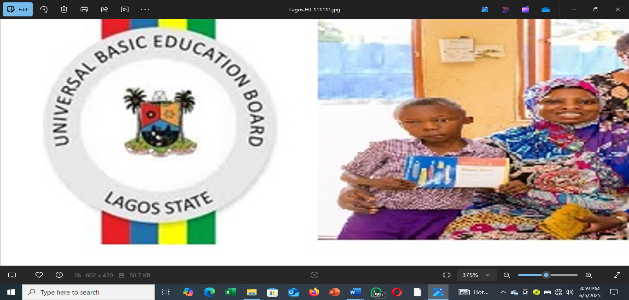
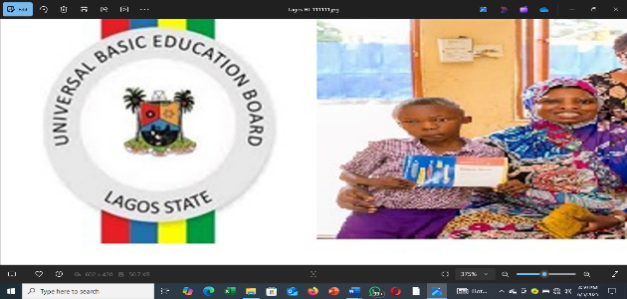
**SUBEB/PIMU/NEEDS-ASSESSMENT/INSTRUMENT/1.1**



**LAGOS STATE UNIVERSAL BASIC EDUCATION BOARD (LASUBEB) IN COLLABORATION WITH PROJECTS IMPLEMENTATION AND MONITORING UNIT (PIMU) LAGOS STATE GOVERNOR’S OFFICE**

**SCHOOL INFRASTRUCTURE AND LEADERSHIP NEEDS ASSESSMENT TOOL (SILNAT)**

**Dear Respondent,**

This instrument is designed to elicit responses that are capable of helping the Board of LASUBEB and PIMU to identify areas of Education Managers’ needs with the intention of helping them overcome difficulties in the course of discharging their duties. The instrument is not meant for any other purpose than to enhance productivity on the part of Education managers and for improved Education service delivery State-wide. Your support therefore is solicited to ensure successful completion of this instrument. We would appreciate your sincere responses.

Thank you.

**Instruction:** The instrument has Four Sections. Section A requires Bio Data; Section B requiresSchool/Institution Data; Section C contains items on Education Managers’ Needs Assessment while Section D is on School Infrastructure. Kindly fill in the statements that are applicable to your school.

**Section A:**

**Institution Type:**

LGEA Secretariat Regular School Special School

Hone Economics Centre Mini Resource Centre

**Head Teacher Bio Data**

1. Gender: Male [ ]; Female [ ]
2. Marital Status; Single [ ], Married [ ], Divorced [ ], Separated [ ], Widow/Widower [ ]
3. Highest Qualification; Grade II [ ], NCE [ ], B.Ed [ ], BA. Ed [ ], B.Sc.Ed [ ], HND [ ], M.Ed [ ]; Others Specify [ ]
4. Years of Leadership Experience; 5 & below [ ], 6-10 [ ], 11-15 [ ], 16-20 [ ], 21 & above [ ]

**Section B:**

**School/Institution Data**

1. Name of School/Institution………………………………………………………………………...…
2. Address:................................................................................................................................................
3. Location: Urban [ ], Rural [ ] Riverine [ ]
4. LGEA:………………………………………………………………........................................

Assembly Devotion: Time Start Time Start

Number of Teachers in the School: Male Female Total

Number of Non-Teaching Staff in the School: Male Female Total

Number of Pupils in the School: Male Female Total

ECCDE: Male Female Total

Primary: Male Female Total

Special Learners: Male Female Total

Teacher/Pupils Ratio:

Number of Additional Teachers/Staff Required:

Number of Classes operated as Multigrade:

Reason(s) for operating the classes as Multigrade: Inadequate Classrooms

Inadequate Teaching Staff

**Section C:**

Tick the areas where you are having difficulties in your school.

