



TANGGAPAN NG KALIHIM
(Office of the Secretary)

April 12 1999

DECS MEMORANDUM
No 155 s 1999

To Bureau Directors
Regional Directors
Schools Divisions Superintendents

**PROJECT TAO TEACHERS AMELIORATION FOR OPTIMUM
WELL BEING NATIONAL SURVEY**

1 A national survey on the employment status welfare benefits and working conditions of public school teachers will be conducted by the SEAMEO INNOTECH among teachers principals and school heads This survey is part of the Teachers Amelioration for Optimum Well Being (TAO) project of the Senate Committee on Education Arts and Culture chaired by Senator Teresa Aquino Oreta

2 The project is aimed at finding out the current employment status welfare and working conditions of all public school teachers to serve as bases for legislative measures/policies resource allocation decisions and budget for basic education and developing a national teacher database management information system

3 The regional directors through the schools superintendents are requested to reproduce the attached survey form for distribution to all teachers principals and school heads Completed survey forms are to be retrieved and sent directly to Executive Director Erlinda C Pefianco SEAMEO INNOTECH Commonwealth Avenue Quezon City The deadline for the submission of forms is April 30 1999

4 For immediate dissemination


ANDREW GONZALEZ, FSC
Secretary

Incl As stated
Reference DECS Memorandum No 122 s 1999
Allotment 1—(D O 50-97)
To be indicated in the Perpetual Index under the following subjects

PROJECTS

SURVEY

Tel No 632 13 61 to 70



REPUBLIC OF THE PHILIPPINES
 S H A T E
 LASAY CITY

Project TAO
(Survey on Teachers' Amelioration for Optimum Well Being)

Dear Teachers

I have commissioned SEAMEO INNOTECH to conduct a nationwide survey on the current status and working conditions of ALL public school teachers principals and school heads. The objective of this survey is to have a national database on teachers ON A PER DIVISION BASIS so as to determine the actual cost of providing and promoting measures to uplift the status welfare and working conditions of teachers

You are the ultimate beneficiary of this project. In this regard may I request your utmost cooperation in providing us the needed information. Results of the survey will be computerized and by answering all pertinent/relevant questions in this survey form you are assured that your voice will be counted. Your honest and truthful answers to questions in this survey form would help us draft a truly meaningful legislative agenda for the welfare of our teachers principals and school heads.

Please be assured that all information supplied by you will be treated with strictest confidence.
 Thank you very much for your cooperation.

Teresa Aquino Orta
TERESA AQUINO ORTA
 Member Senate of the Philippines and
 Chairperson Senate Committee on
 Education Arts and Culture

(March 2 1999)

Directions

There are two parts to this questionnaire. PART I should be answered by ALL teachers INCLUDING principals head teachers teachers in charge and other school heads. PART II should be answered ONLY by principals head teachers teachers in charge and other school heads.

Responses will be entered in a computerized database. PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOU. Fill out all spaces with needed information and put a check mark on the boxes where appropriate. Always specify responses under others.

PART I

School Name			Region	Division
District	Barangay	Town/Municipality	City/Province	Zip Code

A Personal Profile

Name	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Civil status	<input type="checkbox"/> Single <input type="checkbox"/> Married (age when you got married _____)	
Place of birth	<input type="checkbox"/> Single Parent <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widow/Widower		
Home Address			

