

SECTION 6: TEACHER INFORMATION

This section provides key information on each teacher in your school. Fill out as much information as you know. You may have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

Teacher #		Teacher's Position No:		
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number	Teacher Registration Type (Tick \surd one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training (yet to graduate)	Teacher Registration Number	Type of Employee (Tick \surd all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	What year did this teacher start teaching? _____ yr
What is the highest teaching qualification obtained? (Tick \surd the highest only) <input type="checkbox"/> Elementary teaching Certificate <input type="checkbox"/> Gr.12 Certificate <input type="checkbox"/> Gr.10 Certificate <input type="checkbox"/> Other (Specify) _____		Certificate Number	Year of Issue	Issuing Institution
Indicate the grade(s) or class(s) you're taking: _____				

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Indicate the grade(s) or class(s) you're taking: _____				

- Person filling out this National School Census Form needs to sign off the census forms as being accurate and completed on the spaces provided below;

Name: _____ Signature: _____ Date filled out: _____

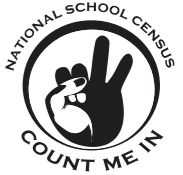
- Senior Standards / Standards Officers (SSO/SO) needs to validate and verify that date captured is complete, correct and accurate.

Name: _____ Signature: _____ Date: _____

- Provincial Education Office (PEA) needs to certify the form, and stamp it before sending the form to DoE Headquarters.

Standards Officer Stamp

Provincial Education Office Stamp



DEPARTMENT OF EDUCATION 2016 NATIONAL SCHOOL CENSUS ELEMENTARY SCHOOL

The Department of Education (DoE) uses an efficient method for gathering data from all schools in the country. Once a year forms are distributed and collected from all schools during School Census Week. This data will be used to chart the progress of the National Education Plan and assist provinces for future education services.

Teachers in Charge are being asked to fill out these forms accurately and honestly as possible. Hold one copy for your school's record, send one copy to the District Education Officer (DEO) and two copies to the Provincial Education Advisor (PEA). The PEA will verify and send one form to the EMIS and Statistics Unit of DoE as the official record for your school.

The Department wants to thank you in advance for taking time to carefully fill out this form and for assisting us in gathering more accurate and useful data on schools in our country.

SECTION 1: SCHOOL DETAILS

This first section covers the basic contact details about your school.

- School Name _____
- School Code _____
- Province Name _____
- Province Code _____
- District Name _____
- District Code _____
- LLG Name _____
- Ward Name _____

9. What is the school status? (Tick \surd the appropriate box) Operating Suspended Closed

10. Is your school under National Education System (NES) or a Private school? (If you tick \surd the NES box then answer question 11)

National Education System (NES) school Permitted school Private school

11. Is your school registered under the National Education System (NES)? (Tick \surd the appropriate box)

Yes No

12. What agency does your school belong to? (Tick \surd the appropriate box)

Government Catholic Evangelical Alliance United Church Lutheran Church
 Anglican Seventh Day Adventist Int'l Education Agency Others: _____

13. What is the level of your school? (Tick \surd the appropriate box)

2 3 4 5 Other: _____

14. Where is your school located? (Tick \surd the appropriate box) Urban Rural

15. School Postal Address: _____

16. School Phone No: _____ 17. School Fax No: _____

18. School Email Address: _____

SECTION 2: SCHOOL FINANCES

This section covers the money your school received from various sources during 2015. Please be accurate as possible. If your school received no money from a particular source, please indicate with a dash (-) in the box below.

19. How much did your school actually receive from other sources in 2015?

(Only indicate the income your school received last year and not what it should have received. This should include any money received for ancillary staff salaries, school materials, school buildings, etc.)

Source of School Funds	Amount (in Kina)
National Government subsidies:	K
Provincial Government subsidies:	K
Local-level Government:	K
School fund raising activities:	K
Parents donations:	K
Politicians: _____	K
Project Fees:	K
Fees collection:	K
Overseas Donors: _____	K
Other: _____	K
Sub-total: _____	

SECTION 3: STUDENT ENROLMENT / CLASSES

This section covers information about the number of students and classes in your school. Most of this information will be taken from the school attendance books. Questions 20 - 21 asks you to include all students on the school roll after **March 4th 2016**.