**1. Control and Discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting teachers and learners to obey rules and regulations |  |  |
| b. | Handling of disciplinary cases on time and appropriately |  |  |
| c. | Effecting discipline of misconduct in the school |  |  |
| d. | Handling cases of lateness, truancy, etc. in the school |  |  |
| e. | Handling cases of professional misconduct by teachers in the school |  |  |

2. **Cooperation and Team Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assigning administrative responsibilities in the school to teachers |  |  |
| b. | Delegating of duties to subordinates |  |  |
| c. | Getting teachers to work cooperatively to carry out assigned duties |  |  |
| d. | Encouraging team work in the school |  |  |

**3. Communication in the School**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Establishing effective channel of communication in the school |  |  |
| b. | Guaranteeing freedom of expression in the school |  |  |
| c. | Encouraging good communication skills among staff and learners |  |  |

**4. School and Community Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting the community to be committed to the school activities |  |  |
| b. | Getting teachers to relate well with the school community |  |  |
| c. | Institutionalizing SBMC in the school |  |  |
| d. | Getting SBMC actively involved in the management and provision of facilities in the school |  |  |
| e. | Involving former pupils in the school activities |  |  |

**5. Supervision and Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assessing teachers’ lesson plan before lesson delivery |  |  |
| b. | Getting teachers supervised during lesson presentations |  |  |
| c. | Monitoring tests and assignments in the school |  |  |
| d. | Monitoring of class attendances of teachers and learners |  |  |
| e. | Supervision of co-curricular activities in the school |  |  |

6. **School Records**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Maintaining the School Log Book |  |  |
| b. | Maintenance of daily classroom register by teachers |  |  |
| c. | Maintaining Weekly Diaries |  |  |
| d. | Maintenance of Teachers’ Movement Book |  |  |
| e. | Keeping Teachers’ Time-book |  |  |
| f. | Keeping of Admission Register |  |  |
| g. | Keeping of Minutes of Staff meetings |  |  |
| h. | Keeping of Examination Records |  |  |
| i. | Keeping of Visitors Book |  |  |

7. **Health and Hygiene**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Keeping the school compound clean |  |  |
| b. | Keeping and stocking of First Aid box |  |  |
| c. | Getting the pupils obey hygienic rules |  |  |
| d. | Getting medical services for the pupils |  |  |
| E | Hand Washing Station |  |  |
| F | Waste Disposal Bin |  |  |

**Section D:**

**1. INFRASTRUCTURE**

**Signboard:** Available and in good condition Available but not in good condition

Not Available

**Teachers’ Furniture:** Number Available Number in Good Condition

Additional Number Required

**ECCDE Furniture:** Number Available Number in Good Condition

Additional Number Required

**Primary Furniture:** Number Available Number in Good Condition

Additional Number Required

**Classroom Condition:** Number Available

Number in Good Condition

Number in need of Minor Repair

Number in need of Major Repair/Renovation

Number of Additional Classroom Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**2. FENCING**

**a. Shared Facility**

Is the school located within a school Complex? Yes No

If Yes, Kindly list other Schools within the Complex

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the school have perimeter fence: Yes No

If Yes, in what State?

In Good Condition Need Minor Repair Need Major Repair

|  |
| --- |
| Briefly, describe the type of repair needed |

If No, what is the perimeter of the School?

**3. TOILET FACILITIES**

**Type of Toilet:** Pit WC Squat Water flush None

Number of Cubicle Toilet Available Number in need of Minor Repair

Number in need of Major Repair

Renovation Required Number of Additional Cubicle Toilet Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**4. SEPTIC TANK**

Available Not Available Needs Evacuation

**5. SOURCE OF POTABLE WATER**

None Well Tap Water Borehole

v

|  |
| --- |
| Recommendations |

**6. SOURCE OF ELECTRICITY**

None PHCN Generator Solar Others

v

PHCN but Disconnected because of accumulated bills

PHCN but Disconnected because of lack of meter

|  |
| --- |
| *Additional information e.g., amount involved, etc* |

7. **Is your School regularly waterlogged when it rained?**

Yes No

v

Thank you so much for your time and patience.

