

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?					
Classroom observation section filled?					
Teacher information section filled?					
School facilities section filled?					
School funds information section filled?					
Household Sheet		Yes	No	Yes	No
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?					
Household indicators filled?					

VILLAGE OBSERVATION - SHEET

Village/Block Code: _____	Village Name: _____	Town/UC Name: _____	Tehsil/Taluka Name: _____	District Name: _____
---------------------------	---------------------	---------------------	---------------------------	----------------------

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"/>	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: _____ d. Special education _____	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 be given to High School then Middle and then Primary. If there is no government school in the village, then visit the nearest government school. Meet the Head Teacher (in the absence of the HT, 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)					Co-Ed or single gender 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:	End Time:

(I) Children's Enrollment & Attendance	Class/Grade											Total			
	ECE/ Katchi	Pakki	1	2	3	4	5	6	7	8	9	10	Boys	Girls	Other
Children's Enrollment (Take from register yourself)															
Children's attendance today* (Head Count)															
Number of children enrolled (aged 4 and below)															

*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) Classroom 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"/>
Did you observe any ECE equipment? (toys, activity material)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <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			Assistive Devices for hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>
	Boys					
Communicating with others	Girls			Transport facility	<input type="checkbox"/>	<input type="checkbox"/>
	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		Number of teachers with more than 3 years of experience	
	M	F	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)										
Administrative staff (Give number)										
Support staff (Sweeper, guard etc.) (Give number)										

(V) No. of Qualified Teaching Staff									
Highest level of education Give number	Below Matric	Matric	FA/FSc	BA/BSc/BS	MA/MSc/MS	M.Phil	PhD	Other	
Professional qualification Give number	None	PTC	CT	B.Ed	M.Ed/MA.Ed	Other			

(VI) 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:	
How many parents attended the last meeting?		
When was the school council established?		

(VII) 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"/>	Observation Write the answer
Does the school have a working library ?	<input type="checkbox"/>	<input type="checkbox"/>	
How many electronic tablets does the school have or have been assigned? (Give Number)			
Is there useable furniture available in this school ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks without running water (count yourself)
Running water available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	No. of handwashing sinks without soap/handwash (count yourself)
Was your school damaged by any natural disasters?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks (outside toilets)
If yes. Did you receive assistance from the government or any donor body?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks (inside toilets)
If yes. What was the extent of the damage? Partially damaged <input type="checkbox"/> Fully damaged <input type="checkbox"/>			No. of Wuzu taps
			No. of Toilets for Teachers only M ____ F ____
Are there useable toilets / latrines for students ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets for Students only M ____ F ____
Are there separate toilets for girls and boys ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets without running water (count yourself)
Running water available in toilets?	<input type="checkbox"/>	<input type="checkbox"/>	Observation (Tick the relevant option) Yes No
Are Disinfectants available for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Toilets Clean?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a computer lab? <input type="checkbox"/> <input type="checkbox"/>
Clean Drinking water available for students?	<input type="checkbox"/>	<input type="checkbox"/>	Is internet available in the school? <input type="checkbox"/> <input type="checkbox"/>
Sick room Available?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, internet available in: (Tick the relevant option)
First Aid Equipment Available	<input type="checkbox"/>	<input type="checkbox"/>	a. computer labs? <input type="checkbox"/> <input type="checkbox"/>
Day care facility available for teachers.	<input type="checkbox"/>	<input type="checkbox"/>	b. offices? <input type="checkbox"/> <input type="checkbox"/>
			c. classrooms? <input type="checkbox"/> <input type="checkbox"/>

(VIII) Number of teachers who got training(s) recently.			
None	Less than 15 days	15-30 days	More than 30 days
What were the teacher training sessions based on?			
Pedagogy <input type="checkbox"/> School Leadership <input type="checkbox"/> Subject Specific Knowledge <input type="checkbox"/> Curriculum <input type="checkbox"/>			
Assessment <input type="checkbox"/> Community Engagement <input type="checkbox"/> Classroom Management <input type="checkbox"/>			
Education and Technology <input type="checkbox"/> Others <input type="checkbox"/>			
What are the training needs of the teaching staff?			
Pedagogy <input type="checkbox"/> School Leadership <input type="checkbox"/> Subject Specific Knowledge <input type="checkbox"/> Curriculum <input type="checkbox"/>			
Assessment <input type="checkbox"/> Community Engagement <input type="checkbox"/> Classroom Management <input type="checkbox"/>			
Education and Technology <input type="checkbox"/> Data literacy <input type="checkbox"/> Teacher leadership <input type="checkbox"/>			
Change management <input type="checkbox"/> Others <input type="checkbox"/>			