B Family Background

If married	Occupation of Spouse [_____] <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Spouse's Monthly Income (pls specify) [_____]
	Spouse employed by <input type="checkbox"/> gov't <input type="checkbox"/> private sector <input type="checkbox"/> self employed <input type="checkbox"/> practicing professional Others [_____]	
If with children no. of children [_____]	How many (indicate no.) of your children are in the	
How many (indicate no.) of your children are _____ 18 years old and below	_____ elementary level/public school	_____ tertiary level/state universities/colleges
_____ above 18 years old	_____ elementary level/private school	_____ tertiary level/private school
single _____ married	_____ secondary level/public school	_____ graduated from state universities/colleges
	_____ secondary level/private school	_____ graduated from private schools/universities
Home ownership <input type="checkbox"/> owned <input type="checkbox"/> not owned	<input type="checkbox"/> fully paid <input type="checkbox"/> renting <input type="checkbox"/> living with relatives <input type="checkbox"/> Others	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> mortgaged <input type="checkbox"/> living with parents <input type="checkbox"/> living with friends		If yes indicate year and model
Residence made of <input type="checkbox"/> nipa/bamboo <input type="checkbox"/> wood <input type="checkbox"/> wood & concrete <input type="checkbox"/> all concrete <input type="checkbox"/> others (specify)		

C Educational/Academic Profile

Degree <input type="checkbox"/> AB <input type="checkbox"/> BS <input type="checkbox"/> BSE <input type="checkbox"/> BSE Ed <input type="checkbox"/> Others (pls specify)		School/Institution where graduated	School Address
Major <input type="checkbox"/> Minor <input type="checkbox"/>			
Honor/s received <input type="checkbox"/> Year graduated <input type="checkbox"/>			
Graduate courses taken		School/Institution and Address	Year graduated
<input type="checkbox"/> MA <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
<input type="checkbox"/> MS <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
<input type="checkbox"/> MEd <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
<input type="checkbox"/> MAT <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
<input type="checkbox"/> EdD <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
<input type="checkbox"/> PhD <input type="checkbox"/> graduated <input type="checkbox"/> not graduated			
Purpose for taking graduate studies For promotion to <input type="checkbox"/> master teacher level <input type="checkbox"/> administrator level <input type="checkbox"/> Others (specify)			
Eligibility <input type="checkbox"/> Teacher's Board/Examination <input type="checkbox"/> Civil Service Sub Prof		With PRC ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> PBET <input type="checkbox"/> Civil Service Prof		Other Examinations Passed (pls specify)	
<input type="checkbox"/> Licensure Exam for Teachers (LET) <input type="checkbox"/> NMYC Skills test			
<input type="checkbox"/> Tenure (10 year service)			
Do you have access to computers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where <input type="checkbox"/> in school <input type="checkbox"/> at home <input type="checkbox"/> commercial <input type="checkbox"/> others			
Do you have INTERNET access? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes where <input type="checkbox"/> in school <input type="checkbox"/> at home <input type="checkbox"/> commercial <input type="checkbox"/> others			
What operating system are you familiar with? <input type="checkbox"/> DOS <input type="checkbox"/> Windows <input type="checkbox"/> Macintosh <input type="checkbox"/> don't know <input type="checkbox"/> Others (specify)			
Software you are USING		Proficiency	Other software familiar with (pls specify)
<input type="checkbox"/> Word processing (Word, Wordperfect etc)		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair	
<input type="checkbox"/> Database (DBase, FoxPro, etc)		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair	
<input type="checkbox"/> Spreadsheets (Lotus 123 Excel etc)		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair	
<input type="checkbox"/> Statistical software (SPSS etc)		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair	
<input type="checkbox"/> Others (pls specify)		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair	
Purpose for using computers <input type="checkbox"/> teaching <input type="checkbox"/> admin tasks (e.g typing computing etc) <input type="checkbox"/> Others (pls specify)			

Trainings/Seminars Attended (during the past three years) (pls specify response for others)			Duration (# of days)
Area	Accredited by	Source of Funding	
<input type="checkbox"/> Management	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
<input type="checkbox"/> Leadership	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
<input type="checkbox"/> Classroom Efficiency	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
<input type="checkbox"/> Educ Technologies	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
<input type="checkbox"/> Instructional Improv t	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
<input type="checkbox"/> Others	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	
	<input type="checkbox"/> PRC <input type="checkbox"/> CSC <input type="checkbox"/> others	<input type="checkbox"/> DECS <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others	

