

**MINISTRY OF EDUCATION AND HUMAN RESOURCES
STATISTICS SECTION**

Annual Survey in Pre-Primary Schools

March 2011

For office use only

School Code : U/R : Zone :

A. LOCATION AND TYPE				
Name of school :				
Postal address :				For office use only
.....				<input type="text"/> <input type="text"/> <input type="text"/>
Year founded :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Is school registered with Ministry of Education?	Yes	<input type="text"/>	1	No
		<input type="text"/>	2	
Year of Registration :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Telephone No. :	<input type="text"/>			
Name of Manager :				
Address of Manager :				
Type of administration (<i>tick appropriate box</i>)				
E.C.C.E.A* (Ex-P.S.T.F)	R.C.A/ Hindu Aided	Municipality/ District Council	N.G.O	Private Individual
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5

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

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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 1
- b. Concrete walls with roof of tin sheets, shingles 2
- c. Wooden 3
- d. Concrete and wooden 4
- e. Other, (specify) 5

2 Use of building

- a. Pre-primary school only 1
- b. Pre-primary & primary school 2
- c. Pre-Primary & "Creche" 3
- d. Partly residential 4
- e. Partly used for other purposes, (specify) 5

3 (i) Services offered

- a. Pre-Primary school only 1
- b. Pre-Primary and "Creche" 2
- c. Other, (specify) 3

(ii) Child minding service

(Before and /or after school hours)
 Yes 1 No 2

4 Type of ownership

- a. State - owned 1
- b. Municipality and District Council 2
- c. Privately - owned 3
- d. Rented 4
- e. Other, (specify) 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) 4

9 Equipment

(i) Indoor :

State the number in good working condition :

- a. Radio / Radio cassette

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- b. Television set

--	--
- c. Video set : VCR, VCD

--	--
- d. Video set : DVD

--	--
- e. Computer

--	--
- f. Other, (specify)

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(ii) Outdoor (state number of)

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

10 Furniture (give number of)

- a. Tables for infants

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- 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	<input type="checkbox"/>	<input type="checkbox"/>
b. Private Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>
c. Other, (specify	<input type="checkbox"/>	<input type="checkbox"/>

16 **Safety to students**

Are there any fire extinguishers in good condition?

Yes 1 No 2

If yes, state number

C. SCHOOL ADMINISTRATION

C1 Record kept at school

Do you keep:

	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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?	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?	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 | <input type="checkbox"/> | <input type="checkbox"/> | c. Fund raising activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cultural Activities/Celebrations | <input type="checkbox"/> | <input type="checkbox"/> | d. Open Day | <input type="checkbox"/> | <input type="checkbox"/> |

F. SCHOOL - PARENTS

1 Do you have a PTA? Yes 1 No 2

2 How do you maintain contact with parents?

- | | | | | | |
|------------------------|--------------------------|---|---------------------------------|--------------------------|---|
| a. Individual | <input type="checkbox"/> | 1 | e. Telephone | <input type="checkbox"/> | 5 |
| b. PTA meetings | <input type="checkbox"/> | 2 | f. Parents Meeting | <input type="checkbox"/> | 6 |
| c. Newsletter / letter | <input type="checkbox"/> | 3 | g. Other (<i>specify</i> | <input type="checkbox"/> | 7 |
| d. Daily Report Book | <input type="checkbox"/> | 4 | | | |

G. SCHOOL PEDAGOGY

1 Do teachers keep records of:

- | | | |
|------------------------------------|----------------------------|----------------------------|
| | Yes | No |
| a. A yearly plan of work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. A weekly plan of work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. A daily programme of activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 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			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
2			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
3			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
4			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
5			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
6			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
7			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
8			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
9			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
10			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>

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			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
12			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
13			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
14			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>
15			<input type="text"/>		/ /	<input type="text"/>	<input type="text"/>

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Questionnaire filled by :

Name :

Designation :

Signature :

Certified Correct :

Name of Head :

Signature :

Date :

Our Postal Address:

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