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

#### A.1 EMIS Number
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.

#### A.2 Name of school
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.

#### A.3 Location
This information is pre-filled, except for new schools. Correct any errors or omissions in the pre-filled information. For new schools, record the **NAME** of District, Chiefdom, Section and Town/Village, and record the **NUMBER** of the Ward.

| A3a. District |
| A3b. Chiefdom |
| A3c. Section |
| A3d. Ward |
| A3e. Town/Village |

#### A.4 School contact
For the school’s main contact, write telephone/mobile number, and e-mail address if applicable.

| A4a. Telephone/mobile number |
| A4b. E-mail address |

#### A.5 SID Code
Write the School payroll code, if applicable. If not applicable, leave blank.

### B. SCHOOL PARTICULARS

#### B1. School Ownership
*Circle one answer.*

- 1 = Government
- 2 = Private
- 3 = Mission/religious group
- 4 = Community
- 5 = Other

#### B2. Shift
*What is the shift status of this school? Circle one answer.*

- 1 = Single Shift
- 2 = Double shift, Morning
- 3 = Double shift, Afternoon

#### B3 Type
*Is this school a boys only, girls only, or mixed school? Circle one answer.*

- 1 = Boys only
- 2 = Girls only
- 3 = Mixed

#### B4. Year of establishment
*Write the YEAR your school was founded.*

#### B5. Other school(s) found on the same compound
*There may be other schools or shifts in the same compound or that share the same address. If so, circle all that are Applicable. If not, skip to Section C.*

- 1 = Nursery/Pre-School
- 2 = Primary
- 3 = Junior Secondary
- 4 = Senior Secondary
- 5 = Vocational/Technical
- 6 = Other

#### B5a. Name of other school(s)
*Write the FULL NAME of the other school(s) if applicable.*
### C. SCHOOL INFRASTRUCTURE

#### C1. Facilities
Which of the following does your school have?

| C1a. Does this school benefit from a school feeding program? | 1 = Yes  | 2 = No |
| C1b. Is the school compound fenced or surrounded by walls? | 1 = Yes  | 2 = No |

#### C1c. Which of the following facilities are available at your school? 
*Circle all that apply.*

<table>
<thead>
<tr>
<th>Facilities</th>
<th>1 = Library</th>
<th>2 = Science lab</th>
<th>3 = Computer equipment</th>
<th>4 = Canteen</th>
<th>5 = Recreation facilities</th>
<th>6 = Electricity grid</th>
<th>7 = Functioning generator</th>
<th>8 = Other source of power (e.g. solar)</th>
</tr>
</thead>
</table>

#### C2. Drinking Water
*Circle what is applicable.*

| C2a. Is there a source of drinking water available to the school? The source can be either within the school compound or nearby. | 1 = Yes  | 2 = No |
| 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 |

#### C3. Latrines

| C3a. Does your school have a latrine facility? | 1 = Yes  | 2 = No |
| 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? | Write the number for girls only, boys only and shared. |
| Girls only |
| Boys only |
| Shared |

#### C4. Classrooms
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.

<table>
<thead>
<tr>
<th>Type of Construction</th>
<th>Number of classrooms</th>
<th>Number in need of repair</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solid</strong> Built with cement blocks</td>
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</tr>
<tr>
<td><strong>Semi-solid</strong> Built largely with mud blocks</td>
<td></td>
<td></td>
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<tr>
<td><strong>Make-shift</strong> Temporary-- made of materials, such as mat and sticks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong> Any other space used as a classroom</td>
<td></td>
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</tbody>
</table>

| Total number of classrooms |  |  |  |
### C5. Classroom Furniture

Write the number of classroom furniture, according to their condition.

<table>
<thead>
<tr>
<th>Furniture Item</th>
<th>In Good Condition</th>
<th>Broken but can be repaired</th>
<th>Broken and cannot be repaired</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pupil Chairs</strong></td>
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<tr>
<td><strong>Pupil Benches</strong></td>
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<td></td>
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<tr>
<td><strong>Pupil Desks</strong></td>
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<tr>
<td><strong>Teacher Desks</strong></td>
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<tr>
<td><strong>Teacher Chairs</strong></td>
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<tr>
<td><strong>Chalk Boards</strong></td>
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</tbody>
</table>