**Name of respondent:** ------------------------------

**Phone number(s):** ------------------------------

**Signature/Date** ------------------------------

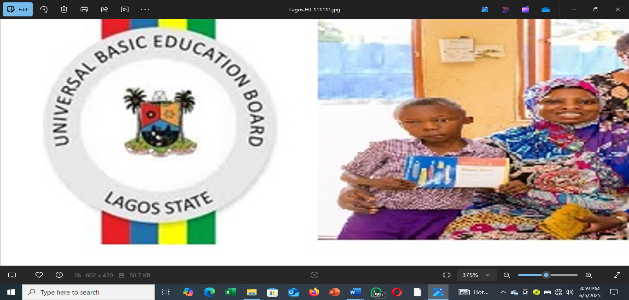
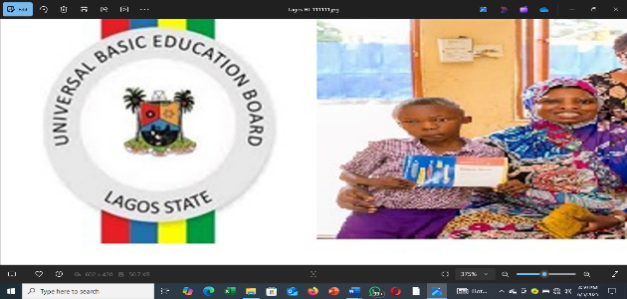
**FOR OFFICIAL USE ONLY**

**Name of Official**:…………………………………………………………………………………….

**Organization:**…………………………………………………………………………………………

**GSM No**:……………………………………….. **Signature/Date**:………………………………….

**SUBEB/PIMU/NEEDS-ASSESSMENT/INSTRUMENT/1.2**



**LAGOS STATE UNIVERSAL BASIC EDUCATION BOARD (LASUBEB) IN COLLABORATION WITH PROJECTS IMPLEMENTATION AND MONITORING UNIT (PIMU) LAGOS STATE GOVERNOR’S OFFICE**

**SCHOOL INFRASTRUCTURE AND LEADERSHIP NEEDS ASSESSMENT TOOL (SILNAT)**

**Dear Respondent,**

This instrument is designed to elicit responses that are capable of helping the Board of LASUBEB and PIMU to identify areas of Education Managers’ needs with the intention of helping them overcome difficulties in the course of discharging their duties. The instrument is not meant for any other purpose than to enhance productivity on the part of Education managers and for improved Education service delivery State-wide. Your support therefore is solicited to ensure successful completion of this instrument. We would appreciate your sincere responses.

Thank you.

**Instruction:** The instrument has Four Sections. Section A requires Bio Data; Section B requiresSchool/Institution Data; Section C contains items on Education Managers’ Needs Assessment while Section D is on School Infrastructure. Kindly fill in the statements that are applicable to your school.

**Section A:**

**Institution Type:**

LGEA Secretariat Regular School Special School

Hone Economics Centre Mini Resource Centre

**Head Teacher Bio Data**

1. Gender: Male [ ]; Female [ ]
2. Marital Status; Single [ ], Married [ ], Divorced [ ], Separated [ ], Widow/Widower [ ]
3. Highest Qualification; Grade II [ ], NCE [ ], B.Ed [ ], BA. Ed [ ], B.Sc.Ed [ ], HND [ ], M.Ed [ ]; Others Specify [ ]
4. Years of Leadership Experience; 5 & below [ ], 6-10 [ ], 11-15 [ ], 16-20 [ ], 21 & above [ ]

**Section B:**

**School/Institution Data**

1. Name of School/Institution………………………………………………………………………...…
2. Address:................................................................................................................................................
3. Location: Urban [ ], Rural [ ] Riverine [ ]
4. LGEA:………………………………………………………………........................................

Assembly Devotion: Time Start Time Start

Number of Teachers in the School: Male Female Total

Number of Teachers with Specialization in Special Education in the School

Male Female Total

Number of Non-Teaching Staff in the School: Male Female Total

Number of Learners in the School: Male Female Total

Category of Special Learners catered for in the School (list and indicate availability)

a. Visual Impairment

v

b. Hearing Impairment

v

v

v

c. Autism Spectrum Disorder (ASD)

d. Down Syndrome

v

e. Physically Challenged

v

f. Cerebral Palsy

v

g. Intellectual Disability

v

h. Usher Syndrome

v

i. Microcephalus

v

j. Hydrocephalus/Spinal bifida

v

k. Albinism

Teacher/Pupils Ratio:

Number of Additional Teachers/Staff Required:

Number of Classes operated as Multigrade:

Reason(s) for operating the classes as Multigrade: Inadequate Classrooms

Inadequate Teaching Staff

**Section C:**

Tick the areas where you are having difficulties in your school.

