

MINISTRY OF EDUCATION AND HUMAN RESOURCES

STATISTICS SECTION

Survey in Schools / Day Care Centres providing Special Needs Education

Year 2011

For office use only

School Code :

U/R

Zone

**A. LOCATION AND TYPE**

Name of school/Day Care Centre: .....

Name of Head of school/Day Care Centre: .....

Address of school/Day Care Centre : .....  
.....

Name of NGO (if applicable): .....

E-Mail Address (if any) : .....

Year Founded :

Year Registered:

Type: School  1

Day Care Centre  2

Is School/Day Care Centre Registered with :

(1) Ministry of Education Yes  1 No  2

(2) Ministry of Social Security Yes  1 No  2

Telephone No: .....

Fax No. (if any) .....

Name of Manager : .....

Address of Manager : .....

Name of PTA President : .....

Address of PTA President : .....

Type of administration (tick appropriate box)

Government  
 1

Govt  
Integrated  
 2

NGO  
 3

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Edited and coded by:	Date:
Checked by:	Date:
Input by:	Date:

**B. PHYSICAL FACILITIES (Tick in appropriate box)**

**1 Building**

- a. School only  1
- b. Partly residential  2
- c. Partly commercial  3
- d. Other, (specify).....  4

**2 Type of ownership**

- a. State owned  1
- b. Private owned  2
- c. Rented  3
- d. Other, (specify).....  4

**3 Use of rooms (state number):**

- a. Classroom
- b. Counselling room
- c. Office
- d. Staff room
- e. Workshop
- f. Computer Lab
- g. Science lab
- h. Gymnasium
- i. Toilet
- j. Bathroom

**4 Number and size of classrooms:**

No. of classrooms	Size of classroom
	( m × m )
	( m × m )
	( m × m )
	( m × m )

**5 Learning Materials (tick appropriate box)**

- (i) Do you have a
  - a. School Library  Yes 1  No 2
  - b. Reading Corner  Yes 1  No 2

If yes, state number of books

	Type	French	English	Other	Total
Teacher	Reference				
Student	Curriculum				
	Reading				

(ii) Does your school use E-Learning materials?

- Yes  1 No  2

(iii) State number of educational toys

(iv) Other learning materials (specify):

- (a) .....
- (b) .....
- (c) .....

**6 Is there a school canteen ?** Yes  1 No  2

- If yes, it is run by:
- PTA  1
  - NGO  2
  - Private  3

**7 Recreational facilities :**

(State number of)

- a. Toboggan
- b. Swing
- c. See Saw
- d. Volleyball pitches
- e. Football grounds
- f. Badminton pitches
- g. Mini basket pitches
- h. Table tennis
- i. Other, (specify) .....

**8 Equipment**

State number of:

- a. Fax machine
- b. Cyclostyling machine
- c. Photocopying machine
- d. Other, (specify).....

**9 ICT Support**

State number of:

- a. Radio/Radio Cassette
- b. Television Set
- c. Video set :VCR,VCD,DVD
- d. Projector
- e. Other (specify).....

**10 Transport facilities**

(Tick appropriate box)

- a. Own transport Yes  1 No  2
- b. Social security Yes  1 No  2
- c. School Yes  1 No  2
- d. Other (specify)..... Yes  1 No  2

**C: ADMISSION EXERCISE :**

1 *Pre-requisites for admission*

- |  |     |                          |   |    |                          |   |
|--|-----|--------------------------|---|----|--------------------------|---|
| a. Complete medical check-up           | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| b. Part medical check-up               | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| c. Relevant information on child       | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| d. Information on degree of impairment | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |

2 *Describe the different steps **prior** to a child being admitted to your institution:*

.....

.....

