



Government of Sierra Leone
Ministry of Education Science and Technology



Annual School Census Questionnaire

2017-18
JUNIOR 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

C1. Facilities Which of the following does your school have?		
C1a. Does this school have a boarding facility for students?	1 = Yes	2 = No
C1b. Does the school have a school garden?	1 = Yes	2 = No
C1c. Is the school compound fenced or surrounded by walls?	1 = Yes	2 = No
C1d. Other Facilities in school. 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)		

C2. Drinking Water <i>Circle what is applicable.</i>		
C2a. Is there a source of drinking water available to the school? <i>The source can be either within the school compound or nearby.</i>	1 = Yes 2 = No	<i>If No, skip to C3.</i>
C2b. Is the source of drinking water within the school compound?	1 = Yes 2 = No	
C2c. What is the source of drinking water?	1 = Pipe-borne 2 = Borehole 3 = Well – Hand dug 4 = Stream 5 = Other	
C2d. Is the source of drinking water protected ?	1 = Yes 2 = No	
C2e. Is the source of water in need of repair ?	1 = Yes 2 = No	
C2f. Is water available from the source during Dry season	1 = Yes, all the time 2 = Yes, sometime 3 = No	
C2g. Is water available from the source during Wet season	1 = Yes, all the time 2 = Yes, sometime 3 = No	
C2h. Is there hand washing facility in the school	1 = Yes 2 = No	

C3. Latrines		
C3a. Does your school have a latrine facility?	1 = Yes 2 = No	<i>If No, Skip to C4</i>
C3b. Are the latrines in good condition?	1 = Yes 2 = No	
C3c. Are there separate latrines for pupils with disability	1 = Yes 2 = No	
C3d. 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

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

C5. Classrooms <i>Write NUMBER OF CLASSROOMS (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.</i>	Type of Construction	Number of classrooms	Number in need of repair
	Solid <i>Built with cement blocks</i>		
	Semi-solid <i>Built largely with mud blocks</i>		
	Make-shift <i>Temporary-- made of materials, such as mat and sticks</i>		
	Other <i>Any other space used as a classroom</i>		
Total 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
Pupil Chairs <i>Write the number of sitting places not pieces of furniture</i>				
Pupil Benches <i>Write the number of sitting places not pieces of furniture</i>				
Pupil Desks <i>Write the number of sitting places not pieces of furniture</i>				
Teacher Desks				
Teacher Chairs				
Chalk Boards				

D. JUNIOR SECONDARY SCHOOL INSTRUCTION

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

Textbooks	JSS 1	JSS 2	JSS 3	Total
Language Arts				
Mathematics				
Integrated Science				
Social Studies				

D2. Learning through ICT Does the school have any of the following ICT facility for learning? Circle <u>all</u> 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. JUNIOR SECONDARY SCHOOL OPERATIONS AND STUDENTS

E1. School hours Write your school's starting and ending time.	E1a. Starting time	HH : MM
	E1b. Ending time	HH : MM

E2. Streams 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.	JSS 1	
	JSS 2	
	JSS 3	

E3. New entrants Write the total number of new entrants (students who entered class JSS 1 for the first time, excluding repeaters) at your school by age and gender. Be sure to write the total in the total column.												
	≤ 12 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17yrs	18 yrs.	19 yrs.	20 yrs.	>20 yrs.	Total
Male												
Female												

E4. Enrolled students Write the <u>TOTAL NUMBER</u> of <u>STUDENTS</u> 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	JSS 1		JSS 2		JSS 3		Total		
	M	F	M	F	M	F	M	F	
12 or younger									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25 or older									
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	JSS 1		JSS 2		JSS 3		Total	
	M	F	M	F	M	F	M	F
12 or younger								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25 or older								
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	JSS 1		JSS 2		JSS 3		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

F1. Community Teacher Association (CTA)	F1a. Is there a functioning CTA?	1 = Yes 2 = No <i>If No, Skip to F2.</i>
	F1b. How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times
F2. Board of Governors	F2a. Is there a functioning Board of Governors?	1 = Yes 2 = No <i>If No, Skip to F3.</i>
	F2b. How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times
	F2c. Has the Board of Governors received training within the past 2 years?	1 = Yes 2 = No
F3. Mother's Club	F3a. Is there a functioning Mother's Club?	1 = Yes 2 = No <i>If No, Skip to F3.</i>
	F3b. How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times
	F3c. Has the Mother's Club received training within the past 2 years?	1 = Yes 2 = No
F4. Children Parliament	F4a. Is there a functioning Children Parliament?	1 = Yes 2 = No <i>If No, Skip to F3.</i>
	F4b. How many times does it meet in a year? <i>Circle <u>one</u> answer.</i>	1 = Once or less 2 = Two Times 3 = Three Times 4 = Four or more times
	F4c. Have members received training within the past 2 years?	1 = Yes 2 = No
F5. Guidance Counselor	F5a. Does the school have a Guidance Counselor?	1 = Yes 2 = No
F6. School Development Plan	F6a. Does this school have a School Development Plan?	1 = Yes 2 = No
F7. Bank Account	F7a. Does this school have a bank account for fees/subsidies?	1 = Yes 2 = No <i>If No, Skip to G.</i>
	F7b. Bank <i>Write the name of bank</i>	
	F7c. Account Number <i>Write the account number</i>	
	F7d. Account B-ban <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) 1= Yes 2= No	Sex 1=M 2=F	Age <i>Yrs</i>	Payroll Number (PIN) if applicable <i>6 digits</i>	Current Position <i>Write one answer only.</i> 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 <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> 1=Yes 2=No	Highest Professional qualification <i>Training that is specific to education Write one answer only.</i> 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 <i>Write one answer only.</i> 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) speciality <i>Write all answers that apply.</i> 1= No specialty. 2 = English, Language Studies 3 = Mathematics 4 = General Sciences 5= Social studies 6 = Creative Arts 7= Business Studies 8 = PHE 9 = RME 10 = Home Economics 11= Agriculture 12 = Foreign Language 13 = Other	Subject(s) taught <i>Write all answers that apply.</i> 1= All subjects 2 = English, Language Studies 3 = Mathematics 4 = General Sciences 5= Social studies 6 = Creative Arts 7= Business Studies 8 = PHE 9 = RME 10 = Home Economics 11= Agriculture 12 = Foreign Language 13 = Other	Source of salary <i>Write one answer only.</i> 1 = Gov. inst. (firms, religious bodies, NGOs) 2 = Private inst. (firms, religious bodies, NGOs) 3 = Households (families, community) 4=Volunteer
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H. SUMMARY COUNTS

H1. JUNIOR SECONDARY SCHOOL SUMMARY COUNTS

Total Students (See Section E4)			Number of Classrooms by Type (See Section C5)			Total Classroom Teachers (Count the classroom teachers by gender from Section G2)		
Male	Female	Total	Solid	Semi-solid	Total	Male	Female	Total

I. QUESTIONNAIRE TRACKING CERTIFICATION

I1. Filled out by SCHOOL PRINCIPAL 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.	Name FULL name	
	Signature	
	Date DD/MM/YY	DD / MM / YY
I2. Filled out by ENUMERATOR 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.	Name FULL name	
	Signature	
	Date DD/MM/YY	DD / MM / YY
I3. Filled out by DEPUTY DIRECTOR 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.	Name FULL name	
	Signature	
	Date 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 by the enumerator.
3. Monitoring visits may be conducted to verify information.

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