

Institutional Data Collection Form



Name of Institute: _____

Type of Institute (Tick the one that applies.)

Kindergarten Primary School K-12 School College University

Institution Contact Details

School Principal's Name: _____

Principal's Contact Number: _____

Principal's Email Address: _____

Institute's Address: _____

Institute's Website: _____

Human Resource Size and Capacity

Number of Administrative Staff: _____

Number of Teachers: _____

Number of Support Staff: _____

Number of Students: _____

Premises Foundation, Operation and Facilities

Foundation Date: _____

Fees Structure Range: _____

Curriculum and Textbooks: _____

Number of Classrooms: _____

Capacity of Classrooms: _____

Number of Laboratories: _____

Number of Computer Labs: _____

Number of Libraries: _____

Community Service Clubs: _____

Sports Facilities: _____

Others: _____