

Annual Status of Education Report



Facilitated by Idara-e-Taleem-o-Aagahi

TRAINING

Survey Booklet

Name		Code
Province/ Territory		
District		
Village/ Block		

	Volunteer Name	Phone number:
1.		
2.		

	Master Trainer Name	Phone number:
1.		
2.		

For office use only

Received Date			
Checked Date			
	Name	Signature	
Checked by			
Entered Date			
	Name	Signature	
Entered by			

For Volunteers and Partner's Data Checker

Data Checker Name	Signature	Checked by Volunteers		Verified by Partner's Data Checker	
		Yes	No	Yes	No
Government School Sheet					
School type section filled?					
School EMIS/SEMIS/BEMIS section filled?					
Children enrollment & attendance section filled?					
Class room observation section filled?					
Teacher information section filled?					
School facilities section filled?					
School funds information section filled?					
		Yes	No	Yes	No
Household Sheet					
Children's mothers code correctly filled?					
Children gender and age section filled?					
Children educational status section filled?					
Children (5-16 years) assessed for all 4 tools of assessment?					
Children parental information filled ?					
Mother's codes are aligned with their children names?					
Houshold indicators filled?					
		Yes	No	Yes	No
Learning During COVID-19					
Children' codes and names are aligned and same as in section (I) Chidren Information ?					
This section is filled for all Children (5-16 years) ?					

VILLAGE OBSERVATION - SHEET

Village/Block Code: _____	Village Name: _____	Town/UC Name: _____	Tehsil/Taluka Name: _____	District Name: _____
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SURVEYED HOUSEHOLD IDENTIFICATION FOR MONITORING

First, draw a rough sketch of sampled VILLAGE on a rough sheet. Verify all the information on the sketch with people in the VILLAGE as you walk around. Once everyone agrees that the rough sketch is a good representation of the VILLAGE, and it matches with your experiences of walking around the whole VILLAGE, then copy the sketch on this sheet Show the different sections of the surveyed VILLAGE and number them on the sketch.

VILLAGE FACILITIES

V01: Approximate Population	V02: Approximate Households	V03: Local Languages	V04: Electricity	V05: Gas	V06: Government School	V07: Private School	V08: Madrassa	V09: Private Clinic	V10: Hospital	V11: Dispensary	V12: Maternity Centre
		Write the name of Languages			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give Number: _____	Give Number: _____	1. _____ 2. _____ 3. _____ 4. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	if yes, give number: _____	if yes, give number: a. Purely Private : _____ b. Foundation Assisted (PEF/SEF etc): _____ c. Trust/NGO/Community Funded: _____	if yes, give number: _____	if yes, give number: _____	if yes, give number: a. Government: _____ b. Private: _____ c. Trust/NGO/Community Sponserd: _____	if yes, give number: a. Government: _____ b. Private: _____ c. Trust/NGO/Community Sponserd: _____	if yes, give number: a. Government: _____ b. Private: _____ c. Trust/NGO/Community Sponserd: _____

GOVERNMENT SCHOOL OBSERVATION - SHEET 1

Instructions: Visit any government school first preference to High School then Middle and then Primary. If there is no government school in the village, then visit nearest government school. Meet Head Master (in the absence of the HM, meet the senior most teacher of the school). Documents required: Enrollment / attendance register.

Name of School:		Village/Block:		Tehsil/Taluka:	
District/Agency:		Province/Territory:		Target Village:	

From which class to which (Tick only one)					Type of School (Tick only one)			Medium of Instruction (Tick only one)					
Kachi/ ECE to 5 <input type="checkbox"/>	Class 1 to 5 <input type="checkbox"/>	Class 1 to 8 <input type="checkbox"/>	Class 1 to 10 <input type="checkbox"/>	Others mention here _____	Boys & Girls School <input type="checkbox"/>	Boys Only School <input type="checkbox"/>	Girls Only School <input type="checkbox"/>	English medium <input type="checkbox"/>	Urdu Medium <input type="checkbox"/>	Pashto Medium <input type="checkbox"/>	Sindhi Medium <input type="checkbox"/>	Arabic Medium <input type="checkbox"/>	Others mention here _____

EMIS/BEMIS/SEMIS Code:	
School Established Year:	
Date of Survey:	Start Time:
Day of Survey:	End Time:
Name of Surveyor (1)	Name of Surveyor (2)

(I) Children's Enrollment & Attendance	Class/Grade										Total			
	ECE/Class Katchi	Class Pakki	1	2	3	4	5	6	7	8	9	10	Boys	Girls
Children's Enrollment (Take from register yourself)														
Children's attendance today* (Head Count)														
School Fee (Per Month)														

*Note: Take a headcount of children in the room. If merged groups, ask the children of each class to raise their hands separately and then count accordingly.

