

## SCHOOLS ASSESSMENT FORM

### I. Assessment Details

a. Supervisor ID: _____	b. Team leader ID: _____	c. Inspector ID: _____
d. Date: ____ / ____ / 2012	e. School ID: _____	h. <input type="checkbox"/> Public <input type="checkbox"/> Private
	f. School Name*: _____	i. Shift:
	g. Year school was built: _____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

### II. Geographical Information

1. Province: _____	2. City/Village: _____	3. Neighborhood: _____
4. Street: _____	5. Longitude : _____	6. Latitude : _____
7. GPS ref #: _____	8. GPS Mark # : _____	9. Camera ref #: _____
10. Picture ref #:	11. Interviewee (ideally Head of School or Deputy)	
Front: _____001		
Damage: _____002		
WASH: _____003		

*\*Note: If the school name and the head master name are not the same for different shifts held in the same school facility, please fill the whole form for the first school assessed, and re-do only part 1 and part 2 for the second assessment of the same facility.*

### 1. School Information

1.1) Level of School?	<input type="checkbox"/> Nursery <input type="checkbox"/> Basic Education (primary) <input type="checkbox"/> Basic Education (preparatory) <input type="checkbox"/> Specialized High school Type of specialization: _____ _____ <input type="checkbox"/> Others _____
1.2) When is the school scheduled to begin?	<input type="checkbox"/> Already started <input type="checkbox"/> When it is repaired (date: ____ / ____ / ____) <input type="checkbox"/> Unknown <input type="checkbox"/> Date of school start: .....

## 2. Student and Teacher Information

		Before Feb. 2011	Now
2.1) Number of students? Special needs children was separated into another question 2.1 a).	Total:	_____	_____
	Nursery	_____	_____
	Primary	_____	_____
	Preparatory	_____	_____
	Secondary	_____	_____
	Boys:	_____	_____
	Nursery	_____	_____
	Primary	_____	_____
	Preparatory	_____	_____
	Secondary	_____	_____
	Girls:	_____	_____
	Nursery	_____	_____
	Primary	_____	_____
	Preparatory	_____	_____
	Secondary	_____	_____
	Children with special needs:	_____	_____
	Nursery	_____	_____
	Primary	_____	_____
	Preparatory	_____	_____
	Secondary	_____	_____

2.1 a) Approximately, how many students are in the smallest classroom? How many students are in the largest classroom? What is the average number of students in each classroom? (smallest class less than 24 student) (largest class more than 24 student)	Number of students in the smallest class:		
	Number of students in the largest class:		
	Average number of student in all classes:		
2.1 b) How do children come to schools? Give rough percentage of children.	Walking		
	By bus		
	By private car		
	Other .....		
2.1 c) After February 2011, how many children left the school permanently or are not currently attending? Please provide numbers and explain why.	How many? _____ Why? <input type="checkbox"/> Students missing (no information about their whereabouts) _____ <input type="checkbox"/> Moved to other places _____ <input type="checkbox"/> Parents or students do not want the student to attend school. _____ <input type="checkbox"/> Wounded _____ <input type="checkbox"/> Died _____ <input type="checkbox"/> Disabled _____ <input type="checkbox"/> Other _____ _____		
2.1 d) If applicable, does the school follow-up on missing children? If yes, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, How? _____ _____ <input type="checkbox"/> N/A		
2.1 e) After February 2011, did additional children enrol in/ are now attending the school? How many new students and why now attending?	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many New Students? _____ Why did they enrol/attend? <input type="checkbox"/> Increased local population due to conflict displacement <input type="checkbox"/> Other local schools are closed		