**1. Control and Discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting teachers and learners to obey rules and regulations |  |  |
| b. | Handling of disciplinary cases on time and appropriately |  |  |
| c. | Effecting discipline of misconduct in the school |  |  |
| d. | Handling cases of lateness, truancy, etc. in the school |  |  |
| e. | Handling cases of professional misconduct by teachers in the school |  |  |

2. **Cooperation and Team Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assigning administrative responsibilities in the school to teachers |  |  |
| b. | Delegating of duties to subordinates |  |  |
| c. | Getting teachers to work cooperatively to carry out assigned duties |  |  |
| d. | Encouraging team work in the school |  |  |

**3. Communication in the School**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Establishing effective channel of communication in the school |  |  |
| b. | Guaranteeing freedom of expression in the school |  |  |
| c. | Encouraging good communication skills among staff and learners |  |  |

**4. School and Community Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting the community to be committed to the school activities |  |  |
| b. | Getting teachers to relate well with the school community |  |  |
| c. | Institutionalizing SBMC in the school |  |  |
| d. | Getting SBMC actively involved in the management and provision of facilities in the school |  |  |
| e. | Involving former pupils in the school activities |  |  |

**5. Supervision and Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assessing teachers’ lesson plan before lesson delivery |  |  |
| b. | Getting teachers supervised during lesson presentations |  |  |
| c. | Monitoring tests and assignments in the school |  |  |
| d. | Monitoring of class attendances of teachers and learners |  |  |
| e. | Supervision of co-curricular activities in the school |  |  |

6. **School Records**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Maintaining the School Log Book |  |  |
| b. | Maintenance of daily classroom register by teachers |  |  |
| c. | Maintaining Weekly Diaries |  |  |
| d. | Maintenance of Teachers’ Movement Book |  |  |
| e. | Keeping Teachers’ Time-book |  |  |
| f. | Keeping of Admission Register |  |  |
| g. | Keeping of Minutes of Staff meetings |  |  |
| h. | Keeping of Examination Records |  |  |
| i. | Keeping of Visitors Book |  |  |

7. **Health and Hygiene**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Keeping the school compound clean |  |  |
| b. | Keeping and stocking of First Aid box |  |  |
| c. | Getting the pupils obey hygienic rules |  |  |
| d. | Getting medical services for the pupils |  |  |
| E | Hand Washing Station |  |  |
| F | Waste Disposal Bin |  |  |

**Section D:**

**1. INFRASTRUCTURE**

**Signboard:** Available and in good condition Available but not in good condition

Not Available

**Teachers’ Furniture:** Number Available Number in Good Condition

Additional Number Required

**ECCDE Furniture:** Number Available Number in Good Condition

Additional Number Required

**Primary Furniture:** Number Available Number in Good Condition

Additional Number Required

**Classroom Condition:** Number Available

Number in Good Condition

Number in need of Minor Repair

Number in need of Major Repair/Renovation

Number of Additional Classroom Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**2. FENCING**

**a. Shared Facility**

Is the school located within a school Complex? Yes No

If Yes, Kindly list other Schools within the Complex

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the school have perimeter fence: Yes No

If Yes, in what State?

In Good Condition Need Minor Repair Need Major Repair

|  |
| --- |
| Briefly, describe the type of repair needed |

If No, what is the perimeter of the School?

**3. TOILET FACILITIES**

**Type of Toilet:** Pit WC Squat Water flush None

Number of Cubicle Toilet Available Number in need of Minor Repair

Number in need of Major Repair

Renovation Required Number of Additional Cubicle Toilet Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**4. SEPTIC TANK**

Available Not Available Needs Evacuation

**5. SOURCE OF POTABLE WATER**

None Well Tap Water Borehole

v

|  |
| --- |
| Recommendations |

**6. SOURCE OF ELECTRICITY**

None PHCN Generator Solar Others

v

PHCN but Disconnected because of accumulated bills

PHCN but Disconnected because of lack of meter

|  |
| --- |
| *Additional information e.g., amount involved, etc* |

7. **Is your School regularly waterlogged when it rained?**

Yes No

v

8**. Important Special Schools Facilities Available (list the facilities and indicate availability)**

v

a.…………………… Adequate Inadequate Number Available Number Needed more

v

v

v

b.…………………… Adequate Inadequate Number Available Number Needed more

v

v

v

v

v

v

v

v

v

c.…………………… Adequate Inadequate Number Available Number Needed more

v

v

v

v

v

v

v

d.…………………… Adequate Inadequate Number Available Number Needed more

v

e.…………………… Adequate Inadequate Number Available Number Needed more

v

f.…………………… Adequate Inadequate Number Available Number Needed more

v

g.…………………… Adequate Inadequate Number Available Number Needed more

v

h.…………………… Adequate Inadequate Number Available Number Needed more

v

i.…………………… Adequate Inadequate Number Available Number Needed more

v

Thank you so much for your time and patience.