20. How many classes, students and teachers does your school have in each grade this year?

(Include all students on the school roll after March 4th 2016. Remember, if a teacher is teaching two grades, then that teacher is 0.5 in each grade. If a teacher teaching three grades, then they are 0.33 in each grade)

Number of Classes, Students and Teachers by Grade and Gender							
Grade	No. of Classes	2016 Number of Students			2016 Number of Teachers		
		Male	Female	Total	Male	Female	Total
Prep							
E1							
E2							
TOTAL							

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Surname	First Name	Gender	Date of Birth	Nationality	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ (Day) (Month) (Year)	<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type (Tick <input type="checkbox"/> one)	Teacher Registration Number	Type of Employee (Tick <input type="checkbox"/> all that apply)	What year did this teacher start teaching?	
	<input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training (yet to graduate)		<input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	_____ yr	
What is the highest teaching qualification obtained? (Tick <input type="checkbox"/> the highest only)			Certificate Number	Year of Issue	Issuing Institution
<input type="checkbox"/> Elementary teaching Certificate <input type="checkbox"/> Gr.12 Certificate <input type="checkbox"/> Gr.10 Certificate <input type="checkbox"/> Other (Specify) _____					
Indicate the grade(s) or class(s) you're taking: _____					

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Indicate the grade(s) or class(s) you're taking: _____					

21. State the total number of students enrolled in each grade, by year of birth and gender. If you have students born in years not indicated, then fill in those years in the blank spaces below 2002.

(Include all students still enrolled after 4th March 2016)

Year of Birth	Preparatory		Elementary 1		Elementary 2		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Total
2011									
2010									
2009									
2008									
2007									
2006									
2005									
2004									
2003									
2002									
Total									

(These totals should be the same as the total number of students in each grade from question 20.)

22. Indicate the number of students repeating this year at your school by grade and gender.

2016 Number of Students Repeating				
Gender	Preparatory	Elementary 1	Elementary 2	TOTAL
Male				
Female				
TOTAL				

23. Indicate the number of students this year at your school by grade and gender if they are vulnerable. Refer to pamphlets for examples.

2016 Number of Students who are Vulnerable					
	Gender	Preparatory	Elementary 1	Elementary 2	TOTAL
Students having single parent	Male				
	Female				
Students having both parents deceased	Male				
	Female				
	TOTAL				

24. Please indicate the number of students with special needs or disabilities at your school in 2016 by grade and gender.

2016 Number of Students with Special Needs or Disabilities					
	Gender	Preparatory	Elementary 1	Elementary 2	TOTAL
Registered with Special Education Resource Centre (SERC)	Male				
	Female				
Not registered with Special Education Resource Centre (SERC)	Male				
	Female				
	TOTAL				

SECTION 4: SCHOOL INFRASTRUCTURE DETAILS

This section covers the existing school infrastructure and how well board of management are managing each school.

***NOTE: If your school is using the same facilities with the primary school, then indicate only the infrastructure that you don't share with the primary school.**

25. Indicate the number of classrooms, storerooms, offices, staffrooms, staff houses and other buildings in the school.

Classrooms: Staff houses: Library: Offices: Computer Lab: Others:

26. How many buildings of each type and condition are there? *(Write the number in the boxes provided)*

Building Type	Permanent	Semi-Permanent	Bush Material
Classrooms			
How many classrooms require minor repair			
How many classrooms require major repair			
Staff Houses			
How many staff houses require minor repair			
How many staff houses require major repair			
Student Toilets			
How many student toilets require minor repair			
How many student toilets require major repair			
Staff Toilets			
How many staff toilets require minor repair			
How many staff toilets require major repair			

27. Indicate the number of toilet type(s) the students use.

Shore Drop Toilets (Solwara) Pit Toilets Flushing/Septic Toilets Others: _____ *(Specify)*

28. Indicate the number of toilet type(s) the staff use.

Shore Drop Toilets (Solwara) Pit Toilets Flushing/Septic Toilets Others: _____ *(Specify)*

29. Where does the school get most of its water from?

Rainwater Tanks Rivers Well Bore Town Supply Others: _____ *(Specify)*

30. What type of power supply does the school use?

PNG Power Solar Generator Hydro Others: _____ *(Specify)*

SECTION 5: ADDITIONAL INFORMATION

31. Does your School have a School Learning Improvement Plan (SLIP)? Yes No *(Tick √ the appropriate box)*

32. Has your School been inspected in the last 12 months? Yes No *(Tick √ the appropriate box)*

33. How long does it take to travel to the Provincial Office? Hours by: *(Tick √ the appropriate box)*

Walk Road Boat Air Others: _____ *(Specify)*

34. Does your school have a Board Of Management (BOM)? Yes No *(Tick √ the appropriate box)*

35. How many meetings were held by the BOM in the past 12 months?

36. How many times have P&C met together in the past 12 months?

37. How many times have the BOM and P&C met together in the past 12 months?

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The table below is to be completed for registered teachers who are retained only. For example:

No	Status	Position Number	Title	File Number	Gender	Grades
1	Retain	10901259	Teacher in Charge	00984762	Male	Prep & E1

No	Status	Position Number	Title	File Number	Gender	Grades
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please indicate in the table below only if the teacher has upgraded qualification or the teacher is new or transferred in.

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Surname	First Name	Gender	Date of Birth	Nationality	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ (Day) (Month) (Year)	<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type <i>(Tick √ one)</i>	Teacher Registration Number	Type of Employee <i>(Tick √ all that apply)</i>		What year did this teacher start teaching?
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