D Employment Status

Position <input type="checkbox"/>	Plantilla Item <input type="checkbox"/>	Salary Grade <input type="checkbox"/>	Year hired <input type="checkbox"/>	Mon Salary Gross <input type="checkbox"/>	Net <input type="checkbox"/>
Terms of employment (check one of each for nos 1 & 2)	1 <input type="checkbox"/> permanent <input type="checkbox"/> casual/temporary <input type="checkbox"/> substitute <input type="checkbox"/> volunteer <input type="checkbox"/> probation <input type="checkbox"/> extension				
	2 <input type="checkbox"/> hired by DECS <input type="checkbox"/> hired by LGU <input type="checkbox"/> others (pls specify)				
Salary drawn from	<input type="checkbox"/> National government <input type="checkbox"/> Local government <input type="checkbox"/> Others (pls specify)				
Do you receive your salary on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many days is the usual delay?				
Reasons given for the delay					
For teachers hired during the last two years How many months did it take you to receive your first salary? <input type="checkbox"/>					
If volunteer teacher benefit/s derived from volunteering <input type="checkbox"/> for experience <input type="checkbox"/> for possible employment <input type="checkbox"/> others (specify)					
Given a choice how would you like to receive your salary? (check one of each for nos 1 2 & 3)	1 <input type="checkbox"/> once a month <input type="checkbox"/> 15 th /30 th of the month <input type="checkbox"/> weekly <input type="checkbox"/> others (specify)				
	2 <input type="checkbox"/> in cash <input type="checkbox"/> in check				
	3 <input type="checkbox"/> through <input type="checkbox"/> centralized payroll <input type="checkbox"/> region <input type="checkbox"/> division <input type="checkbox"/> district <input type="checkbox"/> school <input type="checkbox"/> bank ATMs ***				
Deductions against	<input type="checkbox"/> GSIS <input type="checkbox"/> membership fee <input type="checkbox"/> other GSIS loans	<input type="checkbox"/> Pag ibig <input type="checkbox"/> membership fee <input type="checkbox"/> other Pag ibig			
	<input type="checkbox"/> housing loan (specify)	<input type="checkbox"/> multi purpose loan loans (specify)			
	<input type="checkbox"/> medicare	<input type="checkbox"/> housing loan			
Other deductions <input type="checkbox"/> withholding tax <input type="checkbox"/> insurance loan <input type="checkbox"/> educational plan <input type="checkbox"/> Others (pls specify)					

Approximately what % of your salary goes to payment for loans? less than 25% 25% 50% more than 50%

Other sources of income aside from regular family income tutoring buy and sell proceeds from farms income from rent of properties engaging in small business (e.g. san san store) others (specify)

E Welfare Benefits

Employment benefits/allowances received from school/DECS
 PERA hardship pay clothing allowance amelioration pay annual leave credits 13th month pay
 ALA hazard pay maternity/paternity benefits chalk allowance sick leave credits
 productivity optional/compulsory retirement benefits step increments in salaries Others (pls specify)

Allowances received from LGUs representation transportation none others (specify)

In your present position how many step increments have you received so far? _____

Aside from Medicare, do you have any other health insurance Yes No If yes pls specify _____

Other insurances enrolled in personally (e.g. life insurance pension plans etc) (pls specify) _____

Do you have regular physical annual check up? Yes No If no, when was your last medical check up? (year) _____

At whose expense is your physical/medical check up? personal DECS/School government hospitals insurance agency others (specify) _____

Membership in teachers organizations and other professional associations (pls specify)	Position/s held

Do you participate in decision/policy making in the school? Yes No If yes how frequent? often sometimes seldom

F Working Conditions

Current work load Teaching Non Teaching/Administrative Extra Curricular Supervisory Others (specify) _____

(For those teaching) Approximate number of minutes/hours per day spent teaching _____

Grade/Year level/s taught _____ Total no. of students handled this year _____

Subject/s taught all departmentalized (specify subjects) _____
 specialized (specify) _____

Are you compensated for overtime/extra work? Yes No
 If yes how? Through overtime pay service credit plus points factor others (specify) _____

Type of classes handled monograde multigrade/combination

For those teaching multigrade/combination classes ONLY Have you received the following

a) extra compensation for handling multigrade classes? Yes No b) multigrade instructional materials? Yes No
 c) special training for handling multigrade/combination classes? Yes No If yes specify _____

Do you see a career path/professional growth (e.g. becoming a master teacher principal or supervisor) in multigrade teaching? Yes No

Do you perceive multigrade teaching as -- inferior to equal to superior to -- monograde teaching?