**Name of respondent:** ------------------------------

**Phone number(s):** ------------------------------

**Signature/Date** ------------------------------

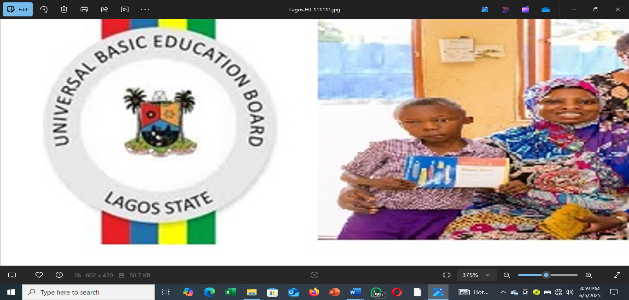
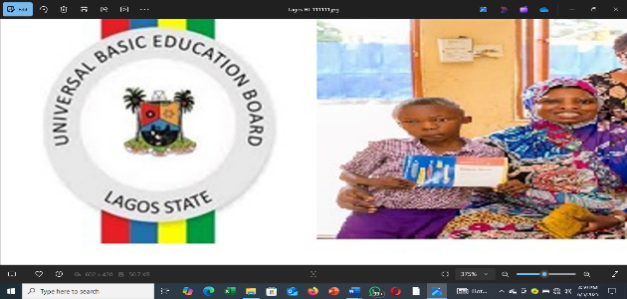
**FOR OFFICIAL USE ONLY**

**Name of Official**:…………………………………………………………………………………….

**Organization:**…………………………………………………………………………………………

**GSM No**:……………………………………….. **Signature/Date**:………………………………….

**SUBEB/PIMU/NEEDS-ASSESSMENT/INSTRUMENT/1.3**



**LAGOS STATE UNIVERSAL BASIC EDUCATION BOARD (LASUBEB) IN COLLABORATION WITH PROJECTS IMPLEMENTATION AND MONITORING UNIT (PIMU) LAGOS STATE GOVERNOR’S OFFICE**

**SCHOOL INFRASTRUCTURE AND LEADERSHIP NEEDS ASSESSMENT TOOL (SILNAT)**

**Dear Respondent,**

This instrument is designed to elicit responses that are capable of helping the Board of LASUBEB and PIMU to identify areas of Education Managers’ needs with the intention of helping them overcome difficulties in the course of discharging their duties. The instrument is not meant for any other purpose than to enhance productivity on the part of Education managers and for improved Education service delivery State-wide. Your support therefore is solicited to ensure successful completion of this instrument. We would appreciate your sincere responses.

Thank you.

**Instruction:** The instrument has Four Sections. Section A requires Bio Data; Section B requiresSchool/Institution Data; Section C contains items on Education Managers’ Needs Assessment while Section D is on School Infrastructure. Kindly fill in the statements that are applicable to your school.

**Section A:**

**Institution Type:**

LGEA Secretariat Regular School Special School

Hone Economics Centre Mini Resource Centre

**Head Teacher Bio Data**

1. Gender: Male [ ]; Female [ ]
2. Marital Status; Single [ ], Married [ ], Divorced [ ], Separated [ ], Widow/Widower [ ]
3. Highest Qualification; Grade II [ ], NCE [ ], B.Ed [ ], BA. Ed [ ], B.Sc.Ed [ ], HND [ ], M.Ed [ ]; Others Specify [ ]
4. Years of Leadership Experience; 5 & below [ ], 6-10 [ ], 11-15 [ ], 16-20 [ ], 21 & above [ ]

**Section B:**

**School/Institution Data**

1. Name of School/Institution………………………………………………………………………...…
2. Address:................................................................................................................................................
3. Location: Urban [ ], Rural [ ] Riverine [ ]
4. LGEA:………………………………………………………………........................................

Types of Vocation Taught at the centre­­ (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Instructors: Male Female Total

Number of Professionally Qualified Vocational Teachers: Male Female Total

Number of Non-Teaching Staff in the School: Male Female Total

Number of Schools your Centre is supporting

Average Distance of farthest School among the Schools under your support to the Centre in Kilometre

Average Number of Learners Attending training at the Centre: Male Female Total

Instructor/Pupils Ratio:

Number of Additional Instructors/Staff Required:

**Section C:**

Tick the areas where you are having difficulties in your school.

