

## 3(a). PRINCIPAL/HEAD TEACHER SURVEY FORM

Ref no: form No / date . Name of Enumerator: \_\_\_\_\_ Contact # \_\_\_\_\_

Survey Start Time: \_\_\_\_\_ Survey End Time: \_\_\_\_\_ School ID: \_\_\_\_\_ Principal/Head-Teacher ID \_\_\_\_\_

### 1.Principal/Head-Teacher Information

School Name: \_\_\_\_\_ EMIS Code: \_\_\_\_\_ Address: \_\_\_\_\_

Cluster/Area: \_\_\_\_\_ AEO Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Principal/Head-Teacher Name: \_\_\_\_\_ Gender: M-F-Other(*specify*) \_\_\_\_\_ Designation/Scale: \_\_\_\_\_

Contact # \_\_\_\_\_ Years in service: \_\_\_\_\_ Years in current post: \_\_\_\_\_

Home Address: \_\_\_\_\_

### 2. Enrollment Changes in the School

S.N.	Information / Observation	Response
1.	Have there been any drop/shift outs after COVID? (does not include the students who left with school leaving certificate) <b>(tick only one option)</b>	1.Yes                      2.No
2.	If yes, how many?	Give number: _____
3.	Any reason from the students or parents' side for leaving school? <b>(tick only one option)</b>	1.Shifted to a different area/city    2. Financial reasons 3.Student now going to Private School 4. Other: _____
4.	Have the drop outs been issued school leaving certificates (SLC)? <b>(tick only one option)</b>	1.Yes                      2.No

### 3. COVID-19 Awareness & Readiness

S.N.	Information / Observation	Response
1.	Do you feel satisfied about Covid-19 prevention SOPs being implemented in your school? <b>(tick only one option)</b>	1.Yes                      2.No
2.	If no, why? <b>(tick as many as apply)</b>	1.Not 100% implementation                      2. Insufficient resources 3.Unnecessary burden                      4. Lack of cooperation of teaching staff and non-teaching staff 5.Lack of awareness among staff    6. Other (please specify): _____
3.	If any of your staff members get a COVID positive result, what will be your action? <b>(tick as many as applicable)</b>	1.Trasnfer him/her to Quarantine-room inside the school before taking further action 2.Allow the teacher to teach from home using internet 3. No leave allowed, the teacher has to continue teaching 4.Give him/her leave 5. Arrange substitute teacher 6. Other (Please specify): _____
4.	Do you have a checklist to follow daily to check, which students should be attending the school? <b>(tick only one option)</b>	1.Yes                      2.No
5.	Have you received any guidelines from ministry of education or health on Covid-19 SOPs at school? <b>(tick only one option)</b>	1.Yes                      2.No
6.	If yes, please show us the guidelines?	(enumerator to take picture)
7.	What is your policy, if a student doesn't attend the school on account of cough & fever? <b>(tick only one option)</b>	1.Accept leave without medical certificate 2.Accept leave with medical certificate 3. Other(please specify): _____
8.	Do you have contact with any health facility to cater the health issues of students? <b>(tick only one option)</b>	1.Yes                      2.No
9.	Has you school ever been closed due to?	1. Never Closed Before 2. Case detection among students 3. Case Detection among teachers 4. Case detection among non-teaching staff 5. Non-following of COVID SOPs 6. Others (Specify)

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### 4. COVID-19 Training & Testing

S.N.	Information / Observation	Response
1.	Have you received any training on COVID SOPs? <i>(tick only one option)</i>	1.Yes 2.No
2.	If yes, <i>(tick only one option)</i>	Date: _____ Duration: a.1 Hour b.2 Hours c.Other (Please specify): _____
3.	Have you been tested for COVID-19 since the lockdown? <i>(tick only one option)</i>	1.Yes 2.No
4.	If yes, when?	Give date: _____
5.	What was the result? <i>(tick only one option)</i>	1.Positive 2.Negative 3. Result Awaited
6.	If positive, what process did you follow: <i>(tick as many as applicable)</i>	1.Self-isolated 2.Talked to a doctor (in person) 3.Talked to a doctor (via phone) 4. Went to hospital 5.All of the above 6. Other (please specify): _____
7.	Are you fully vaccinated against COVID 19?	1.Yes 2.No

### 5. Student Extra-Curricular Activities

S.N.	Information / Observation	Response
1.	After school reopening, do the students have time for extracurricular activities / or games / or sports within school? <i>(tick only one option)</i>	1.Yes 2.No Comment: _____
2.	Do you ensure to maintain safe distance among the students during an activity/games/sports? <i>(tick only one option)</i>	1.Yes 2.No

### 6. Health of School Staff/Students

S.N.	Information / Observation	Response
1.	Do you think that there is need of some mental/emotional health consultations for the students or teachers of your school? <i>(tick only one option for each category)</i>	For Students: 1.Yes 2.No For Teachers: 1.Yes 2.No
1.1.	Have you ever received training on aspect of Mental Health	1.Yes 2.No
2.	Do you think that the students of your school need some nutritional assessment? <i>(tick only one option)</i>	1.Yes 2.No

### 7. Parent-Teacher-Student Linkages

S.N.	Information / Observation	Response
1.	If parents-teachers-students vigilance committees are made, they can play a role in implementing the SOPs and ensuring prevention against COVID? <i>(tick only one option)</i>	1.Yes 2.No Comment: _____
2.	Is SMC active? <i>(tick only one option)</i>	1.Yes 2.No
3.	How can you mobilize parents for the safety of students <i>(tick as many as apply)</i>	1.Form a committee 2.Organise weekly sessions with parents 3.Ask to give their input for making a COVID 19 school action plan 4.Other (please specify): _____
4.	Do you know about any VCs exists/functional in your school to ensure COVID SOPs?	1. School 2. Students 3. Parents
5.	If 'it is functional then how effective it is?	1. Very Effective 2. Moderate effective 3. Ineffective

8.What did you do that you are proud of for making your school safe against Covid-19 threat?

9.Any Challenges faced for making the school safe for the students, teachers and all staff related to school. (give three):

10.Any suggestions for developing better home-school-community linkages:

11.Any suggestions for making schools safe for the students, teachers and all staff related to school.