

MINISTRY OF EDUCATION AND HUMAN RESOURCES

STATISTICS SECTION

Annual Survey in Pre-Primary Schools

March 2011

For office use only

School Code :

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U/R :

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Zone :

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A. LOCATION AND TYPE

Name of school :

Postal address :

For office use only

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Year founded :

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Is school registered with Ministry of Education?

Yes

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 1No

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 2

Year of Registration :

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Telephone No. :

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Name of Manager :

Address of Manager :

Type of administration (*tick appropriate box*)

E.C.C.E.A*

(Ex-P.S.T.F)

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1

R.C.A/

Hindu Aided

--

2

Municipality/

District Council

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3

N.G.O

--

4

Private

Individual

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5

* E.C.C.E.A - Early Childhood Care and Education Authority

For office use only

Edited and coded by :

Checked by :

Input by :

Date :

Please refer to the instructions while completing the questionnaire. (Tick or enter number in appropriate box).

B: PHYSICAL FACILITIES

1 Type of building

- a. All concrete
b. Concrete walls with roof of tin sheets, shingles
c. Wooden
d. Concrete and wooden
e. Other, (specify)

	1
	2
	3
	4
	5

2 Use of building

- a. Pre-primary school only
b. Pre-primary & primary school
c. Pre-Primary & "Creche"
d. Partly residential
e. Partly used for other purposes,
(specify)

	1
	2
	3
	4
	5

3 (i) Services offered

- a. Pre-Primary school only
b. Pre-Primary and "Creche"
c. Other, (specify)

	1
	2
	3

(ii) Child minding service

(Before and /or after school hours)

Yes ☐ 1 No ☐ 2

4 Type of ownership

- a. State - owned
b. Municipality and District Council
c. Privately - owned
d. Rented
e. Other, (specify)

	1
	2
	3
	4
	5

5 No. of rooms used as (i) Classrooms

(ii) Other purpose

6 Availability of water

(i) Number of taps:

Infant ☐ Adult ☐

(ii) Number of washbasins

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(iii) a. Is there a water tank ? Yes ☐ 1 No ☐ 2

b. If yes, how often is the tank cleaned?
(Tick the appropriate box)

once a year ☐ 1 twice or more yearly ☐ 2 Never Cleaned ☐ 3

7 Number of toilets :

Infant ☐ Adult ☐

8 (i) Is there a playground ?

Yes ☐ 1 No ☐ 2

(ii) Type of playground

Tarred / Cemented ☐ 1 Planted ☐ 2 Tarred & Planted ☐ 3

Other, (specify)

9 Equipment

(i) Indoor :

State the number in good working condition :

- a. Radio / Radio cassette
b. Television set
c. Video set : VCR, VCD
d. Video set : DVD
e. Computer
f. Other, (specify)

(ii) Outdoor (state number of)

- a. Toboggan
b. Swing
c. See Saw
d. Other, (specify)

10 Furniture (give number of)

- a. Tables for infants
b. Infant chairs
c. Adult tables
d. Adult chairs
e. White Boards
f. Black Boards
g. Cupboards
h. Shelves

11 Books (tick appropriate box)

(i) Do you have a

School Library ☐ 1 Reading corner ☐ 2

(ii) Area of school library (m²)

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(iii) Number of story / picture books

(Pre-Primary only)

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B. PHYSICAL FACILITIES (Cont'd)

12 Are there Learning Aids produced by teachers?

Yes ☐ 1

No ☐ 2

13 Is there any kitchen facility?

Yes ☐ 1

No ☐ 2

14 (i) Is there any meal facility provided to pupils?

Yes ☐ 1

No ☐ 2

IF Yes

(ii) State type of meal:

Breakfast ☐ 1 Lunch ☐ 2 Both ☐ 3

(iii) Is the meal provided?

Daily ☐ 1

Weekly ☐ 2

15 **Health**

(i) Do you have a First Aid Box at school?

Yes ☐ 1

No ☐ 2

(ii) Medical supervision

Do the children have a regular check-up?

Yes ☐ 1

No ☐ 2

If Yes, state the number of visits per year by:

a. Government Medical Officers

b. Private Medical Officers

c. Other, (specify)

16 **Safety to students**

Are there any fire extinguishers in good condition?