(II) Class room Observations				
Observe and tick the relevant box.	Class 2		Class 8	
	Yes	No	Yes	No
Are the children of this class sitting with children from any other class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, then with which class? (Write class name)				
Is there a useable blackboard/white board for this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did most of the children (75%) have reading textbooks? (ask children to show you their language textbooks and assess accordingly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apart from text books, did you see any other supplementary material (e.g. Books, Charts on the wall, Board Games, etc.) available in the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where were they seated (tick only one)	Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Verandah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(III) Health and Disability						
Do you have children with disabilities in your school? Yes <input type="checkbox"/> No <input type="checkbox"/>				Facilities Available		
Type of Disability (Give numbers)	Some Difficulty	A lot of Difficulty	Cannot do at all	Tick which is applicable	Yes	No
Visual	Girls			Ramps	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Hearing	Girls			Accessible Toilets	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Physical	Girls			Health and Nutrition Officer	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Intellectual (Remembering or concentrating)	Girls			Trained Support Staff	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Self care	Girls					
	Boys					
Communicating with others	Girls					
	Boys					

GOVERNMENT SCHOOL OBSERVATION - SHEET 2

(IV) Teaching and Non-Teaching Staff								
	No. of Sanctioned posts		No. of Appointed posts		No. of Teachers Present today (On the day of survey)		No. of Teachers resident of THIS village	
	M	F	M	F	M	F	M	F
Head Teacher (Give number)								
Regular Teachers (Give number)								
ECE Teacher/ECE Assistant (Give number)								
Contract Teachers (appointed by local govt./community/SMC) (Give number)								
Sweepers (Give number)								
Faraash (Give number)								

(V) No. of Qualified Teaching Staff							
Education	Below Matric	Matric	FA/FSc	BA/BSc	MA/MSc	M.Phil	Other
Give number							
Professional	None	PTC	CT	B.Ed	M.Ed	Other	
Give number							
(VI) No. of Teachers who got training within last year (July 2020-Till date)							
None	Less than 15 days	15-30 days	More than 30 days				

(VII) SMC/SC/PTA/PTC/PTSMC Information		
	Yes	No
Is SMC/SC/PTA/PTC/PTSMC Active?	<input type="checkbox"/>	<input type="checkbox"/>
Total members		
Active Members		
Amount in Bank	PKR:	
Last Meeting Date	Date:	

(VIII) Facilities in the school				
Observation (Tick the relevant option)	Yes	No	Observation	Write the answer
Is there a complete boundary wall / fence ?	<input type="checkbox"/>	<input type="checkbox"/>	Total number of rooms in the school (count yourself)	
Is there a playground in the school ?	<input type="checkbox"/>	<input type="checkbox"/>	Total number of classrooms being used by students (count yourself)	
Does the school have an electricity connection ?	<input type="checkbox"/>	<input type="checkbox"/>	Average size of the classroom (in square feet)	s/ft
Does the school have solar panels?	<input type="checkbox"/>	<input type="checkbox"/>	Seating Arrangement (in feet)	ft
Does the school have a working library ?	<input type="checkbox"/>	<input type="checkbox"/>	Observation	Write the answer
Does the school have teaching learning material?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there useable furniture available in this school ?	<input type="checkbox"/>	<input type="checkbox"/>		
Running water available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks without running water (count yourself)	
Soap/Handwash available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	No. of handwashing sinks without soap/handwash (count yourself)	
Observation (Tick the relevant option)			No. of Handwashing sinks (outside toilets)	
			No. of Handwashing sinks (inside toilets)	
	Yes	No	No. of Wuzu taps	
Are there useable toilets / latrines for students ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets for Teachers only	
Are there separate toilets for girls and boys ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets for Students only	
Running water available in toilets?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets without running water (count yourself)	
Are Disinfectants available for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	Observation	Write the answer
Are Toilets Clean?	<input type="checkbox"/>	<input type="checkbox"/>		
Clean Drinking water available for students?	<input type="checkbox"/>	<input type="checkbox"/>		
Isolation room Available?	<input type="checkbox"/>	<input type="checkbox"/>		
First Aid Equipment Available	<input type="checkbox"/>	<input type="checkbox"/>		
Covid-19 Tests done in school by the government?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Covid-19 Tests done in school	
			No. of Positive cases Identified	