	<input type="checkbox"/> Other _____ _____		
2.2) Did all children attend the exams for 2011?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many did not attend: _____		
2.2.a) If No, How many of these students who did not attend exams are still in school?			
2.2.b) Why did these students not attend their exams yet?	<input type="checkbox"/> Exam cancelled due to conflict <input type="checkbox"/> Students did not attend the exam because of their absence from school <input type="checkbox"/> Other, <i>please describe</i> _____ _____		
2.3) Number of children with special needs?		Before Feb. 2011	Now
	Hearing:		
	Vision:		
	Motor:		
	Learning:		
	Speech:		
	Other, please describe		
2.3 a) Does the school make provision for children with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Describe:</i> _____		
2.4) Number of Staff (for all shifts under the same school name)?		Before Feb. 2011	Now
	Headmaster:		
	Teachers:		
	Special Needs Teachers:		

	Medical Staff			
	Admin. Staff:			
	Guards:			
	Social workers:			
	Psychological support staff:			
	Other:			
	Other:			
2.5) When do you expect the school to return to full staff capacity? <i>Please give date.</i>		/ /		
2.6) How many teachers are there available per subject? Please provide the number in each box (indicate 'before', 'now' and perceived 'shortage').		Before 2011	Now	Shortage
	<input type="checkbox"/> Maths			
	<input type="checkbox"/> Science			
	<input type="checkbox"/> Physics			
	<input type="checkbox"/> Chemistry			
	<input type="checkbox"/> Biology			
	<input type="checkbox"/> Music			
	<input type="checkbox"/> Arts			
	<input type="checkbox"/> History			
	<input type="checkbox"/> Geography			
	<input type="checkbox"/> IT			
	<input type="checkbox"/> Arabic Language			
	<input type="checkbox"/> Humanities			
	<input type="checkbox"/> Engineering subjects			
	<input type="checkbox"/> Economics subjects			
	<input type="checkbox"/> English Language			
	<input type="checkbox"/> French Language			

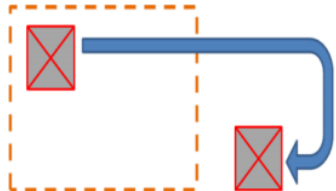
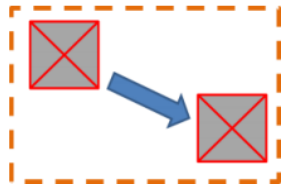
	<input type="checkbox"/> Religious Education			
	<input type="checkbox"/> Physical Education			
	<input type="checkbox"/> Others _____ _____ _____			
2.7) Are there presently substitute teachers working in the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.7 a) If Yes, how many?				

### 3. WASH Facilities

3.1) Is there running water available in the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2) Does the school have access to safe drinking water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2 a) If Yes, what is the source?	<input type="checkbox"/> Bottled water <input type="checkbox"/> Water Tanking <input type="checkbox"/> Linked to mains system <input type="checkbox"/> Purification or Filtration systems <input type="checkbox"/> Private well <input type="checkbox"/> Others _____
3.3) How many individual toilets (latrine stands) are there in the school?	<input type="checkbox"/> Girls ____ <input type="checkbox"/> Boys ____ <input type="checkbox"/> Teachers ____ <input type="checkbox"/> Disabled Use ____ <input type="checkbox"/> Mixed Use ____ <input type="checkbox"/> Total ____ <input type="checkbox"/> None ____
3.4) How many times are the toilets cleaned per week?	<input type="checkbox"/> Twice a day <input type="checkbox"/> Daily

	<input type="checkbox"/> Three times a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Weekly
3.5) How many toilets are fully functioning?	<input type="checkbox"/> Girls ____ <input type="checkbox"/> Boys ____ <input type="checkbox"/> Teachers ____ <input type="checkbox"/> Disabled use ____ <input type="checkbox"/> Mixed use ____ <input type="checkbox"/> Total ____ <input type="checkbox"/> None ____
3.6) Are there facilities for washing hands in the toilet facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7) Is there a garbage waste collection/disposal for the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8) Is sewage properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how disposed?</i> <input type="checkbox"/> Mains Sewage <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other _____ _____
3.8 a) If no please describe the problem briefly:	_____ _____ _____

