C.</b></i>		
<b>1</b> = Nursery/Pre-School <b>4</b> = Senior Secondary	<b>2</b> = Primary <b>5</b> = Vocational/Technical	<b>3</b> = Junior Secondary <b>6</b> = Other
<b>B5a. Name of other school(s)</b> <i>Write the <u>FULL NAME</u> of the other school(s) if applicable.</i>		

## C. SCHOOL INFRASTRUCTURE

<b>C1. Facilities</b> Which of the following does your school have?	
<b>C1a.</b> Does this school have a boarding facility for students?	<b>1</b> = Yes <b>2</b> = No
<b>C1b.</b> Does this school benefit from the school feeding program?	<b>1</b> = Yes <b>2</b> = No
<b>C1c.</b> Is the school compound fenced or surrounded by walls?	<b>1</b> = Yes <b>2</b> = No
<b>C1d.</b> Which of the following facilities are available at your school? <i>Circle all that apply.</i>	<b>1</b> = Library <b>2</b> = Science lab <b>3</b> = Computer equipment <b>4</b> = Canteen <b>5</b> = Recreation facilities <b>6</b> = Electricity grid <b>7</b> = Functioning generator <b>8</b> = Other source of power (e.g. solar) <b>9</b> = Internet facility

<b>C2. School Feeding</b>	
<b>C2a.</b> Does this school benefit from the school feeding program?	<b>1</b> = Yes <b>2</b> = No
<b>C2b.</b> If yes, when did the school start feeding the pupils	<b>1</b> = 2016 <b>2</b> = 2017
<b>C2c.</b> How many times are pupils fed per week?	<b>1</b> = <b>Once</b> <b>2</b> = Twice <b>3</b> = None
<b>C2d.</b> Does this school has a school garden on its own?	<b>1</b> = Yes <b>2</b> = No

<b>C3. Drinking Water</b> <i>Circle what is applicable.</i>	
<b>C3a.</b> Is there a source of drinking water available to the school? <i>The source can be either within the school compound or nearby.</i>	<b>1</b> = Yes <b>2</b> = No <i>If No, skip to C3.</i>
<b>C2b.</b> Is the source of drinking water within the school compound?	<b>1</b> = Yes <b>2</b> = No
<b>C2c.</b> What is the source of drinking water?	<b>1</b> = Pipe-borne <b>2</b> = Borehole <b>3</b> = Well – Hand dug <b>4</b> = Stream <b>5</b> = Other
<b>C2d.</b> Is the source of drinking water <b>protected</b> ?	<b>1</b> = Yes <b>2</b> = No
<b>C2e.</b> Is the source of water <b>in need of repair</b> ?	<b>1</b> = Yes <b>2</b> = No
<b>C2f.</b> Is water available from the source during <b>Dry season</b>	<b>1</b> = Yes, all the time <b>2</b> = Yes, sometime <b>3</b> = No
<b>C2g.</b> Is water available from the source during <b>Wet season</b>	<b>1</b> = Yes, all the time <b>2</b> = Yes, sometime <b>3</b> = No
<b>C2h.</b> Is there hand washing facility in the school	<b>1</b> = Yes <b>2</b> = No

<b>C3. Latrines</b>		
<b>C3a.</b> Does your school have a latrine facility?	<b>1</b> = Yes <b>2</b> = No <b>If No, Skip to C4</b>	
<b>C3b.</b> Are the latrines in good condition?	<b>1</b> = Yes <b>2</b> = No	
<b>C3c.</b> Are there separate latrines for pupils with disability	<b>1</b> = Yes <b>2</b> = No	
<b>C3d.</b> What are the number of Drop Holes/Compartments available? <i>Write the number for girls only, boys only and shared.</i>	Girls only	
	Boys only	
	Shared	

<b>C4. Hygiene Management</b>		
<b>C4a.</b> Does the school have a private cubicle for girls experiencing menstruation?	<b>1</b> = Yes <b>2</b> = No <b>If No, Skip to C5</b>	
<b>C4b.</b> If yes, which of the following facilities are available? <i>Choose all that apply</i>	<b>1</b> = soap and water <b>2</b> = separate bins for hygienic waste disposal	