(IX) COVID 19 Precautions		
Observation (Tick the relevant option)	Yes	No
Alternate day Schooling?	<input type="checkbox"/>	<input type="checkbox"/>
Awareness posters/IEC material displayed in school?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature check at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitization at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Masks wore by teachers and students at school?	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer available inside or outside every classroom for students?	<input type="checkbox"/>	<input type="checkbox"/>
School policy on suspected Covid-19 cases: (Tick the relevant option)		
a. Move them to isolation room	<input type="checkbox"/>	
b. Send the person home immediately	<input type="checkbox"/>	
c. Call nearby health facility	<input type="checkbox"/>	
d. Call Covid-19 helpline	<input type="checkbox"/>	
e. No policy	<input type="checkbox"/>	
f. Other	<input type="checkbox"/>	
School's Leave policy for Confirmed Positive Cases: (Tick the relevant option)		
a. Continue learning/teaching from home	<input type="checkbox"/>	
b. 14-days leave	<input type="checkbox"/>	
c. Return back to school only after a negative Covid test	<input type="checkbox"/>	
d. No policy	<input type="checkbox"/>	
e. Other	<input type="checkbox"/>	
Observation (Tick the relevant option)		
Is there a computer lab?	<input type="checkbox"/>	<input type="checkbox"/>
Is internet available in the school?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, internet available in: (Tick the relevant option)		
a. computer labs?	<input type="checkbox"/>	
b. offices?	<input type="checkbox"/>	
c. classrooms?	<input type="checkbox"/>	

GOVERNMENT SCHOOL OBSERVATION - SHEET 3

Head Teacher/Principal Name		Contact Number	
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Funds information respondant	Head Teacher <input type="checkbox"/>	Regular Teacher <input type="checkbox"/>	Para Teacher <input type="checkbox"/>	Admin or Finance officer/Head clerk/other <input type="checkbox"/>
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(X) FY July 2020 to June 2021										(XI) FY July 2021 to till date																																																																																																			
Sr#	Type of Funds	Did you received the fund? (Tick only one)			If Yes, then			Did you spent the full amount? (Tick only one)			Sr#	Type of Funds	Did you received the fund? (Tick only one)			If Yes, then			Did you spent the full amount? (Tick only one)																																																																																										
		Yes	No	Don't Know	What was the amount of fund/grant?	Which month/Year was the fund/grant received? (MM/YY)	Yes	No	Don't Know	Yes			No	Don't Know	What was the amount of fund/grant?	Which month/Year was the fund/grant received? (MM/YY)	Yes	No	Don't Know																																																																																										
1	SMS/SC/PTA/PTSMC/PTC Funds (Annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	SMS/SC/PTA/PTSMC/PTC Funds (Annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Farogh-e-Taleem Fund (Annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Tuck shop Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Rent for cycle stand Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	School Construction Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Non Salary Budget (NSB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	School Specific Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	School Consolidation Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PKR:_____	____/20____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Fund Spent on (Tick all that apply)			
New Class Room/s	<input type="checkbox"/>	Repair of Classroom/s	<input type="checkbox"/>
New Verandah	<input type="checkbox"/>	Repair of Building	<input type="checkbox"/>
New Toilet/s	<input type="checkbox"/>	Repair of Toilet/s	<input type="checkbox"/>
New Main Gate	<input type="checkbox"/>	Repair of Furniture	<input type="checkbox"/>
Boundary Wall	<input type="checkbox"/>	Repair of Water Facility	<input type="checkbox"/>
Purchase of New Furniture	<input type="checkbox"/>	Internet Connection Bill	<input type="checkbox"/>
Purchase of New Learning Material	<input type="checkbox"/>	Repair of Computer/s	<input type="checkbox"/>
Purchase of Stationery	<input type="checkbox"/>	Teachers' Training	<input type="checkbox"/>
Purchase of Library Books	<input type="checkbox"/>	Para Teacher/s Salary	<input type="checkbox"/>
White Wash/Paint	<input type="checkbox"/>	Uniform	<input type="checkbox"/>
Hand sanitizers	<input type="checkbox"/>	Masks	<input type="checkbox"/>
Disinfectants for building/furniture	<input type="checkbox"/>	Thermal Gun	<input type="checkbox"/>