Yes ☐ 1

No ☐ 2

If yes, state number

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C. SCHOOL ADMINISTRATION

C1 Record kept at school

Do you keep:

a. An Admission Register

b. A children Attendance Register

c. A staff Attendance Register

d. Inspection Register

e. Cash Book

f. Visitors Book

g. Inventory of Furniture & Equipment

h. Health Record Card for each child

i. Portfolio for each child

j. File of PTA meetings

k. Log Book

l. Other, (specify)

	Yes	No
a. An Admission Register	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A children Attendance Register	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. A staff Attendance Register	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Inspection Register	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Cash Book	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Visitors Book	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Inventory of Furniture & Equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Health Record Card for each child	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Portfolio for each child	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. File of PTA meetings	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Log Book	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Other, (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

C2 **Number** of children enrolled as at **1st March 2011** by age

AGE	Boys	Girls	Total
Under 3 (YOB :Year 2008)			
3 and under 4 (YOB :Year 2007)			
4 and under 5 (YOB :Year 2006)			
5 or more (YOB :Year 2005)			
Total			

Please Note: YOB refers to Year of Birth

C3 Number of students to be admitted in Std I in 2012:

Boys	Girls	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>

D1: ICT IN EDUCATION, 2011

ICT FACILITIES		Yes	No	Number
<i>Circle either Yes (1) or No (2) and if Yes enter number in appropriate box</i>				
1.1	Does your school have electricity?	1	2	
1.2	Does your school have telephone communication facility?	1	2	
1.3	Does your school have computer(s)? <i>If no, skip to 1.10</i>	1	2	
	<i>of which: Number of computers only for pedagogical use</i>			
	<i>of which: Number of computers only for administrative use</i>			
	<i>of which: Number of computers for both purposes</i>			
1.4	Does your school have printer(s)?	1	2	
	<i>of which: Number of printers only for pedagogical use</i>			
	<i>of which: Number of printers only for administrative use</i>			
	<i>of which: Number of printers for both purposes</i>			
1.5	Does your school have access to the internet? <i>If no, skip to 1.9</i>	1	2	
	<i>if yes, state the number of computers connected to the internet:</i>			
1.6	Does your school have internet access for students?	1	2	
1.7	Does your school have a web site?	1	2	
	<i>if yes, please provide the web site address :</i>			
1.8	Does your school have internet-assisted instruction?	1	2	
1.9	Does your school have computer-assisted instruction?	1	2	
1.10	Does your school have radio-assisted instruction?	1	2	
1.11	Does your school have television-assisted instruction?	1	2	
1.12	Does your school have ICT-assisted instruction?	1	2	
1.13	Does your school have ICT support services?	1	2	

E. DAILY PROGRAMME OF ACTIVITIES

1 What are the **main activities** organised for the children during the day?

Tick as appropriate

a. Computer	(Basic Computer Literacy)	<input type="checkbox"/>	0
b. Language	(conversation, poem, singing, story telling, etc..)	<input type="checkbox"/>	1
c. Pre-writing	(drawing, graphism, dot to dot, writing, etc ..)	<input type="checkbox"/>	2
d. Pre-reading	(identification games, puzzle, classification, colour identification, etc ..)	<input type="checkbox"/>	3
e. Pre-maths	(figures, notion of quantity, size, shapes, etc ..)	<input type="checkbox"/>	4
f. Physical Education	(motor development, swinging, dancing, jumping, see-saw, toboggan etc ..)	<input type="checkbox"/>	5
g. Free Activity in corners	(sand, water, doll, shop, kitchen, nature corner, video games, etc ..)	<input type="checkbox"/>	6
h. Manual/creative work	(bricollage, cutting, gardening, painting, etc ..)	<input type="checkbox"/>	7
i. Social activities/civism	(birthdays, national festivals, music, sensory devp, self care, prayer, etc..)	<input type="checkbox"/>	8
j. EVS	(weather charts, days, months, history, science, news, site visits, etc)	<input type="checkbox"/>	9

2 How many times the following activities are organised **per year**?

a. Excursion / Outing

b. Cultural Activities/Celebrations

c. Fund raising activities

d. Open Day

F. SCHOOL - PARENTS

1 Do you have a PTA?

Yes ☐ 1

No ☐ 2

2 How do you maintain contact with parents?

a. Individual

☐ 1

b. PTA meetings

☐ 2

c. Newsletter / letter

☐ 3

d. Daily Report Book

☐ 4

e. Telephone

☐ 5

f. Parents Meeting

☐ 6

g. Other (specify)