Given a choice would you transfer to monograde teaching? or stay as a multigrade teacher?

Please provide the following information regarding **textbooks** in the classes you handled this year

Major subjects	No. of textbooks by sections			Quality (check one)			Edition (year)	Were you consulted in the choice of textbooks?	
	Upper	Middle	Lower	Good	Fair	Poor		Yes	No
Math									
Science									
English									
Filipino									
Social Studies									

Check which of the following teaching/learning materials/equipment/facilities you have access to

Materials/Facilities	Provided by	Materials/Facilities	Provided by
<input type="checkbox"/> teachers manuals/guides	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> overhead projector	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> audio visual materials/equipment	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> mimeographing machine	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> journals for teachers	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> typewriters	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> professional magazines	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> cassette players	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> encyclopedia	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> computer laboratory	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> dictionary	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> science laboratory	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> thesaurus	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> practical arts/HE shops	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> library	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> teaching supplies/materials	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others
<input type="checkbox"/> clinic	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others	<input type="checkbox"/> Others	
<input type="checkbox"/> playground	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> others		

Specify which administrative forms required by DECS/your school you have access to		Describe type and condition of classrooms in your school (check all relevant answers)					
Admin Forms	If not provided by DECS/school indicate source of forms						
<input type="checkbox"/> Form 1		<input type="checkbox"/> of concrete material with ceiling					
<input type="checkbox"/> Form 138		<input type="checkbox"/> of concrete material without ceiling					
<input type="checkbox"/> Form 48		<input type="checkbox"/> of semi permanent materials with ceiling					
<input type="checkbox"/> Lesson Plan		<input type="checkbox"/> of semi permanent materials without ceiling					
Others (specify)		<input type="checkbox"/> with concrete/wooden flooring		<input type="checkbox"/> without flooring			
		<input type="checkbox"/> with walls		<input type="checkbox"/> without walls		<input type="checkbox"/> with electricity	
		<input type="checkbox"/> with toilet		<input type="checkbox"/> with running water		<input type="checkbox"/> with telephone	
		Others (specify)					
Are your classrooms well ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		well lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check if you have the	Number available	Check whether these are provided by			Indicate condition		
ff in your classroom		School/DECS	Self	Others (specify)	Good	Fair	Poor
<input type="checkbox"/> Teacher's desk							
<input type="checkbox"/> Teacher's chair							
<input type="checkbox"/> Teacher's table							
<input type="checkbox"/> Student desks/chairs							
<input type="checkbox"/> Chalks and erasers							
Travel time from home to school <input type="checkbox"/> less than an hour <input type="checkbox"/> 1-3 hours <input type="checkbox"/> half day <input type="checkbox"/> one day <input type="checkbox"/> others (indicate)							
Indicate whether your school is <input type="checkbox"/> within town proper <input type="checkbox"/> near town proper <input type="checkbox"/> far from town <input type="checkbox"/> very far from town							
Means of reaching school <input type="checkbox"/> by walking/trekking <input type="checkbox"/> by bicycle/motorcycle <input type="checkbox"/> by car/taxi <input type="checkbox"/> by boat <input type="checkbox"/> hitch hiking by truck etc <input type="checkbox"/> by bus/jeepney <input type="checkbox"/> by car/taxi <input type="checkbox"/> animal/animal drawn transport <input type="checkbox"/> Others (e.g. stay in specify)							

PART II To be answered by PRINCIPALS/HEAD TEACHERS/ TEACHERS IN CHARGE and other SCHOOL HEADS only