**D. PRESCHOOL INSTRUCTION**

### D1. Instructional Materials

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

<table>
<thead>
<tr>
<th>Instructional Materials</th>
<th>Nursery 1</th>
<th>Nursery 2</th>
<th>Nursery 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy foundations</strong></td>
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<tr>
<td><strong>Numeracy foundations</strong></td>
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<tr>
<td><strong>Religious and Moral Education</strong></td>
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</tr>
</tbody>
</table>
E. PRESCHOOL OPERATIONS AND STUDENTS

<table>
<thead>
<tr>
<th>School hours</th>
<th>Write your school's starting and ending time.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E1a. Starting time</strong></td>
<td>H H : M M</td>
</tr>
<tr>
<td><strong>E1b. Ending time</strong></td>
<td>H H : M M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E2. Streams</th>
<th>Write the TOTAL NUMBER of STREAMS for each class level. STREAMS are the number of classes within each class level. Enter 0 for any class levels not offered at the school.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery 1</td>
<td></td>
</tr>
<tr>
<td>Nursery 2</td>
<td></td>
</tr>
<tr>
<td>Nursery 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E3. Enrolled students</th>
<th>Write the TOTAL NUMBER of STUDENTS 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Nursery 1</td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Younger than 3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td>6 or older</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E4. Total enrollment</th>
<th>Write the TOTAL enrollment at your school, with the breakdown by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E5. Students with disability</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of disability</td>
<td>Nursery 1</td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Visual disability</td>
<td></td>
</tr>
<tr>
<td>Physical disability</td>
<td></td>
</tr>
<tr>
<td>Hearing disability</td>
<td></td>
</tr>
<tr>
<td>Speech disability</td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
### F. SCHOOL MANAGEMENT

<table>
<thead>
<tr>
<th>F1. Community Teacher Association (CTA)</th>
<th>F1a. Is there a <strong>functioning</strong> CTA?</th>
<th>1 = Yes</th>
<th>2 = No</th>
<th><strong>If No, Skip to F2.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>F1b. How many times does it meet in a year? <em>Circle one answer.</em></td>
<td>1 = Once or less</td>
<td>2 = Two Times</td>
<td>3 = Three Times</td>
<td>4 = Four or more times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F2. School Management Committee (SMC)</th>
<th>F2a. Is there a <strong>functioning</strong> SMC?</th>
<th>1 = Yes</th>
<th>2 = No</th>
<th><strong>If No, Skip to F3.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>F2b. How many times does it meet in a year? <em>Circle one answer.</em></td>
<td>1 = Once or less</td>
<td>2 = Two Times</td>
<td>3 = Three Times</td>
<td>4 = Four or more times</td>
</tr>
<tr>
<td>F2c. Has the SMC received training within the past 2 years?</td>
<td>1 = Yes</td>
<td>2 = No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| F3. School Development Plan | F3a. Does this school have a School Development Plan? | 1 = Yes | 2 = No |

<table>
<thead>
<tr>
<th>F4. Bank Account</th>
<th>F4a. Does this school have a bank account for fees/subsidies?</th>
<th>1 = Yes</th>
<th>2 = No</th>
<th><strong>If No, Skip to G.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>F4b. Bank Write the name of bank</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>F4c. Account Number Write the account number</td>
<td></td>
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</tbody>
</table>

### G. STAFF

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td></td>
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<tr>
<td>Caretaker</td>
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<tr>
<td>Bursar</td>
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<tr>
<td>Security</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
**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)

<table>
<thead>
<tr>
<th>No</th>
<th>Surname</th>
<th>Given name</th>
<th>Sex</th>
<th>Age</th>
<th>Payroll Number (PIN)</th>
<th>Current Position</th>
<th>Years of Service</th>
<th>Grade Level</th>
<th>Classroom Teacher</th>
<th>Highest Professional qualification</th>
<th>Highest Academic qualification</th>
<th>Subject(s) taught</th>
<th>Subject(s) taught</th>
<th>Source of salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Bryant</td>
<td>Charles</td>
<td>1</td>
<td>39</td>
<td>999999</td>
<td>2</td>
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<td>6</td>
<td>1</td>
<td>6</td>
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<td>3, 4</td>
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</tbody>
</table>
H. SUMMARY COUNTS

H1. PRIMARY LEVEL SUMMARY COUNTS

<table>
<thead>
<tr>
<th>Total Students (See Section E4)</th>
<th>Number of Classrooms by Type (See Section C4)</th>
<th>Total Classroom Teachers (Count the classroom teachers by gender from Section G2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>FULL name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date DD/MM/YY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>FULL name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date DD/MM/YY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>FULL name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date DD/MM/YY</td>
</tr>
</tbody>
</table>

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 ***