<b>C5. Classrooms</b> Write <u>NUMBER OF CLASSROOMS</u> (rooms used for instruction; excludes office, staff room, and storage) by type of construction. Then write the number in need of repair for each type of construction.	Type of Construction	Number of classrooms	Number in need of repair
	<b>Solid</b> Built with cement blocks		
	<b>Semi-solid</b> Built largely with mud blocks		
	<b>Make-shift</b> Temporary-- made of materials, such as mat and sticks		
	<b>Other</b> Any other space used as a classroom		
	<b>Total</b> number of classrooms		

<b>C6. Classroom Furniture</b> Write the number of classroom furniture, according to their condition.				
Furniture Item	In Good Condition	Broken but can be repaired	Broken and cannot be repaired	Total
<b>Pupil Chairs</b> Write the number of sitting places not pieces of furniture				
<b>Pupil Benches</b> Write the number of sitting places not pieces of furniture				
<b>Pupil Desks</b> Write the number of sitting places not pieces of furniture				
<b>Teacher Desks</b>				
<b>Teacher Chairs</b>				
<b>Chalk Boards</b>				

## D. PRIMARY SCHOOL INSTRUCTION

<b>D1. Textbooks</b> Write the number of textbooks (include only those that are in good condition) by grade and subject.							
Textbooks	Cl. 1	Cl. 2	Cl. 3	Cl. 4	Cl. 5	Cl. 6	Total
English or Language Arts							
Mathematics							
General Science							
Social Studies							

<b>D2. Sexual Reproductive Education</b> Does the school provide life skills-based HIV and sexuality education?	<b>1</b> = Yes <b>2</b> = No
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## E. PRIMARY SCHOOL OPERATIONS AND STUDENTS

<b>E1. School hours</b> Write your primary school's starting and ending time.	<b>E1a. Starting time</b>	H H : M M
	<b>E1b. Ending time</b>	H H : M M

<b>E2. Streams</b> Write the <u>TOTAL NUMBER</u> of <u>STREAMS</u> for each class level. <u>STREAMS</u> are the number of classes within each class level. Enter 0 for any class levels not offered at the school.					
Class 1	Class 2	Class 3	Class 4	Class 5	Class 6

<b>E3. New entrants</b> <i>Write the total number of all <b>new entrants</b> (students who entered class 1 for the first time, excluding repeaters) at your school by age and gender. Be sure to write the total in the total column.</i>																
< Age 6		Age 6		Age 7		Age 8		Age 9		Age 10		> Age 10		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	

<b>E4. New entrants that received Early Childhood Education</b> <i>Write the total number of new entrants (students who entered <b>class 1</b> for the first time, excluding repeaters) that received Early Childhood Education (nursery school/kindergarten) by age and gender. Be sure to write the total in the total column.</i>															
< Age 6		Age 6		Age 7		Age 8		Age 9		Age 10		> Age 10		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

<b>E5. Enrolled students</b> Write the <u>TOTAL NUMBER</u> of <u>STUDENTS</u> who enrolled at your school for the 2014-15 school year by class, age, and gender. Enter the number enrolled by June or July, once late registrants had entered.																	
Age	Class 1			Class 2			Class 3			Class 4			Class 5			Class 6	
	M	F		M	F		M	F		M	F		M	F			
< 6																	
6																	
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9																	
10																	
11																	
12																	
13																	
14																	
15																	
> 15																	
Total																	

**E6. Repeaters** Write the total number of **repeaters** for each class (*students who had attended the same class in the previous year*) at your school by age and gender. Be sure to write the total in the total column.

Age	Class 1			Class 2			Class 3			Class 4			Class 5			Class 6	
	M	F		M	F		M	F		M	F		M	F		M	F
< 6																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
> 15																	
Total																	

**E7. Students with disability** Write the total number of **students with disability** at your school by type of disability, class, and gender. Be sure to write the total in the total column and row.