(IX) Parent - Teacher meeting	
How many times in an academic year does the school organize parent-teacher meetings?	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> None <input type="checkbox"/>
Does the teacher follow up the parents incase of student absence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many marked absences are allowed? (In one month)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Did the school remain closed due to any natural disaster within the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes then for how many days?	_____

GOVERNMENT SCHOOL OBSERVATION - SHEET 3

Head Teacher/Principal Name		Contact Number	
-----------------------------	--	----------------	--

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"/>
------------------------------	---------------------------------------	--	---------------------------------------	--

(X) FY July 2022 to June 2023

Sr#	Type of Funds	Did you receive the fund? (Tick only one)			If Yes, then				
		Yes	No	Don't Know	What was the amount of fund/grant?	Which month/Year was the fund/grant received? (MM/YY)	Did you spend the full amount? (Tick only one)		
							Yes	No	Don't Know
1	SMC/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"/>

Are there any other funding initiatives in your knowledge, introduced by the government, to improve enrolment and retention within your school?

(XI) FY July 2023 to till date

Sr#	Type of Funds	Did you receive the fund? (Tick only one)			If Yes, then				
		Yes	No	Don't Know	What was the amount of fund/grant?	Which month/Year was the fund/grant received? (MM/YY)	Did you spend the full amount? (Tick only one)		
							Yes	No	Don't Know
1	SMC/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"/>

Are there any other funding initiatives in your knowledge, introduced by the government, to improve enrolment and retention within your school?

The Fund Spent on (Tick all that apply)

New Classroom/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"/>
Soap/Hand wash	<input type="checkbox"/>	Plantation	<input type="checkbox"/>
Co-curricular activities	<input type="checkbox"/>	Academic activities	<input type="checkbox"/>

The Fund Spent on (Tick all that apply)

New Classroom/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"/>
Soap/Hand wash	<input type="checkbox"/>	Plantation	<input type="checkbox"/>
Co-curricular activities	<input type="checkbox"/>	Academic activities	<input type="checkbox"/>

PRIVATE SCHOOL OBSERVATION - SHEET 1

Instructions: Visit any private school. First preference to be given to a 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)					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 _____

School Established Year:												Total		
Date of Survey:												Boys	Girls	Other
Start Time:														
End Time:														

(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	Other
Children's Enrollment (Take from register yourself)															
Children's attendance today* (Head Count)															
Number of children enrolled (aged 4 and below)															

*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) Classroom Observations					(III) Health and Disability							
Observe and tick the relevant box.	Class 2		Class 8		Do you have children with disabilities in your school? Yes <input type="checkbox"/> No <input type="checkbox"/>				Facilities Available			
	Yes	No	Yes	No	Type of Disability (Give numbers)	Some Difficulty	A lot of Difficulty	Cannot do at all	Tick which is applicable	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"/>	Visual	Girls			Ramps	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, then with which class? (Write class name)					Boys				Accessible Toilets	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a useable blackboard/white board for this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	Girls			Health and Nutrition Officer	<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"/>	Boys							
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"/>	Physical	Girls			Trained Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	
Where were they seated (tick only one)	Classroom				Boys							
	Verandah				Girls				Assistive Devices for hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	
	Outdoor				Boys							
Did you observe any ECE equipment? (toys, activity material)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Communicating with others	Girls			Transport facility	<input type="checkbox"/>	<input type="checkbox"/>	
				Boys								

PRIVATE SCHOOL OBSERVATION - SHEET 2

(IV) Teaching and Non-Teaching Staff

	No. of Appointed posts		No. of Teachers Present today (On the day of survey)		No. of Teachers resident of THIS village		Number of teachers with more than 3 years of experience	
	M	F	M	F	M	F	M	F
Head Teacher (Give number)								
Full Time Teachers (Including ECE) (Give number)								
ECE Teachers (Give number)								
Part time Teachers (Give number)								
Sweepers (Give number)								
Administrative Staff (Give number)								