Designation <input type="checkbox"/> with item as <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 others _____ or <input type="checkbox"/> Officer in Charge <input type="checkbox"/> Teacher in Charge <input type="checkbox"/> Head Teacher	
Type of School	
<input type="checkbox"/> Pre school	
<input type="checkbox"/> Elementary <input type="checkbox"/> primary only <input type="checkbox"/> intermediate only <input type="checkbox"/> primary & intermediate <input type="checkbox"/> central <input type="checkbox"/> non central <input type="checkbox"/> annex/satellite attached to	
<input type="checkbox"/> Secondary <input type="checkbox"/> main <input type="checkbox"/> annex/satellite attached to	
Established by <input type="checkbox"/> national government <input type="checkbox"/> local government <input type="checkbox"/> others (pls specify)	
Funded by <input type="checkbox"/> national government <input type="checkbox"/> local government <input type="checkbox"/> others (pls specify)	
Type of school building	School building built by <input type="checkbox"/> DECS <input type="checkbox"/> LGU <input type="checkbox"/> DPWH <input type="checkbox"/> Others
<input type="checkbox"/> concrete with ceiling <input type="checkbox"/> with concrete/wooden flooring	Year built <input type="checkbox"/>
<input type="checkbox"/> concrete without ceiling <input type="checkbox"/> without flooring	
<input type="checkbox"/> semi permanent materials <input type="checkbox"/> with walls	
<input type="checkbox"/> semi permanent w/o ceiling <input type="checkbox"/> without walls	
Do you have an assistant principal or assistant to the principal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how is he/she paid? Through <input type="checkbox"/> DECS <input type="checkbox"/> LGU <input type="checkbox"/> Others <input type="checkbox"/>	
Did you have any special training for principalship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes Course/s taken	Source of funding
institution	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others
	<input type="checkbox"/> school <input type="checkbox"/> self <input type="checkbox"/> LGU <input type="checkbox"/> others
Are you given a free hand in A) choosing textbooks/learning materials? <input type="checkbox"/> Yes <input type="checkbox"/> No B) hiring/firing of teachers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you receive your MOOE budget? <input type="checkbox"/> in cash <input type="checkbox"/> in kind <input type="checkbox"/> not at all Does the school provide for hiring of teacher substitutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Given a choice how would you like to receive your MOOE budget? <input type="checkbox"/> in cash <input type="checkbox"/> in kind <input type="checkbox"/> others (specify)	
Does your school receive special education fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how is this fund used? (specify)	
No of admin staff you have <input type="checkbox"/> Do you have teachers who are doing administrative/clerical jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? <input type="checkbox"/>	
How many admin staff are paid through DECS/School <input type="checkbox"/> LGUs <input type="checkbox"/> Others (specify) <input type="checkbox"/>	
Total no. of enrollment this SY <input type="checkbox"/>	Total no. of teachers this SY <input type="checkbox"/>
Total no. of classrooms available in school <input type="checkbox"/>	
No of teachers per grade/year level	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
Enrollment per grade/year level (current SY)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
Textbook student ratio in upper sections <input type="checkbox"/>	middle sections <input type="checkbox"/> lower sections <input type="checkbox"/>
Check which of the following do you have in your office? <input type="checkbox"/> telephone <input type="checkbox"/> fax machine <input type="checkbox"/> photocopying machine	
<input type="checkbox"/> computer (if checked <input type="checkbox"/> with INTERNET access <input type="checkbox"/> without INTERNET access) <input type="checkbox"/> audio visual equipment (e.g. TV radio)	
<input type="checkbox"/> furniture (indicate) <input type="checkbox"/> appliances (indicate) <input type="checkbox"/> others (specify)	
Do you have a canteen/cafeteria in your school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who manages it? <input type="checkbox"/> school <input type="checkbox"/> teachers coop <input type="checkbox"/> others (specify)	

Other comments (use additional sheet if necessary)

Certified correct (Principal/School Head)
Date

Encoded by
Date

Verified by
Date