## 4. Education Facilities and Material:

<p>4.1) Is the school located in a permanent or temporary location?</p>	<div> <input type="checkbox"/> Permanent  <input type="checkbox"/> Temporary </div> 
<p>Is the school teaching taking place in permanent or temporary facilities?</p>	<div> <input type="checkbox"/> Permanent  <input type="checkbox"/> Temporary </div> 
<p>4.1 a) If in temporary location/facility, why?</p>	<div> <input type="checkbox"/> Permanent school building under construction/repair from before conflict.  <input type="checkbox"/> Permanent school location too damaged from conflict.  <input type="checkbox"/> Other _____          _____ </div>
<p>4.1 b) If temporary, how long has the school been situated in temporary location/facility, and when is it intended to move to permanent location?</p>	<p>Length of time in temporary location: ____</p> <p>When is it intended to move to permanent location:          ____ / ____ / ____</p>
<p>4.1 c) If temporary, where the school were located and where it will be afterwards?</p>	<p>Previous school location:</p> <p>Address: _____</p> <p>Neighbourhood: _____</p> <p>Future location:</p> <div> <input type="checkbox"/> The same as the previous  <input type="checkbox"/> Other </div> <p>Address: _____</p> <p>Neighbourhood: _____</p>



<p>4.2) Which facilities are available in the school? Please tick and input numbers in all appropriate options.</p>	<p><input type="checkbox"/> Headmaster Office ____</p> <p><input type="checkbox"/> Teachers Room ____</p> <p><input type="checkbox"/> Library or multi-purpose room ____</p> <p><input type="checkbox"/> Canteen ____</p> <p><input type="checkbox"/> First Aid Room ____</p> <p><input type="checkbox"/> Playground ____</p> <p><input type="checkbox"/> Sports field ____</p> <p><input type="checkbox"/> Computer Lab ____</p> <p><input type="checkbox"/> Science Lab ____</p> <p><input type="checkbox"/> Languages Lab ____</p> <p><input type="checkbox"/> Workshop and training facilities ____</p> <p><input type="checkbox"/> Theatre ____</p> <p><input type="checkbox"/> Guard Rooms ____</p> <p><input type="checkbox"/> Facilities for special needs, eg wheelchair ramp or elevator, please describe: _____</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p>Total Number of Classrooms: _____</p>
<p>4.3) Is the School damaged?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>4.3 a) If Yes, determine the damage:</p>	<p><input type="checkbox"/> Completely Destroyed</p> <p><input type="checkbox"/> Partially destroyed</p> <p>Number and kind (ref to 4.2) of rooms damaged? _____</p>
<p>4.3 b) If Yes, when was the school damaged?</p>	<p><input type="checkbox"/> Before the conflict</p> <p><input type="checkbox"/> During the conflict</p> <p><input type="checkbox"/> After the conflict</p>
<p>4.3 c) If yes, please give brief description of reason for damage</p>	<p><input type="checkbox"/> Used as shelter for displaced persons</p> <p><input type="checkbox"/> Occupied by armed forces</p> <p><input type="checkbox"/> Vandalism/Theft</p> <p><input type="checkbox"/> Shelling</p> <p><input type="checkbox"/> Burning/fire</p> <p><input type="checkbox"/> Other _____</p>
<p>4.3 d) If yes, give brief description of how it was damaged</p>	<p>_____</p> <p>_____</p> <p>_____</p>