The Fund Spent on (Tick all that apply)			
New Class Room/s	<input type="checkbox"/>	Repair of Classroom/s	<input type="checkbox"/>
New Verandah	<input type="checkbox"/>	Repair of Building	<input type="checkbox"/>
New Toilet/s	<input type="checkbox"/>	Repair of Toilet/s	<input type="checkbox"/>
New Main Gate	<input type="checkbox"/>	Repair of Furniture	<input type="checkbox"/>
Boundary Wall	<input type="checkbox"/>	Repair of Water Facility	<input type="checkbox"/>
Purchase of New Furniture	<input type="checkbox"/>	Internet Connection Bill	<input type="checkbox"/>
Purchase of New Learning Material	<input type="checkbox"/>	Repair of Computer/s	<input type="checkbox"/>
Purchase of Stationery	<input type="checkbox"/>	Teachers' Training	<input type="checkbox"/>
Purchase of Library Books	<input type="checkbox"/>	Para Teacher/s Salary	<input type="checkbox"/>
White Wash/Paint	<input type="checkbox"/>	Uniform	<input type="checkbox"/>
Hand sanitizers	<input type="checkbox"/>	Masks	<input type="checkbox"/>
Disinfectants for building/furniture	<input type="checkbox"/>	Thermal Gun	<input type="checkbox"/>

PRIVATE SCHOOL OBSERVATION - SHEET 1

Instructions: Visit any private school first preference to High School then Middle and then Primary. Meet Head master (in the absence of the HM, meet the senior most teacher of the school). Documents required Enrollment / attendance register.

Name of School:		Village/Block:		Tehsil/Taluka:	
District/Agency:		Province/Territory:			
Ownership Status (Tick only one)	a. Purely Private <input type="checkbox"/> b. Foundation Assisted Private School (PEF/SEF etc) <input type="checkbox"/> c. Trust/NGO/Community funded Private School <input type="checkbox"/> d. Public Private Partnership Govt.School <input type="checkbox"/>				

From which class to which (Tick only one)				
Kachi/ ECE to 5 <input type="checkbox"/>	Class 1 to 5 <input type="checkbox"/>	Class 1 to 8 <input type="checkbox"/>	Class 1 to 10 <input type="checkbox"/>	Others mention here _____

Type of School (Tick only one)		
Boys & Girls School <input type="checkbox"/>	Boys Only School <input type="checkbox"/>	Girls Only School <input type="checkbox"/>

Medium of Instruction (Tick only one)					
English medium <input type="checkbox"/>	Urdu Medium <input type="checkbox"/>	Pashto Medium <input type="checkbox"/>	Sindhi Medium <input type="checkbox"/>	Arabic Medium <input type="checkbox"/>	Others mention here _____

School Established Year:	
Date of Survey	Start Time
Day of Survey	End Time
Name of Surveyor (1)	Name of Surveyor (2)

(I) Children's Enrollment & Attendance	Class/Grade										Total			
	ECE/Class Katchi	Class Pakki	1	2	3	4	5	6	7	8	9	10	Boys	Girls
Children's Enrollment (Take from register yourself)														
Children's attendance today* (Head Count)														
School Fee (Per Month)														

*Note: Take a headcount of children in the room. If merged groups, ask the children of each class to raise their hands separately and then count accordingly.

(II) Class room Observations				
Observe and tick the relevant box.	Class 2		Class 8	
	Yes	No	Yes	No
Are the children of this class sitting with children from any other class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, then with which class? (Write class name)				
Is there a useable blackboard/white board for this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did most of the children (75%) have reading textbooks? (ask children to show you their language textbooks and assess accordingly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apart from text books, did you see any other supplementary material (e.g. Books, Charts on the wall, Board Games, etc.) available in the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where were they seated (tick only one)	Classroom	<input type="checkbox"/>	<input type="checkbox"/>	
	Verandah	<input type="checkbox"/>	<input type="checkbox"/>	
	Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	

(III) Health and Disability						
Do you have children with disabilities in your school? Yes <input type="checkbox"/> No <input type="checkbox"/>				Facilities Available		
Type of Disability (Give numbers)	Some Difficulty	A lot of Difficulty	Cannot do at all	Tick which is applicable	Yes	No
Visual	Girls			Ramps	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Hearing	Girls			Accessible Toilets	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Physical	Girls			Health and Nutrition Officer	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Intellectual (Remembering or concentrating)	Girls			Trained Support Staff	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Self care	Girls					
	Boys					
Communicating with others	Girls					
	Boys					

PRIVATE SCHOOL OBSERVATION - SHEET 2

(IV) Staff	No. of Appointed		No. of Present Today (On the day of survey)		No. of Teachers residents of THIS VILLAGE	
	M	F	M	F	M	F
Head Teacher (Give numebr)						
Full Time Teachers (Including ECE) (Give numebr)						
ECE Teachers (Give numebr)						
Part time Teachers (Give numebr)						
Sweepers (Give numebr)						
Faraash (Give numebr)						