Type of disability	Class 1		Class 2		Class 3		Class 4		Class 5		Class 6		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Visual disability														
Physical disability														
Hearing disability														
Speech disability														
Learning Disability														
Total														

**E7a.** Does the school provide adapted infrastructure and materials for students with disabilities

**1** = Yes    **2** = No    If No, Skip to **F1**.

**E7b.** Circle which among the following the school provides for students with disability

1=Ramp 2=Brail 3=Hearing aid 4=Visual aid  
5=Others (specify)

## F. SCHOOL MANAGEMENT

<b>F1. Community Teacher Association (CTA)</b>	<b>F1a.</b> Is there a <b>functioning</b> CTA?	<b>1</b> = Yes <b>2</b> = No <i>If No, Skip to F2.</i>
	<b>F1b.</b> How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	<b>1</b> = Once or less <b>2</b> = Two Times <b>3</b> = Three Times <b>4</b> = Four or more times
<b>F2. School Management Committee (SMC)</b>	<b>F2a.</b> Is there a <b>functioning</b> SMC?	<b>1</b> = Yes <b>2</b> = No <i>If No, Skip to F3.</i>
	<b>F2b.</b> How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	<b>1</b> = Once or less <b>2</b> = Two Times <b>3</b> = Three Times <b>4</b> = Four or more times
	<b>F2c.</b> Has the SMC received training within the past 2 years?	<b>1</b> = Yes <b>2</b> = No
<b>F3. School Development Plan</b>	<b>F3a.</b> Does this school have a School Development Plan?	<b>1</b> = Yes <b>2</b> = No
<b>F4. Bank Account</b>	<b>F4a.</b> Does this school have a bank account for fees/subsidies?	<b>1</b> = Yes <b>2</b> = No <i>If No, Skip to G.</i>
	<b>F4b. Bank</b> <i>Write the name of bank</i>	
	<b>F4c. Account Number</b> <i>Write the account number</i>	

## G. STAFF: NON-TEACHERS

<b>G1. Staff: Non-teachers.</b> <i>Write the number Males and Females working at the school in the following non-teaching positions.</i>		
Position	Males	Females
Secretary		
Caretaker		
Bursar		
Security		
Other		

# Code Bank

No	Surname	Given name	New Teachers (only teachers new in the services – 2016 /17)  <b>1= Yes 2= No</b>	Sex <b>1=M 2=F</b>	Age <i>Yrs</i>	Payroll Number (PIN) if applicable <i>6 digits</i>	Current Position <i>Write one answer only.</i>  <b>1= Assistant Teacher 2=Senior Teacher 3= Head of Depart. 4=Deputy Head Teacher 5=Head Teacher 6=Vice-Principal 7=Principal</b>	Years of Service  <i>Write the total number of years the staff member has spent as a teacher</i>	Grade Level  <i>For gov. paid staff write the grade level, if not govt. paid leave blank</i>	Classroom Teacher  <i>Does educator have regular duty to teach in the classroom?</i>  <b>1=Yes 2=No</b>	Highest Professional qualification <i>Training that is specific to education Write one answer only.</i>  <b>1=No formal training as educator 2= TEC 3= TC (lower) 4= TC 5=HCT(P) 6=HCT(S) 7=Any Bachelor's in Ed 8=Any Master's or PhD in Ed</b>	Highest Academic qualification <i>Write one answer only.</i>  <b>1 = Did not complete JSS 2 = BECE (passed 4 or more subjects) 3= WASSCE (at least 4 credits) 4= Post-Secondary Diploma or Cert. 5 = Any Bachelor's deg. 6= Post-grad. degree or dip.</b>	Subject(s) specialty <i>Write all answers that apply.</i>  <b>1= No specialty. 2 = English, Language Studies 3 = Mathematics 4 = General Sciences 5= Social studies 6 = Creative Arts</b>	Subject(s) taught <i>Write all answers that apply.</i>  <b>1= All subjects 2= English, Language Studies 3 = Mathematics 4 = General Sciences 5 = Social studies 6 = Creative arts</b>	Source of salary <i>Write one answer only.</i>  <b>1 = Gov. 2 = Private inst. (firms, religious bodies, NGOs) 3 = Households (families, community) 4=Volunteer</b>
0.	Bryant	Charles		1	39	999999	2	5	6	1	6	4	3, 4	1	1
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**G2. Staff: Educators.** Complete the following information about each of your school's educational staff (teachers who deliver instruction in classrooms and non-teaching professional educators)

No	Surname	Given name	New Teachers (only teachers new in the services – 2016 /17)  <b>1= Yes 2= No</b>	Sex  <b>1= M 2= F</b>	Age  Yrs .	Payroll Number (PIN) if applicable 6 digits	Current Position Write one answer only.  <b>1= Assistant Teacher 2=Senior Teacher 3= Head of Depart. 4=Deputy Head Teacher 5=Head Teacher 6=Vice-Principal 7=Principal</b>	Years of Service  Write the total number of years the staff member has spent as a teacher	Grade Level  For gov. paid staff write the grade level, if not govt. paid leave blank	Classroom Teacher  Does educator have regular duty to teach in the classroom?  <b>1=Yes 2=No</b>	Highest Professional qualification Training that is specific to education Write one answer only.  <b>1=No formal training as educator 2= TEC 3= TC (lower) 4= TC 5=HCT(P) 6=HCT(S) 7=Any Bachelor's in Ed 8=Any Master's or PhD in Ed</b>	Highest Academic qualification Write one answer only.  <b>1 = Did not complete JSS 2 = BECE (passed 4 or more subjects) 3= WASSCE (at least 4 credits) 4= Post-Secondary Diploma or Cert. 5 = Any Bachelor's deg. 6= Post-grad. degree or dip.</b>	Subject(s) specialty Write all answers that apply.  <b>1= No specialty. 2 = English, Language Studies 3 = Mathematics 4 = General Sciences 5= Social studies 6 = Creative Arts</b>	Subject(s) taught Write all answers that apply.  <b>1= All subjects 2= English, Language Studies 3 = Mathematics 4 = General Sciences 5 = Social studies 6 = Creative arts</b>	Source of salary Write one answer only.  <b>1 = Gov. 2 = Private inst. (firms, religious bodies, NGOs) 3 = Households (families, community) 4=Volunteer</b>
0.	Bryant	Charles		1	39	999999	2	5	6	1	6	4	3, 4	1	1
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## H. SUMMARY COUNTS

### H1. PRIMARY LEVEL SUMMARY COUNTS

Total Students (See <b><u>Section E6</u></b> )			Number of Classrooms by Type (See <b><u>Section C5</u></b> )			Total Classroom Teachers (Count the classroom teachers by gender from <b><u>Section G2</u></b> )		
Male	Female	Total	Solid	Semi-solid	Total	Male	Female	Total

## I. QUESTIONNAIRE TRACKING CERTIFICATION

<b>I1. Filled out by SCHOOL HEAD TEACHER</b> By signing this document, I certify that the questionnaire has been completed and that all data contained herein is correct and accurate to the best of my knowledge. I also confirm that I understand that the information herein will be checked by district officials, which may require random monitoring visits.	<b>Name FULL name</b>	
	<b>Signature</b>	
	<b>Date DD/MM/YY</b>	DD / MM / YY
<b>I2. Filled out by ENUMERATOR</b> By signing this document, I certify that the questionnaire has been completed and that all data contained herein is correct and accurate to the best of my knowledge.	<b>Name FULL name</b>	
	<b>Signature</b>	
	<b>Date DD/MM/YY</b>	DD / MM / YY
<b>I3. Filled out by DEPUTY DIRECTOR</b> By signing this document, I certify that I have checked the questionnaire and that all data contained herein is correct and accurate to the best of my knowledge.	<b>Name FULL name</b>	
	<b>Signature</b>	
	<b>Date DD/MM/YY</b>	DD / MM / YY

### PLEASE REMEMBER:

1. Review that all the information has been accurately and clearly completed.
2. The completed questionnaire will be returned to the Deputy Director by the enumerator.
3. Monitoring visits may be conducted to verify information.

\*\*\* **THANK YOU FOR YOUR COOPERATION** \*\*\*