ANNEXURE - A

SCHOOL/CENTRE INFORMATION BLANK

Kindly fill in the particulars of your school and give frank answer to the questions posed below after reading each carefully. Please put (✓) against either Yes/No right answer according to you.

1. Name of the School :
Address :
District :
State :
Year of establishment:

2. Type of School/Centre:
   (i) Pre-primary School:
   (ii) Pre-primary Classes attached to another School :
   (iii) Kindergarten Type.
   (iv) Montessori type.
   (v) Saluadi .
   (vi) Creche.
   (vii) Any other type (please mention).

3. Management of the School :
   (a) Government, (b) Semi-Government
   (c) Aided          (d) Private
   (e) Any Other.
4. (i) What is the minimum age of admission to the Institution?
(ii) When the session begins?

5. **Total Number of Students Enrolled:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Class</th>
<th>Total Number of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursery</td>
<td>K.G. I</td>
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<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
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</table>

6. **School Building**

- **(a)** Please state whether the school has
  - (i) Pucka building, (ii) Kutcha
  - (iii) Any other.

- **(b)** Please state whether the said school has latrine facilities. If 'YES', please tick whether it is of:
  - (a) Pucka, (b) Semi-Puck, (c) Kutcha
  - (d) Compost and (e) Any other.

- **(c)** State whether the school has electric facilities like fan or proper ventilation. **YES/NO**

- **(d)** If 'YES' please state whether the fans are provided for each class. **ALL/SOME**
7. Please state the source of income whether it is from (a) Fees only, (b) Donation, (c) Charity Show only, (d) Contribution and (e) Any other.

8. Whether the School has got any grant-in-aid:
   (a) Manipur State Social Welfare Advisory Board.
   (b) Manipur Council for Child Welfare.
   (c) Directorate of Social Welfare Art and Culture.
   (d) Missionary Agency.
   (e) Any other.

9. Please state the rate of fees and other funds charged by the School:
   (a) Admission fee.
   (b) Tuition fee.
   (c) Games fee.
   (d) Hobby fee.
   (e) Transport fee.
   (f) Mid-day refreshment fee.
   (g) Amphemated fund.

10. Supervision and Inspection:
    (a) Please state whether the School is supervised by public authority/any other recognised agency/State Government/Central Government.
    (b) Whether the inspection is done Annually/Annually/Quarterly/Monthly.
    (c) Whether the inspection is carried out by specialised personnel.
11. Please state the total number of teachers meant for teaching the pre-primary classes:

(a) 

<table>
<thead>
<tr>
<th>Total No. of Teacher</th>
<th>Trained</th>
<th>Untrained</th>
<th>Undergoing training</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(b) If the teachers are trained with special training for the pre-primary education, please state:

(c) What are the essential qualifications for undergoing training?

(d) How long is the course of training:

(e) Whether you are deputed by the School/Government/Central Government/Private Agency/Any Other.

(f) Have you got any stipend/scholarship from the sponsoring agency/body.

(g) Whether the class during the training course is based on:

Lecture only/Lecture and Field Work/Any Other Course.
12. Which Pattern of Curriculum you follow in your School?  
   KG/Montessori
   (a) Name the prescribed text books for your school for pre-primary classes:
   1) 
   2) 
   3) 
   4) 
   5) 
   6) 
   7) 
   8) 
   9) 
   10) 

13. Equipment:
   (i) Do you provide:
   (a) Class-room furniture to the students? Yes/No
   (b) Play kits Yes/No
   (c) Audio-visual aids/didactic apparatus
      If so, please mention it

   (i)
   (ii)
   (iii)

14. Do you have any provision for:
   (a) Play Ground Yes/No
   (b) School Garden Yes/No
   (c) School Transport Yes/No
15. Co-curricular Activities:
Do you have the following Games equipment in your school?

(a) See Saw
(b) Banister
(c) Swings
(d) Merry-go-round
(e) Sunglijim
(f) Cross-bar
(g) Any other
   (i)
   (ii)
   (iii)

16. Method of Teaching:

i) Please tick any one of the methods of teaching you applied in the school:

   (a) Kindergarten/(b) Montessori/(c) Any other

ii) Do you follow all the following technique of teaching/apparatus employed in your School.

   (a) Reading English/Writing English/Arithmetic.

   (b) If you teach counting or Arithmetic with the help of apparatus, please mention the apparatus.

   (c) Do you teach drawing? Yes/No

17. What is the language used for imparting instruction?
18. **School Community Relationship**:

(i) Does any parents teachers association existing in your school?

(ii) How many times in a year does it meet?

(iii) Have you any provision for:

(a) Parent day
(b) Home visit
(c) Progress Report
(d) Lecture by parents
(e) Sports day
(f) School prize distribution function.
(g) Any other.

19. **Evaluation**:

Does you promote students to the next higher Class?

