

SCHOOL QUALITY SURVEY Primary Education School Year 20.....	School Name: Address: School Year of Registration:..... Registered with: MOEST <input type="checkbox"/> Other Ministry (Specify) <input type="checkbox"/> Registration Number: __ __ __ __ __ __ __ __ __ __ __ __ TSC Code: __ __ __ __ __ __ __ __ __ __ KNEC Code: __ __ __ __ __ __ __ __ School Management Committee: Yes <input type="checkbox"/> No <input type="checkbox"/>
	CountySub-County..... Zone Constituency..... Ward Location: Rural <input type="checkbox"/> Urban <input type="checkbox"/> Does the school have a feeding program? Yes <input type="checkbox"/> No <input type="checkbox"/> WF Program: Yes <input type="checkbox"/> No <input type="checkbox"/> Feed the Children: Yes <input type="checkbox"/> No <input type="checkbox"/> School Program: Yes <input type="checkbox"/> No <input type="checkbox"/> School Status : Public <input type="checkbox"/> Private/Non-public <input type="checkbox"/> School Category : Ordinary <input type="checkbox"/> Integrated <input type="checkbox"/> Mobile <input type="checkbox"/> Special Needs <input type="checkbox"/> School Type : Boys <input type="checkbox"/> Girls <input type="checkbox"/> Mixed <input type="checkbox"/> Accommodation: Day <input type="checkbox"/> Boarding <input type="checkbox"/> Day & Boarding <input type="checkbox"/> For Day & Boarding, how many pupils board? Boys..... Girls:

		<i>Primary</i>								
		<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Class 4</i>	<i>Class 5</i>	<i>Class 6</i>	<i>Class 7</i>	<i>Class 8</i>	<i>Total</i>
<i>Current year Enrollment</i>	<i>Boys</i>									
	<i>Girls</i>									
<i>14 years & above</i>	<i>Boys</i>									
	<i>Girls</i>									
<i>Repeaters</i>	<i>Boys</i>									
	<i>Girls</i>									
<i>Number of streams</i>	<i>Total</i>									
<i>Pupils with no desks</i>	<i>Total</i>									
<i>No. of Special Needs</i>	<i>Total</i>									
<i>No. of OVCs</i>	<i>Total</i>									

School Personnel

	Number of TSC Teachers by Qualification					Number Of Teachers Employed by SMC/BOG/PTA	Number of non-Teaching			Labors
	With university degree	With diploma	With P1 Certificate	Others	Total		With diploma and above	Others	Total	Total number
Male										
Femal										

Exam Results, Textbooks, Facilities, School Feeding and Other Amenities

Last Year KCPE Examination Details				Number Of Textbooks By Subject					
		Boys	Girls		Maths	English	Kiswahili	Science	Social Studies
Number registered				Lower					
Mean score (100-500)				Upper					
Pupils admitted to join				Number of class 7 pupils on school feeding:					
				Boys _____			Girls _____		

Is your school connected to electricity? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, source of lighting: No light <input type="checkbox"/> Other: _____	School's water source for drinking: Tap <input type="checkbox"/> River <input type="checkbox"/> Rain <input type="checkbox"/> Borehole <input type="checkbox"/> Water Truck/Bowser <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> (SPECIFY) _____
	School's water source for cleaning: Tap <input type="checkbox"/> River <input type="checkbox"/> Rain <input type="checkbox"/> Borehole <input type="checkbox"/> Water Truck/Bowser <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> (SPECIFY) _____

Type of Fees Paid by Parents/Guardians for Class 7 Directly to School	FIRST TERM 2016 Amount (Per Term)	SECOND TERM 2016 Amount (Per Term)	THIRD TERM 2016 Amount (Per Term)	FIRST TERM 2017 Amount (Per Term)
Tuition/Extra Classes				
Room and Board				
Maintenance/Construction				
Examinations				
Activity fee				
School Meals				
Transport				
Other 1 (Specify) _____				
TOTAL				

		YES	NO	DK
A	Did the school provide soap for handwashing for the students in the previous term?	1	2	8
B	Did the school provide sanitary pads for pupils in the previous school term?	1	2	8