**D: STUDENT DETAILS :**

1 *Enrolment by age and sex as at 1st March, 2010*

Age	Boys	Girls	Total
under 3			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21 and over			
<b>Total</b>			

2 **Enrolment by type of impairment**

	Impairment Type <i>Record main disability only per student*</i>	Impairment								
		Mild			Moderate			Profound		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	Visual									
2	Hearing									
3	Speech									
4	Physical									
5	Mental/Behavioural									
6	Multiple Disabilities									
7	Learning disabilities									
8	Other:specify-----									
9	<b>TOTAL</b>									

For Eg: \* If a student has a hearing disability, record the enrolment in row 2 only

\* If a student has a speech disability, record the enrolment in row 3 only

\* If a student has both hearing and speech disability, record the enrolment in row 6 only, ie Multiple Disabilities

**E: SPECIAL EQUIPMENT AND FACILITIES :**

1 **Special equipment and facilities available (tick appropriate box)**

a. Sign Language on CD	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
b. Tactile/Kinesthetic	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
c. Braille	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
d. Hearing aids/Audio equipment	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
e. Speech training equipment	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
f. Curriculum materials with large print	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
g. Rails/Ramps	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
h. Special classroom furniture	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
i. Wheel chair	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
j. Walking frame	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
k. Other (specify) .....	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2

**ICT IN EDUCATION**

**F1: ICT FACILITIES, 2011**

Circle either Yes (1) or No (2) and if Yes enter number in appropriate box		Yes	No	Number
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	

F2: ACCESS TO ICT		Boys	Girls	Total
1	<b>Total enrolment as at 1<sup>st</sup> March, 2011(excluding under 3 years )</b>			
1.1	<i>of which: Total number of students entitled to use computer laboratories at school as pedagogical aid</i>			
1.2	<i>of which: Total number of students having internet access at school</i>			
1.3	<i>of which: Total number of students to whom basic computer literacy is currently taught</i>			

Kindly note that ICT include computers, internet, radio, television, webcasting, video players, video - conferencing, etc.

### F3. Teaching Staff using ICT

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

**G. SERVICES OFFERED BY SCHOOL / CENTRE**

1. Sign Language Course	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
2. Job placement for school leavers	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
3. Interpreter Services	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
4. Computer facilities to ex-student	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
5. Outreach services	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
6. Other (specify).....	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2

**H. EXAMINATION RESULTS BY SEX, 2010**

EXAMINATION	No. Examined			No. Passed		
	Boys	Girls	Total	Boys	Girls	Total
CPE						
Other e.g SC, HSC						

**I. PUPIL'S ABSENTEEISM BY SEX FOR THE YEAR 2010**

Month	No. of school days	No. of pupils on roll		No. of absences	
		Boys	Girls	Boys	Girls
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					



**K. PERSONNEL****1. Teaching Staff**

1	2	3	4	5	6	7	8	9	10	11	12
Serial No	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth (dd/mm/yyyy)	Occupation	Full time/ Part time	Academic Highest Qualification	Professional Qualification	Employment Status *	Teaching Experience (years)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

\* Enter '1' if employed by NGO and  
'2' if Government Officer seconded on duty

**K. PERSONNEL****2. Administrative and Ancillary Staff**

1	2	3	4	5	6	7	8	9	10	11
Serial No	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth (dd/mm/yyyy)	Occupation	Full time/ Part time	Academic Highest Qualification	Professional Qualification	Employment Status
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**K. PERSONNEL**

**3. Specialised/Para-Medical Staff**

1	2	3	4	5	6	7	8	9	10	11
Serial No	Surname (in block letters)	Other Names (in block letters)	Residential Address	Sex	Date of birth (dd/mm/yyyy)	Occupation	Full time/ Part time	Academic Highest Qualification	Professional Qualification <sup>1</sup>	Employment Status
1										
2										
3										
4										
5										
6										
7										
8										

<sup>1</sup> include field of specialisation wherever applicable

**Questionnaire filled by:**                      **Certified correct**  
 Name : ..... Name of Officer-in-charge : .....  
 Designation : ..... Signature : .....  
 Signature : ..... Date : .....

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