



Government of Sierra Leone
Ministry of Education Science and Technology



**Annual School Census Questionnaire
2017-18**

PRESCHOOL 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.

A. SCHOOL PROFILE

A.1 EMIS Number <i>The EMIS number is pre-filled, except for new schools that have not completed an EMIS questionnaire before. Make sure to write down the EMIS number for your own records, as you will be required to report this number in the future 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>		A.1 EMIS Number		
A2. Name of school <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>				
A3. Location <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>	A3a. District			
	A3b. Chiefdom			
	A3c. Section			
	A3d. Ward			
	A3e. Town/Village			
A4 Remoteness <i>Indicate ease of access to the community where the school is located (tick)</i>		1 = Island 2 = Rough terrains 3 = Not accessible by road 4 = Easily accessible		
A5. School contact <i>For the school's main contact, write telephone/mobile number, and e-mail address if applicable.</i>		A5a. Telephone/mobile number		
		A4b. E-mail address		
A6. SID Code <i>Write the School payroll code, if applicable. If not applicable, leave blank.</i>		A6. SID Code		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B. SCHOOL PARTICULARS

B1. School Ownership. <i>Circle <u>one</u> answer.</i>		1 = Government 2 = Private 3 = Mission/religious group 4 = Community 5 = Other	
B2. Approval Status. <i>Is this school approved by the MEST?</i>		1 = Yes 2 = No	
B3. Support Status. <i>Does the school receive support from the GoSL?</i>		1 = Yes 2 = No	
B4. Shift. <i>What is the shift status of this school? Circle one answer.</i>		1 = Single Shift 2 = Double shift, Morning 3 = Double shift, Afternoon	
B5 Type. <i>Is this school a boys only, girls only, or mixed school? Circle one answer.</i>		1 = Boys only 2 = Girls only 3 = Mixed	
B6. Year of establishment <i>Write the <u>YEAR</u> your school was founded.</i>		Y Y Y Y	
B7. Other school(s) found on the same compound. <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>. If not, skip to Section C.</i>			
1 = Nursery/Pre-School 2 = Primary 3 = Junior Secondary 4 = Senior Secondary 5 = Vocational/Technical 6 = Other			
B7a. Name of other school(s) <i>Write the <u>FULL NAME</u> of the other school(s) if applicable.</i>			

C. SCHOOL INFRASTRUCTURE

C1. Facilities Which of the following does your school have?		
C1a. Is the school compound fenced or surrounded by walls?	1 = Yes 2 = No	
C1b. Other Facilities in school. Which of the following facilities are available and functional at your school? <i>Tick <u>all</u> that apply.</i>		
Facility	Available	Functional
Library		
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. <i>Is there hand washing facility in the school</i>	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. Classrooms 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
	Solid Built with cement blocks		
	Semi-solid Built largely with mud blocks		
	Make-shift Temporary-- made of materials, such as mat and sticks		
	Other Any other space used as a classroom		
	Total number of classrooms		

C5. 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 Write the number of sitting places not pieces of furniture				
Pupil Benches Write the number of sitting places not pieces of furniture				
Pupil Desks Write the number of sitting places not pieces of furniture				
Teacher Desks				
Teacher Chairs				
Chalk Boards				

D. PRESCHOOL INSTRUCTION

D1. Instructional Materials Write the number of instructional materials (include only those that are in good condition) by grade and subject.				
Instructional Materials	Nursery 1	Nursery 2	Nursery 3	Total
Literacy foundations (letter recognition, sounds, word building, spelling)				
Numeracy foundations (number recognition, number work)				
Religious and Moral Education				

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
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E. PRESCHOOL 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.			
Day Care	Nursery 1	Nursery 2	Nursery 3

E3. 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. Indicate enrolment of pupils for Day Care (if any).										
Age	Day Care (age 1&2 years only)		Nursery 1		Nursery 2		Nursery 3		Total	
	M	F	M	F	M	F	M	F	M	F
1										
2										
3										
4										
5										
6 or older										
Total										

E4. 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	Day Care		Nursery 1		Nursery 2		Nursery 3		Total	
	M	F	M	F	M	F	M	F	M	F
Visual disability										
Physical disability										
Hearing disability										
Speech disability										
Learning disability										
Total										

E5a. Does the school provide adapted infrastructure and materials for students with disabilities	1 = Yes 2 = No If No, Skip to F1.
E5b. 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. School Management Committee (SMC)	F2a. Is there a functioning SMC?	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 SMC 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. School Development Plan	F4a. Does this school have a School Development Plan?	1 = Yes 2 = No
F5. Bank Account	F5a. Does this school have a bank account for fees/subsidies?	1 = Yes 2 = No <i>If No, Skip to G.</i>
	F5b. Bank Write the name of bank	
	F5c. Account Number Write the account number	
	F5d. Account B-ban <i>Write the account B-ban</i>	

G. STAFF

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

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) 1= Yes 2= No	Sex 1= M 2= F	Age Yrs.	Payroll Number (PIN) if applicable 6 digits	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) specialty <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 = Home Economics	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 = Home Economics	Source of salary <i>Write one answer only.</i> 1 = Gov. 2 = Private inst. (firms, religious bodies, NGOs) 3 = Households (families, community) 4=Volunteer
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15.															

H. SUMMARY COUNTS

H1. PRIMARY LEVEL SUMMARY COUNTS

Total Students (See Section E3)			Number of Classrooms by Type (See Section C4)			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 HEAD TEACHER 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 <i>FULL name</i>	
	Signature	
	Date <i>DD/MM/YY</i>	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 <i>FULL name</i>	
	Signature	
	Date <i>DD/MM/YY</i>	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 <i>FULL name</i>	
	Signature	
	Date <i>DD/MM/YY</i>	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 *****