	(i) If YES, how often? 1 = Monthly, 2 = Twice, 3 = Only once
	(ii) To whom were sanitary pads provided? 1 = All girls; 2 = Only the menstruating girls
	(iii) To which classes were sanitary pads provided? Class 3 Yes <input type="checkbox"/> No <input type="checkbox"/> Class 4 Yes <input type="checkbox"/> No <input type="checkbox"/> Class 5 Yes <input type="checkbox"/> No <input type="checkbox"/> Class 6 Yes <input type="checkbox"/> No <input type="checkbox"/> Class 7 Yes <input type="checkbox"/> No <input type="checkbox"/> Class 8 Yes <input type="checkbox"/> No <input type="checkbox"/>
	(iv) If the sanitary pads were provided on an individual basis, please specify _____

Name of Head of the school: _____ CellPhone Number _____

Signature and Stamp: _____

OBSERVATION

Section A: Rooms

A1	In total, how many classrooms does the school have? []						
Instruction: visit each classroom on school site. For each room, record:							
		A2 Structure type 0 = Poles / pillars 1 = Damaged / partial walls 2 = Complete walls	A3 Roof type 0 = No roof 1 = Damaged / partial roof 2 = Complete roof	A4 Flooring type 0 = Dirt 1 = Cement	A5 Blackboard 0 = No blackboard 1 = Blackboard	A6 Teacher's desk / table 0 = Not present 1 = Present	A7 Desks / chairs for students 0 = Not present 1 = present
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
P							
Q							
R							
S							
T							
U							

A8	Does the school have the following dedicated rooms or facilities?	Library	NO	YES
		Secure book/storage room	0	1
		Sports / other equipment storage	0	1
		Staff room	0	1
		Head teacher's office	0	1

Section B: Toilet Facilities

Indicate how many toilets the school has for use how many are for use exclusively by boys/exclusively girls/exclusively for staff/shared

Instruction: Record total number of toilets and whether they are functional or not	Boys toilets	Girls toilets	Shared toilets	Staff toilets
Functional	[____]	[____]	[____]	[____]
Not Functional	[____]	[____]	[____]	[____]

Select one functional toilet for each user type that represents the majority of toilets for that user, and indicate the door type, privacy, structure material and their functionality.					
		Toilet 1	Toilet 2	Toilet 3	Toilet 4
A	Users:				
	Boys	1	1	1	1
	Girls	2	2	2	2
	Shared	3	3	3	3
	Staff only	4	4	4	4
	Other (Specify)	_____	_____	_____	_____
B	Door type:				
	Floor to ceiling door	1	1	1	1
	Partial door	2	2	2	2
	Fabric/gunia/nylon	3	3	3	3
	None	4	4	4	4
	Other (Specify)	_____	_____	_____	_____
C	Privacy (Latch/lock):				
	Yes	1	1	1	1
	No	2	2	2	2
D	Structure material:				
	Corrugated Iron	1	1	1	1
	Wood	2	2	2	2
	Cement	3	3	3	3
	Mud	4	4	4	4
	Other (Specify)	_____	_____	_____	_____

Section C: Handwashing

Indicate how many hand washing stations the school has for use by pupils and how many are for use exclusively by boys/exclusively girls/shared					
Instruction: Record total number of handwashing stations and whether for use by boys/girls/shared	Total Number not functional	Total Number functional	Number functional for boys only	Number functional for girls only	Number functional for boys & girls/ Shared
Handwashing stations	[____]	[____]	[____]	[____]	[____]

Section D: Sanitation

Indicate whether the school provides the following:			
		YES	NO
A	Does the school have any sanitary pads in stock?	1	2
B	Is the storage area locked?	1	2
C	Did the school provide soap for handwashing for the students today?	1	2

Section E: Record Keeping & Registers

Instruction: Ask to observe the school's registers for class 4 - 8. For each class, record:							
			a. Class 4	b. Class 5	c. Class 6	d. Class 7	e. Class 8
C1	Is there an 'official' register or a makeshift one (e.g. exercise book)?	Official register	2	2	2	2	2
		Makeshift register	1	1	1	1	1
		No register	0	0	0	0	0
C2	Look at the past 5 school-days. Has the register been:	Filled in completely	2	2	2	2	2
		Filled in partially	1	1	1	1	1
		Not filled in	0	0	0	0	0
		Reg. not observed	99	99	99	99	99