<table>
<thead>
<tr>
<th>Class</th>
<th>Annually/Biannually</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Class-room work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Home assignment</td>
<td></td>
<td></td>
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<tr>
<td>(c) Weekly test</td>
<td></td>
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<tr>
<td>(d) Any other</td>
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<td></td>
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</tbody>
</table>

Signature of the Respondent

Date :

Seal :
ANNEXURE - B

INTERVIEW SCHEDULE FOR TEACHERS

1. Name of the School :

2. Location of the School :

3. Type of the School :

4. Year of Establishment of the School :

5. Name of the Teacher (respondent) :

6. (a) Age of the teacher :

   (b) Address :

   (c) Sex :

   (d) Qualification :

   (e) Trained/Untrained :

7. Please name the class you have been teaching :

8. Please state which method of teaching you have been applying/practising :

9. Please state how many hours you have been engaged in teaching in your school/centre :
10. Please state the monthly amount of honorarium/salary that you have been drawing from your school/centre:

11. What are your main difficulties as pre-primary school teacher?

12. Any suggestion for the development of your school:
   (i) Physical:
   (ii) Curriculum:
   (iii) Management:
   (iv) Any other:

Signature of the teacher
Dated:
Seal:
ANNEXURE - C

INTerview SChEDuLE FOR THE MANAGER/ORGANISER

1. Name of the Body :

2. Location of the Body :

3. Year of Establishment :

4. Name, age and status of the respondent :

5. What was your objective in establishing the School?

6. Have you achieved your target in organising/managing/running the school? If not, please state the difficulties :

7. What are the main problems faced by you in running the pre-primary classes in your school?

8. What suggestions do you like to make in improving pre-primary education in Manipur ?

Signature of the Respondent
Dated :
Seal :
ANNEXURE - D

INTERVIEW SCHEDULE FOR PARENTS

1. Name of the parent :

2. Age :

3. Sex :

4. Address :

5. Name and location of the school wherein his/her child is/has been enrolled :

6. Name, age and sex of the child :

7. Are you satisfied with the teaching methods adopted in the school ? Yes/No.

8. If you are not satisfied with the adopted teaching methods what are your suggestions ?

9. Are you satisfied with the physical facilities provided in the school ? Yes/No.
   If 'NO', what are your suggestions ?

10. Any comment :

Signature of the parent

Date :

Seal :
ANNEXURE - E

INFORMATION SCHEDULE FOR MANIPUR STATE SOCIAL WELFARE
ADVISORY BOARD, MANIPUR STATE COUNCIL FOR CHILD WELFARE,
DIRECTORATE OF SOCIAL WELFARE ART AND CULTURE,
DIRECTORATE OF WOMEN AND CHILDREN'S PROGRAMME
AND PRIVATE BODIES

1. Name of the Board/Council/Directorate/Bodies:
   --------------------------------------------------------

2. Name and Status of the respondent:
   --------------------------------------------------------

3. Age:
4. Sex:
5. Address:
6. When did the Board/Council/Directorate/Bodies
   established?
   --------------------------------------------------------
7. Please mention the type of pre-primary school/
   centre run/adopted under your management and
   supervision:

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name of the District</th>
<th>No. of School/Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Anganwadi</td>
<td></td>
<td></td>
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<tr>
<td>b. Baluadi</td>
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<td></td>
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<tr>
<td>c. Creche</td>
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<tr>
<td>d. Montessori</td>
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<tr>
<td>e. Kindergarten</td>
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</tr>
<tr>
<td>f. Pre-primary</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>attached school</td>
<td></td>
</tr>
</tbody>
</table>
8. Please tick the nature of inspection made by your Board/Directorate/Council in connection with the development of pre-primary education.
   Whether: Annually/Biannually/Quarterly/Monthly.

9. Please tick whether the inspection was made on:
   Technical basis/Non-technical basis.

10. Please state whether any steps were taken for modification after inspection: Yes/No
    If 'YES' please state the nature of steps undertaken.

11. Please tick the system of Report submitted by the concerned school:
    Annually/Biannually/Quarterly/Monthly.

12. Please state whether the submitted reports of the school are evaluated?: Yes/No.

13. Please state whether any steps taken by the management after evaluation?: Yes/No
    If 'YES' please state the nature of steps undertaken.

14. Have you provided any aid to the anganwadi, balwadi, creche, kindergarten, montessori and pre-primary attached schools?: Yes/No
    If 'YES' please state the type of school in which aid was provided.
15. Please mention the nature and amount of aid, if it is provided by your Board/Department/Council/Private Bodies to the pre-primary schools.

(a) Financial Aids (Recurring Grant):
   Yearly Amount per School/Centre.
   Quarterly Amount per School/Centre.
   Monthly Amount per School/Centre.

(b) Materials aids (Non-recurring grant):
   i) Medical Aids:
   ii) Feeding:
   iii) Play materials:

16. Have you conducted teacher's training programme under your management: Yes/No

If 'YES' please state:

(a) the nature and duration of the training programme.

(b) number of trainees joined per course.

(c) facilities provided for the teachers during the training period.

17. Any other remarks:

Signature of the Respondent
Date:
Seal: