



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



Annual School Census Questionnaire  
2017-18

**SENIOR SECONDARY 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 January 2018.
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.



### 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 the school have a school garden?	<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. Other Facilities in school.</b> Which of the following facilities are available and functional at your school? <i>Tick all that apply.</i>		
<i>Facility</i>	<i>Available</i>	<i>Functional</i>
Library		
Science laboratory		
Canteen		
Recreation facilities		
Electricity grid		
Functioning generator		
Other source of power (e.g. solar)		

<b>C2. Drinking Water</b> <i>Circle what is applicable.</i>		
<b>C2a.</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 <b><i>If No, skip to C3.</i></b>
<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><i>If No, Skip to C4</i></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	

#### C4. Hygiene Management

<b>C4a.</b> Does the school have a private cubicle for girls experiencing menstruation?	<b>1 = Yes    2 = No    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 = soap and water   2 = separate bins for hygienic waste disposal</b>

<b>C5. Classrooms</b> Write <i>NUMBER OF CLASSROOMS</i> (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		

#### C6. Classroom Furniture 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. SENIOR SECONDARY SCHOOL INSTRUCTION

#### D1. Textbooks Write the number of textbooks (include only those that are in good condition) by level and subject.

Textbooks	SSS 1	SSS 2	SSS 3	SSS 4	Total
<b>Language Arts</b>					
<b>Mathematics</b>					
<b>Sciences</b> (Physics, Chemistry, Biology, Health)					
<b>Social Studies</b> (History, Civics)					
<b>Business studies</b> (Business management, Accounting, Economics)					

#### D2. Learning through ICT Does the school have any of the following ICT facility for learning? Circle all that apply.

**1 = Computer    2 = Internet**

#### D3. Sexual Reproductive Education Does the school provide life skills-based HIV and sexuality education?

**1 = Yes    2 = No**

### E. SENIOR SECONDARY SCHOOL OPERATIONS AND STUDENTS

<b>E1. School hours</b> Write your 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 <i>TOTAL NUMBER</i> of <i>STREAMS</i> for each class level. <i>STREAMS</i> are the number of classes within each class level. Enter 0 for any class levels not offered at the school.	<b>SS 1</b>	
	<b>SS 2</b>	
	<b>SS 3</b>	
	<b>SS 4</b>	

**E3. New entrants** Write the total number of **new entrants** (students who entered class SSS 1 for the first time, excluding repeaters) at your school by age and gender. Be sure to write the total in the total column.

Age	14 or younger	15	16	17	18	19	20	21	22	23	24	25 or older	Total
Male													
Female													

**E4. Enrolled students** Write the *TOTAL NUMBER* of *STUDENTS* who enrolled at your school for the 2017-18 school year by class, age, and gender. Enter the number enrolled by January 2018, once late registrants had entered.

Age	SSS 1			SSS 2			SSS 3			SSS 4			Total	
	M	F		M	F		M	F		M	F		M	F
14 or														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25 or														
Total														

**E5. 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	SSS 1			SSS 2			SSS 3			SSS 4			Total	
	M	F		M	F		M	F		M	F		M	F
14 or														
15														
16														
17														
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19														
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21														
22														
23														
24														
25 or														
Total														

**E6. 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	SSS 1		SSS 2		SSS 3		SSS 4		Total	
	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 = Yes 2 = No</b> <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 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times</b>
<b>F2. Board of Governors</b>	<b>F2a.</b> Is there a <b>functioning</b> Board of Governors?	<b>1 = Yes 2 = No</b> <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 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times</b>
	<b>F2c.</b> Has the Board of Governors received training within the past 2 years?	<b>1 = Yes 2 = No</b>
<b>F3. Mother's Club</b>	<b>F3a.</b> Is there a <b>functioning</b> Mother's Club?	<b>1 = Yes 2 = No</b> <i>If No, Skip to F3.</i>
	<b>F3b.</b> How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	<b>1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times</b>
	<b>F3c.</b> Has the Mother's Club received training within the past 2 years?	<b>1 = Yes 2 = No</b>
<b>F4. Children Parliament</b>	<b>F4a.</b> Is there a <b>functioning</b> Children Parliament?	<b>1 = Yes 2 = No</b> <i>If No, Skip to F3.</i>
	<b>F4b.</b> How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	<b>1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times</b>
	<b>F4c.</b> Have members received training within the past 2 years?	<b>1 = Yes 2 = No</b>
<b>F5. Guidance Counselor</b>	<b>F5a.</b> Does the school have a Guidance Counselor?	<b>1 = Yes 2 = No</b>
<b>F3. School Development Plan</b>	<b>F6a.</b> Does this school have a School Development Plan?	<b>1 = Yes 2 = No</b>
<b>F4. Bank Account</b>	<b>F7a.</b> Does this school have a bank account for fees/subsidies?	<b>1 = Yes 2 = No</b> <i>If No, Skip to G.</i>
	<b>F7b. Bank</b> <i>Write the name of bank</i>	
	<b>F7c. Account Number</b> <i>Write the account number</i>	
	<b>F7d. Account B-ban</b> <i>Write the account B-ban</i>	

**G. STAFF**

**G1. Staff: Non-Teachers** Write the number Males and Females working at the school in the following non-teaching positions.

Position	Males	Females
Counsellor		
Secretary		
Office Assistant		
Bursar		
Security		
Other		

**Code Bank**

No	Surname	Given name	New Teachers (only teachers new in the services – 2016 /17)	Sex 1=M 2=F	Age Yrs	Payroll Number (PIN) if applicable 6 digits	Current Position Write one answer only. 1= Assistant Teacher 2=Senior Teacher 3= Head of Depart. 4=Deputy Head Teacher 5=Head Teacher 6=Vice-Principal 7=Principal	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 gov. paid leave blank	Classroom Teacher Does educator have regular duty to teach in the classroom? 1=Yes 2=No	Highest Professional qualification Training that is specific to education Write one answer only. 1=No formal training as educator 2= TC 3=HTC(P) 4=HTC(S) 5=Any Bachelor's in Ed 6=Any Master's or PhD in Ed	Highest Academic qualification Write one answer only. 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.	Subject(s) specialty Write all answers that apply. 1= All subjects 2 = English Language 3 = Mathematics 4 = Literature 5= Biology 6 = Physics 7= Chemistry 8 = Government 9 = History 10 = R. Studies 11= Accounting 12 = Economics 13 = Business Studies 13 = Other	Subject(s) taught Write all answers that apply. 1= All subjects 2 = English Language 3 = Mathematics 4 = Literature 5= Biology 6 = Physics 7= Chemistry 8 = Government 9 = History 10 = R. Studies 11= Accounting 12 = Economics 13 = Business Studies 13 = Other	Source of salary Write one answer only. 1 = Gov. 2 = Private inst. (firms, religious bodies, NGOs) 3 = Households (families, community) 4=Volunteer
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## H. SUMMARY COUNTS

### H1. SENIOR SECONDARY SCHOOL SUMMARY COUNTS

Total Students (See <b>Section E5</b> )			Number of Classrooms by Type (See <b>Section C4</b> )			Total Classroom Teachers (Count the classroom teachers by gender from <b>Section G2</b> )		
Male	Female	Total	Solid	Semi-solid	Total	Male	Female	Total

## I. QUESTIONNAIRE TRACKING CERTIFICATION

<b>I1. Filled out by SCHOOL PRINCIPAL</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</b> FULL name	
	<b>Signature</b>	
	<b>Date</b> DD/MM/YY	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</b> FULL name	
	<b>Signature</b>	
	<b>Date</b> DD/MM/YY	DD / MM / YY
<b>I3. Filled out by DEPUTY DIRECTOR, EMIS, MEST.</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</b> FULL name	
	<b>Signature</b>	
	<b>Date</b> DD/MM/YY	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, EMIS, MEST by the enumerator.
3. Monitoring visits may be conducted to verify information.

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