

PHASE 1: SCHOOL PROFILE FORM (Academic year 2024)

INSTRUCTIONS

- This form collects data for academic year **2024**, **COMPLETE ALL SPACES**.
- Submission of this form should be accompanied by:
 - Class lists for Grade 4 to Grade 12, per class e.g. Grade 7A and another for Grade 7B, etc.
 - OVC list, list of learners needing linkages from SIAS or ISHP Screening.
 - Learner pregnancy list.
- Each of the above-named lists should have: Name, Surname, Sex, ID number and Date of birth of each learner and contact details of parents/caregiver.
- Ensure that the form is signed and bearing a school stamp prior to submission.

EDC collects personal information for purposes of programming only. All data shall be securely stored and shall not be shared with other third parties, except where it is used for the intended programming purposes only.

Name of EDC DREAMS Official:		Date (insert date of data collection):	
Province:		Sub-district:	
Health District:		Education District:	

A: School Details

Name of school:		EMIS Nō:	
Type of school (mark with X)	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Intermediate <input type="checkbox"/>
	Combined <input type="checkbox"/>	Other:	

A1: School Head details

Name of School Head:		DOB:	dd/mm/yyyy
SEX (mark with an X)	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other (specify):
ID Nō:			
E-mail:		Cell/mobile:	Office:

A2: Departmental Head details

Name of Departmental Head:		DOB:	dd/mm/yyyy
SEX (mark with an X):	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other (specify):
ID Nō:			
E-mail:		Cell/mobile:	Office:

Name and contact of SBST Coordinator:

B: Scripted Lesson Plans (LTSM distribution & CSE activation for academic year 2024)

If Yes how many?

	Yes	No
B1. Has the school retained Learners Workbooks for all grades 4- 7 and/or 8-12?		
B2. Does the school have Educator Guides?		
B3. Is the school implementing CSE using SLPs?		

C1: Linkages to Services

C1.1. How many learners dropped out of school last year (2023) – Grades 4-12 only?	
C1.2. What is the main reason learners' drop out from this school? <i>E.g. relocation</i>	
C1.3. How many learners from the school fell pregnant last year (2023)?	
C1.4. How many learners gave birth last year (2023)?	
C1.5. Does the school have an HIV & AIDS policy/or a policy that looks at the overall well-being of learners; (a document that direct referrals and linkages)?	
C1.6. Does the school have a functional School Based Support Team (SBST)?	
C1.7. Name of clinic/health facility the school refers learners to:	
C1.8. Does the school have a learner support agent (LSA)?	

C2. Life Skills / Life Orientation Educators (list <u>all</u> educators teaching LO and LS in the schools even if absent)							
Educator Name	Surname	ID number	Sex	DOB	Mobile Number/ E-mail Address	LO/LS Classes e.g. 4a&4b	Trained in SLP (YES/NO)

Note: Please use the extra sheet provided to capture more educators if necessary.

D: School Vulnerabilities (write N/A where not applicable or not known)			
How many learners:	Nō. of learners	How many learners:	Nō. of learners
Have no surviving parent (orphaned):		Have diagnosed mental barriers to learning:	
Live with caregivers / guardians:		Have other (social) barriers to learning:	
Live in a child-headed household:		Have history of sexual assault/abuse:	
Live in households with many children who are orphaned/abandoned:		Live with adults and or youth who are addicted to alcohol, drugs and/or other substances:	
Live with a parent or primary caregiver who is terminally ill, especially when the child may be the main caregiver for the terminally ill person:		Are exposed to treatment that is harmful to their emotional, physical or mental well-being (this includes punishment, violent behaviour, and child labour/heavy chores that are not appropriate for their age:	
Are chronically and/or terminally ill and have no adult to support them with their treatment:		Have reported incidents of violence and/or harm to SAPS or any other authority:	
Experience GBV in school, at home or in the community:		Are on school nutrition programme:	
Experience bullying in school, at home or in the community:		Have a physical disability:	

PLEASE ENSURE THAT THE BELOW SECTION IS COMPLETED, SIGNED AND STAMPED

Next Date of visit (about 30 days from today):		Signature of DH/Educator/Designate:		School Stamp
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