**1. Control and Discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting teachers and learners to obey rules and regulations |  |  |
| b. | Handling of disciplinary cases on time and appropriately |  |  |
| c. | Effecting discipline of misconduct in the school |  |  |
| d. | Handling cases of lateness, truancy, etc. in the school |  |  |
| e. | Handling cases of professional misconduct by teachers in the school |  |  |

**2.** **Cooperation and Team Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assigning administrative responsibilities in the school to teachers |  |  |
| b. | Delegating of duties to subordinates |  |  |
| c. | Getting teachers to work cooperatively to carry out assigned duties |  |  |
| d. | Encouraging team work in the school |  |  |

**3. Communication in the School**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Establishing effective channel of communication in the school |  |  |
| b. | Guaranteeing freedom of expression in the school |  |  |
| c. | Encouraging good communication skills among staff and learners |  |  |

**4. School and Community Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting the community to be committed to the school activities |  |  |
| b. | Getting teachers to relate well with the school community |  |  |
| c. | Institutionalizing SBMC in the school |  |  |
| d. | Getting SBMC actively involved in the management and provision of facilities in the school |  |  |
| e. | Involving former pupils in the school activities |  |  |

**5. Supervision and Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assessing teachers’ lesson plan before lesson delivery |  |  |
| b. | Getting teachers supervised during lesson presentations |  |  |
| c. | Monitoring tests and assignments in the school |  |  |
| d. | Monitoring of class attendances of teachers and learners |  |  |
| e. | Supervision of co-curricular activities in the school |  |  |

6. **School Records**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Maintaining the School Log Book |  |  |
| b. | Maintenance of daily classroom register by teachers |  |  |
| c. | Maintaining Weekly Diaries |  |  |
| d. | Maintenance of Teachers’ Movement Book |  |  |
| e. | Keeping Teachers’ Time-book |  |  |
| f. | Keeping of Admission Register |  |  |
| g. | Keeping of Minutes of Staff meetings |  |  |
| h. | Keeping of Examination Records |  |  |
| i. | Keeping of Visitors Book |  |  |

6. **Health and Hygiene**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Keeping the school compound clean |  |  |
| b. | Keeping and stocking of First Aid box |  |  |
| c. | Getting the pupils obey hygienic rules |  |  |
| d. | Getting medical services for the pupils |  |  |
| E | Hand Washing Station |  |  |
| F | Waste Disposal Bin |  |  |

**Section D:**

**1. INFRASTRUCTURE**

**Signboard:** Available and in good condition Available but not in good condition

Not Available

**Teachers’ Furniture:** Number Available Number in Good Condition

Additional Number Required

**Learners Furniture:** Number Available Number in Good Condition

Additional Number Required

**Classroom Condition:** Number Available

Number in Good Condition

Number in need of Minor Repair

Number in need of Major Repair/Renovation

Number of Additional Classroom Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**2. FENCING**

**a. Shared Facility**

Is the school located within a school Complex? Yes No

If Yes, Kindly list other Schools within the Complex

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the school have perimeter fence: Yes No

If Yes, in what State?

In Good Condition Need Minor Repair Need Major Repair

|  |
| --- |
| Briefly, describe the type of repair needed |

If No, what is the perimeter of the School?

**3. TOILET FACILITIES**

**Type of Toilet:** Pit WC Squat Water flush None

Number of Cubicle Toilet Available Number in need of Minor Repair

Number in need of Major Repair

Renovation Required Number of Additional Cubicle Toilet Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**4. SEPTIC TANK**

Available Not Available Needs Evacuation

**SOURCE OF POTABLE WATER**

None Well Tap Water Borehole

v

|  |
| --- |
| Recommendations |

**5. SOURCE OF ELECTRICITY**

None PHCN Generator Solar Others

v

PHCN but Disconnected because of accumulated bills

PHCN but Disconnected because of lack of meter

|  |
| --- |
| *Additional information e.g., amount involved, etc* |

**6. Is your School regularly waterlogged when it rained?**

Yes No

v

**7. Equipment/Facilities**

List of Equipment/facility expected at the Centre

|  |  |  |  |
| --- | --- | --- | --- |
| s/n | Equipment/facility expected | Number Available in good condition | Number required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Thank you so much for your time and patience.