☐ 7

G. SCHOOL PEDAGOGY

1 Do teachers keep records of:

a. A yearly plan of work

Yes

☐ 1

No

☐ 2

b. A weekly plan of work

☐ 1

☐ 2

c. A daily programme of activities

☐ 1

☐ 2

H1. PERSONNEL

Teaching Staff

1	2	3	4	5	6	7	8		9
Serial No.	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth	Academic Qualification (Highest level)	Professional Qualification *		Teaching Experience (years)
							Highest Course already completed	Course now following	
1					/ /				
2					/ /				
3					/ /				
4					/ /				
5					/ /				
6					/ /				
7					/ /				
8					/ /				
9					/ /				
10					/ /				

* **Courses:** **1:** Teacher's Diploma in Early Childhood Education (MIE) **2:** Certificate of Proficiency in Management of ECD Services (MCA) **3:** Teacher's Advanced Certificate in Early Childhood Edu (MIE) **4:** Pre-primary Teacher's Certificate (MIE) **5:** Certificate of Proficiency in Early Childhood Edu (MIE) **6:** Pre-primary Education in Service (PPU) **7:** OMEP **8:** Bethleem **9:** Playgroup **10:** Pre-School Fed. Cert. **11:** Qualification from abroad **12:** SOS **13:** Other Certificate of Proficiency in Early Childhood Devp (T.R.U.E - ECD Academy) **14:** Certificate from DOVE's Institute **15:** Other (Specify)

H1. PERSONNEL

Teaching Staff (cont'd)

1	2	3	4	5	6	7	8		9
Serial No.	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth	Academic Qualification (Highest level)	Professional Qualification *		Teaching Experience (years)
							Highest Course already completed	Course now following	
11					/ /				
12					/ /				
13					/ /				
14					/ /				
15					/ /				
16					/ /				
17					/ /				
18					/ /				
19					/ /				
20					/ /				

* **Courses:** **1:** Teacher's Diploma in Early Childhood Education (MIE) **2:** Certificate of Proficiency in Management of ECD Services (MCA) **3:** Teacher's Advanced Certificate in Early Childhood Edu (MIE) **4:** Pre-primary Teacher's Certificate (MIE) **5:** Certificate of Proficiency in Early Childhood Edu (MIE) **6:** Pre-primary Education in Service (PPU) **7:** OMEP **8:** Bethleem **9:** Playgroup **10:** Pre-School Fed. Cert. **11:** Qualification from abroad **12:** SOS **13:** Other Certificate of Proficiency in Early Childhood Devp (T.R.U.E - ECD Academy) **14:** Certificate from DOVE's Institute **15:** Other (Specify)

H2. PERSONNEL

Teaching Staff

Category		Full time			Part time			Total		
Types of teachers		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Total number of teachers									
1.1	<i>of which: Total number of teachers who teach basic computer skills or computing</i>									
1.2	<i>of which: Total number of teachers currently teaching subject(s) using ICT facilities</i>									
2	Total number of trained teachers									
2.1	<i>of which: Total number of teachers trained via ICT-enabled distance education programmes</i>									
2.2	<i>of which: Total number of teachers trained to teach basic computer skills or computing</i>									
2.3	<i>of which: Total number of teachers trained to teach subjects(s) using ICT facilities</i>									

H3. PERSONNEL

2. Non-Teaching Staff

1	2	3	4	5	6	7	8
Serial No.	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth	Occupational Status	Academic Qualification (Highest level)
1			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
2			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
3			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
4			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
5			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
6			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
7			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
8			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
9			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
10			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>

H3. PERSONNEL

2. Non-Teaching Staff (cont'd)

1	2	3	4	5	6	7	8
Serial No.	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth	Occupational Status	Academic Qualification (Highest level)
11			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
12			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
13			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
14			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>
15			<div></div> <div></div> <div></div>		/ /	<div></div>	<div></div> <div></div> <div></div>

Questionnaire filled by :

Name :

Designation :

Signature :

Certified Correct :

Name of Head :

Signature :

Date :

Our Postal Address:

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