(VI) No. of Qualified Teaching Staff							
Education Give number	Below Matric	Matric	FA/FSc	BA/BSc	MA/MSc	M.Phil	Other
Professional Give number	None	PTC	CT	B.Ed	M.Ed	Other	

(VII) No. of Teachers who got training within last year (July 2020-Till date)			
None	Less than 15 days	15-30 days	More than 30 days

(V) School FUND (Ask Headmaster this section. If absent, indicate who answered the section)				
Who answered this section? (Tick the relevant option)		Head Teacher <input type="checkbox"/>	Teacher <input type="checkbox"/>	Other <input type="checkbox"/> _____
Did you get any FUNDS from :	Govt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Private Individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	NGO	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the amount of this FUND? (Annual)		PKR: _____		PKR: _____
Where the funds are expected to be used?		_____		_____
In which month was this FUND received?		Month: _____		Month: _____
Name of Department/Organization		_____		_____
Do you have a PTA/SMC in your school: Yes <input type="checkbox"/> No <input type="checkbox"/>				

(VIII) Facilities in the school			
Observation (Tick the relevant option)	Yes	No	Write the answer
Is there a complete boundary wall / fence ?	<input type="checkbox"/>	<input type="checkbox"/>	Total number of rooms in the school (count yourself)
Is there a playground in the school ?	<input type="checkbox"/>	<input type="checkbox"/>	Total number of classrooms being used by students (count yourself)
Does the school have an electricity connection ?	<input type="checkbox"/>	<input type="checkbox"/>	Average size of the classroom (in square feet)
Does the school have solar panels?	<input type="checkbox"/>	<input type="checkbox"/>	Seating Arrangement (in feet)
Does the school have a working library ?	<input type="checkbox"/>	<input type="checkbox"/>	Observation No. of Handwashing sinks without running water (count yourself) No. of handwashing sinks without soap/handwash (count yourself) No. of Handwashing sinks (outside toilets) No. of Handwashing sinks (inside toilets) No. of Wuzu taps No. of Toilets for Teachers only No. of Toilets for Students only No. of Toilets without running water (count yourself)
Does the school have teaching learning material ?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there useable furniture available in this school ?	<input type="checkbox"/>	<input type="checkbox"/>	
Running water available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	
Soap/Handwash available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there useable toilets / latrines for students ?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there separate toilets for girls and boys ?	<input type="checkbox"/>	<input type="checkbox"/>	
Running water available in toilets?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Disinfectants available for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Toilets Clean?	<input type="checkbox"/>	<input type="checkbox"/>	
Clean Drinking water available for students?	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation room Available?	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Equipment Available	<input type="checkbox"/>	<input type="checkbox"/>	
Covid-19 Tests done in school by the government?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Covid-19 Tests done in school
			No. of Positive cases Identified

(IX) COVID-19 Precautions		
Observation (Tick the relevant option)	Yes	No
Alternate day Schooling?	<input type="checkbox"/>	<input type="checkbox"/>
Awareness posters/IEC material displayed in school?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature check at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitization at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Masks wore by teachers and students at school?	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer available inside or outside every classroom for students?	<input type="checkbox"/>	<input type="checkbox"/>
School policy on suspected Covid-19 cases: (Tick the relevant option)		
a. Move them to isolation room	<input type="checkbox"/>	
b. Send the person home immediately	<input type="checkbox"/>	
c. Call nearby health facility	<input type="checkbox"/>	
d. Call Covid-19 helpline	<input type="checkbox"/>	
e. No policy	<input type="checkbox"/>	
f. Other	<input type="checkbox"/>	
School's Leave policy for Confirmed Positive Cases:(Tick the relevant option)		
a. Continue learning/teaching from home	<input type="checkbox"/>	
b. 14-days leave	<input type="checkbox"/>	
c. Return back to school only after a negative Covid test	<input type="checkbox"/>	
d. No policy	<input type="checkbox"/>	
e. Other	<input type="checkbox"/>	
Observation (Tick the relevant option)		
Is there a computer lab?	<input type="checkbox"/>	<input type="checkbox"/>
Is internet available in the school?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, internet available in: (Tick the relevant option)		
a. computer labs?	<input type="checkbox"/>	
b. offices?	<input type="checkbox"/>	
c. classrooms?	<input type="checkbox"/>	