(VI) No. of Qualified Teaching Staff

Highest level of education Give number	Below Matric	Matric	FA/FSc	BA/BSc/BS	MA/MSc/MS	M.Phil	PhD	Other
Professional qualification Give number	None	PTC	CT	B.Ed	M.Ed/MA. Ed	Other		

(V) School FUND (Ask Head Teacher this section. If absent, indicate who answered the section)

Who answered this section?
 (Tick the relevant option) Head Teacher Teacher Other _____

Did you get any FUNDS from :		Jul 2022 -Jun 2023		Jul 2023 to till date	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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: _____	
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"/>		Infrastructure <input type="checkbox"/> IT Equip./Sc. lab/Lib. <input type="checkbox"/> Teaching learning material <input type="checkbox"/> Salaries <input type="checkbox"/> Teacher training <input type="checkbox"/> Other <input type="checkbox"/>		Infrastructure <input type="checkbox"/> IT Equip./Sc. lab/Lib. <input type="checkbox"/> Teaching learning material <input type="checkbox"/> Salaries <input type="checkbox"/> Teacher training <input type="checkbox"/> Other <input type="checkbox"/>	
How are the funds expected to be used? (see options on your right)					

(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"/>		
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"/>	No. of Handwashing sinks without running water (count yourself)	
Is there useable furniture available in this school ?	<input type="checkbox"/>	<input type="checkbox"/>	No. of handwashing sinks without soap/handwash (count yourself)	
Running water available in handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks (outside toilets)	
How many electronic tablets does the school have or have been assigned?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Handwashing sinks (inside toilets)	
Was your school damaged by any natural disasters?			No. of Wuzu taps	
If yes. Did you receive assistance from the government or any donor body?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Toilets for Teachers only	M _____ F _____
If yes. What was the extent of the damage? Partially damaged <input type="checkbox"/> Fully damage <input type="checkbox"/>			No. of Toilets for Students only	M _____ F _____
Observation (Tick the relevant option)	Yes	No	No. of Toilets without running water (count yourself)	
Are there useable toilets / latrines for students ?	<input type="checkbox"/>	<input type="checkbox"/>	(IX) Parent - Teacher meeting	
Are there separate toilets for girls and boys ?	<input type="checkbox"/>	<input type="checkbox"/>	How many times in an academic year does the school organize parent-teacher meetings? Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> None <input type="checkbox"/>	
Running water available in toilets?	<input type="checkbox"/>	<input type="checkbox"/>	Does the teacher follow up the parents incase of student absence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are Disinfectants available for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	How many marked absences are allowed? (In one month) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Are Toilets Clean?	<input type="checkbox"/>	<input type="checkbox"/>	Observation	
Clean Drinking water available for students?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a computer lab? <input type="checkbox"/> <input type="checkbox"/>	
Sick room available?	<input type="checkbox"/>	<input type="checkbox"/>	Is internet available in the school? <input type="checkbox"/> <input type="checkbox"/>	
First Aid Equipment Available	<input type="checkbox"/>	<input type="checkbox"/>	If yes, internet available in: (Tick the relevant option) computer labs <input type="checkbox"/> offices <input type="checkbox"/> classrooms <input type="checkbox"/>	
Day care facility available for teachers	<input type="checkbox"/>	<input type="checkbox"/>		

(VII) Number of teachers who got training(s) recently.

None	Less than 15 days	15-30 days	More than 30 days
What were the teacher training sessions based on?			
Pedagogy <input type="checkbox"/> School Leadership <input type="checkbox"/> Subject Specific Knowledge <input type="checkbox"/> Curriculum <input type="checkbox"/> Assessment <input type="checkbox"/> Community Engagement <input type="checkbox"/> Classroom Management <input type="checkbox"/> Education and Technology <input type="checkbox"/> Others <input type="checkbox"/>			
What are the training needs of the teaching staff?			
Pedagogy <input type="checkbox"/> School Leadership <input type="checkbox"/> Subject Specific Knowledge <input type="checkbox"/> Curriculum <input type="checkbox"/> Assessment <input type="checkbox"/> Community Engagement <input type="checkbox"/> Classroom Management <input type="checkbox"/> Education and Technology <input type="checkbox"/> Data literacy <input type="checkbox"/> Teacher leadership <input type="checkbox"/> Change management <input type="checkbox"/> Others <input type="checkbox"/>			
Did the school remain closed due to any natural disaster within the last year?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes then for how many days? _____			