**Name of respondent:** ------------------------------

**Phone number(s):** ------------------------------

**Signature/Date** ------------------------------

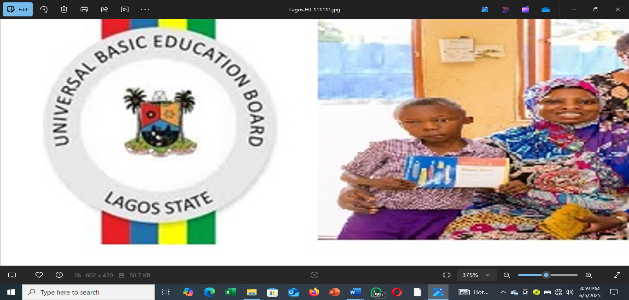
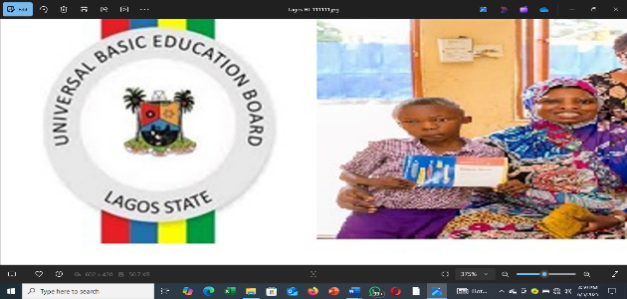
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**Name of Official**:…………………………………………………………………………………….

**Organization:**…………………………………………………………………………………………

**GSM No**:……………………………………….. **Signature/Date**:………………………………….

**SUBEB/PIMU/NEEDS-ASSESSMENT/INSTRUMENT/1.4**



**LAGOS STATE UNIVERSAL BASIC EDUCATION BOARD (LASUBEB) IN COLLABORATION WITH PROJECTS IMPLEMENTATION AND MONITORING UNIT (PIMU) LAGOS STATE GOVERNOR’S OFFICE**

**SCHOOL INFRASTRUCTURE AND LEADERSHIP NEEDS ASSESSMENT TOOL (SILNAT)**

**Dear Respondent,**

This instrument is designed to elicit responses that are capable of helping the Board of LASUBEB and PIMU to identify areas of Education Managers’ needs with the intention of helping them overcome difficulties in the course of discharging their duties. The instrument is not meant for any other purpose than to enhance productivity on the part of Education managers and for improved Education service delivery State-wide. Your support therefore is solicited to ensure successful completion of this instrument. We would appreciate your sincere responses.

Thank you.

**Instruction:** The instrument has Four Sections. Section A requires Bio Data; Section B requiresInstitution Data; Section C contains items on Education Managers’ Needs Assessment while Section D is on School Infrastructure. Kindly fill in the statements that are applicable to your school.

**Section A:**

**Institution Type:**

LGEA Secretariat

**Education Secretary Bio Data**

1. Gender: Male [ ]; Female [ ]
2. Marital Status; Single [ ], Married [ ], Divorced [ ], Separated [ ], Widow/Widower [ ]
3. Highest Qualification; Grade II [ ], NCE [ ], B.Ed [ ], BA. Ed [ ], B.Sc.Ed [ ], HND [ ], M.Ed [ ]; Others Specify [ ]
4. Years of Leadership Experience; 5 & below [ ], 6-10 [ ], 11-15 [ ], 16-20 [ ], 21 & above [ ]

**Section B:**

**INSTITUTION DATA**

1. Name of LGEA………………………………………………………………………...…
2. Address:................................................................................................................................................
3. Location: Urban [ ], Rural [ ] Riverine [ ]

**MEMBERS OF STAFF**

Number of Staff in the LGEA: Male Female Total

Number of Staff that are Professional Teachers: Male Female Total

Number of Non-teaching Staff at the LGEA: Male Female Total

**SECTION C**

Tick the areas where you are having difficulties in your LGEA and Schools.