<p>4.4) If it is damaged, please tick the corresponding level of damage in the left tick box, and tick relevant boxes to indicate the type of damages in the right tick boxes.</p> <p><i>(The tick boxes on the right are designed only as a guide to categorising the overall level of damage.)</i></p>	<p><u>Minor Damage:</u></p> <input type="checkbox"/>	<input type="checkbox"/> Electrical fixtures (localized damage, to sockets, plugs, lamps) <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Glass <input type="checkbox"/> Paint <input type="checkbox"/> Light plastering holes – Ready to use.
	<p><u>Medium Damage:</u></p> <input type="checkbox"/>	<p>(In additional to the previous category)</p> <input type="checkbox"/> Electrical terminal boxes and wires (damage to system throughout school) <input type="checkbox"/> Water system (water pipes, water tanks and water pumps) <input type="checkbox"/> Toilets and wash areas
	<p><u>Heavy Damage:</u></p> <input type="checkbox"/>	<p>(In additional to the previous categories)</p> <input type="checkbox"/> Damaged/destroyed walls <input type="checkbox"/> Destroyed concrete and steel <input type="checkbox"/> Damage to walls – internal, external or boundary walls <input type="checkbox"/> Cracks in walls indicating foundation damage <input type="checkbox"/> Roof structural damage
<p>4.5) Has any of the school furniture/equipment been damaged, destroyed or stolen during the conflict?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, please give approximate percentage of furniture/equipment damaged _____ %</i></p>	
<p>4.5 a) Does the school have sufficient education materials? <i>Please tick appropriate boxes.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No At least 1 desk per pupil <input type="checkbox"/> Yes <input type="checkbox"/> No At least 1 Blackboard/Whiteboard per classroom <input type="checkbox"/> Yes <input type="checkbox"/> No Computers ( <i>How many? _____</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No Sufficient lab equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Sufficient textbooks <input type="checkbox"/> Yes <input type="checkbox"/> No Sufficient visual aids <input type="checkbox"/> Yes <input type="checkbox"/> No Sufficient teaching material <input type="checkbox"/> Deficiencies: <p><i>Please describe</i></p> <hr/> <hr/> <hr/>	

4.6) Does school currently have constant electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, why not?</i> <hr/>
4.7) If not constant, for how many hours per day does the school have electricity?	<hr/>

5. Protection Issues		
	Previously during the conflict?	Now?
5.1) Was/is the school occupied by IDPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1. a) If Yes, how many families?	<hr/>	<hr/>
5.1. b) If Yes, What is the reason(s) the IDPs gave/give for being present in the school?	<input type="checkbox"/> Displaced due to conflict <input type="checkbox"/> House destroyed from conflict <input type="checkbox"/> Accompany family <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> Displaced due to conflict <input type="checkbox"/> House destroyed from conflict <input type="checkbox"/> Accompany family <input type="checkbox"/> Other <hr/>
5.2) Was/is the school occupied by any other actors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2. a) If Yes, what was the school used for? <i>Tick all appropriate boxes.</i>	<input type="checkbox"/> Humanitarian activities <input type="checkbox"/> Community-based activities <input type="checkbox"/> Government/local administration <input type="checkbox"/> Armed Groups <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> Humanitarian activities <input type="checkbox"/> Community-based activities <input type="checkbox"/> Government/local administration <input type="checkbox"/> Armed Groups <input type="checkbox"/> Other <hr/>
5.3) Is the school affected by UXOs/ERWs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5.3 a) If YES, Please Describe	_____
5.3 b) If YES, where?	<input type="checkbox"/> Inside School <input type="checkbox"/> Outside School <input type="checkbox"/> Nearby the school
5.3 c) Were the UXOs/ERWs removed from the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3 d) If yes, who removed the UXOs/ERWs?	_____
5.3 e) Is the school officially declared as being safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4) Are there any other things that make this school unsafe for students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4 a) If Yes, Describe	<input type="checkbox"/> Structural damage to school (e.g. damaged walls or roofs) <input type="checkbox"/> Broken glass or sharp objects at school <input type="checkbox"/> Children not safe travelling to school, provide details: _____ <input type="checkbox"/> Other <i>Please Describe:</i> _____ _____ _____
5.5 Is the school located nearby high way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5 a) If yes, Are there any cross points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6 are there any high voltage towers crossing or nearby the school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7 Is there a Communication tower located in the roof School Building.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8 Is the school located within an industrial establishment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8 a) If yes, what kind of industrial establishment.	_____