**1. Control and Discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting Staff to obey rules and regulations |  |  |
| b. | Handling of disciplinary cases on time and appropriately |  |  |
| c. | Effecting discipline of misconduct in the LGEA and Schools |  |  |
| d. | Handling cases of lateness, truancy, etc. in the LGEA and Schools |  |  |
| e. | Handling cases of professional misconduct by Staff in the LGEA and Schools |  |  |

10. **Cooperation and Team Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assigning administrative responsibilities to Staff in the LGEA |  |  |
| b. | Delegating of duties to subordinates |  |  |
| c. | Getting Staff to work cooperatively to carry out assigned duties |  |  |
| d. | Encouraging team work in the LGEA and Schools |  |  |

**2. Communication in the LGEA and Schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Establishing effective channel of communication in the LGEA and Schools |  |  |
| b. | Guaranteeing freedom of expression in the LGEA and Schools |  |  |
| c. | Encouraging good communication skills among staff and Schools |  |  |

**3. LGEA, Schools and Community Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Getting the communities to be committed to the LGEA and school activities |  |  |
| b. | Getting Staff to relate well with the immediate community |  |  |
| c. | Institutionalizing SBMC in the Schools |  |  |
| d. | Getting SBMC actively involved in the management and provision of facilities in the schools |  |  |
| e. | Involving former pupils in the School activities |  |  |

**4. Supervision and Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Assessing Headteachers’ Statutory Records |  |  |
| b. | Assessing Teachers’ Records |  |  |
| c. | Monitoring Movement of Staff at the LGEA and Schools |  |  |
| d. | Supervision of activities at the LGEA and Schools |  |  |

5. **LGEA Records**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Maintaining the LGEA Log Book |  |  |
| b. | Maintenance of Staff’ Movement Book |  |  |
| c. | Keeping Staff’ Time-book |  |  |
| d. | Keeping of Minutes of Staff meetings |  |  |
| e. | Keeping of Visitors Book |  |  |

6. **Health and Hygiene**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ITEM** | **Yes** | **No** |
| a. | Keeping the LGEA compound clean |  |  |
| b. | Keeping and stocking of First Aid box |  |  |
| c. | Getting the Staff to obey hygienic rules |  |  |
| d. | Getting medical services for the Staff |  |  |
| E | Waste Disposal Bin |  |  |

**SECTION D**

**1. INFRASTRUCTURE**

**Signboard:** Available and in good condition Available but not in good condition

Not Available

**Description of the External Features of the LGEA Structure**

**In Good Condition Need Minor Renovation**

**Need Major Renovation Need Complete Reconstruction**

Available Offices: Number in Good Condition Need Minor Repairs

Needs Major Repairs Renovation Required

Number of Additional offices required

|  |
| --- |
| *Briefly, describe the type of repair/construction needed* |

**2. FURNITURE**

**Staff’ Furniture:** Number Available Number in Good Condition

Additional Number Required

**Condition of Offices:** Number Available

Number in Good Condition

Number in need of Minor Repair

Number in need of Major Repair/Renovation

Number of Additional Classroom Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**3. FENCING**

**a. Shared Facility**

Is the school located within a school Complex? Yes No

If Yes, Kindly list other Schools within the Complex

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Does the LGEA have perimeter fence: Yes No

If Yes, in what State?

In Good Condition Need Minor Repair Need Major Repair

|  |
| --- |
| Briefly, describe the type of repair needed |

If No, what is the perimeter of the LGEA?

**4. TOILET FACILITIES**

**Type of Toilet:** Pit WC Squat Water flush None

Number of Cubicle Toilet Available Number in need of Minor Repair

Number in need of Major Repair

Renovation Required Number of Additional Cubicle Toilet Required

|  |
| --- |
| Briefly, describe the type of repair needed |

**5. SEPTIC TANK**

Available Not Available Needs Evacuation

**6. SOURCE OF POTABLE WATER**

None Well Tap Water Borehole

v

|  |
| --- |
| Recommendations |

**7. SOURCE OF ELECTRICITY**

None PHCN Generator Solar Others

v

PHCN but Disconnected because of accumulated bills

PHCN but Disconnected because of lack of meter

|  |
| --- |
| *Additional information e.g., amount involved, etc* |

**8. MONITORING VEHICLES**

Available Not Available Number Needed

**9. Is your LGEA regularly waterlogged when it rained?**

Yes No

v

**10. EQUIPMENT/FACILITIES**

List of Equipment/facility expected at the LGEA

|  |  |  |  |
| --- | --- | --- | --- |
| s/n | Equipment/facility expected | Number Available in good condition | Number required |
|  |  |  |  |
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Thank you so much for your time and patience.

**Name of respondent:** ------------------------------

**Phone number(s):** ------------------------------

**Signature/Date** ------------------------------

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