



TEACHERS SERVICE COMMISSION
EDUCATION MANAGEMENT INFORMATION SYSTEM(EMIS)
SECONDARY SCHOOLS DATA RETURNS :FORM A
YEAR _____ TERM

GENERAL GUIDELINES AND INSTRUCTIONS

- 1. Read the instructions on the form very carefully before completing.**
- 2. This form is to be completed by the head of the institution. Note: Information provided in this form should be correct. Provision of incorrect information may lead to disciplinary action.**
- 3. All parts of the form must be filled.**
- 4. The information should be captured for the month of May.**
- 5. The form is to be completed in triplicate. The institution should retain the triplicate while the original and duplicate be forwarded to TSC County Director by 31st May.**
- 6. For any query regarding this form contact the TSC County Director.**

DISTRIBUTION

- (i) TSC copy through TSC County Director
- (ii) County Director's Copy
- (iii) Headteacher's Copy

| I. SCHOOL IDENTIFICATION | | II. SCHOOL CHARACTERISTICS (Tick the applicable) | | | | III. SUMMARY DATA | | | | | | | | | | | | | | | | | | | |
|---|---------------|---|---|---|---|---|---|---|---|---|--------|------|----|---|---|-----|---|---|------|--|--|--|--|--|--|
| 1. School Name | | 1. Status (Tick as applicable) 1. Public Ordinary 5. Public Ordinary/Integrated 2. Public Special | | | | 1. Total No. of Students | | | | | | | | | | | | | | | | | | | |
| 2. TSC School Code: (please enter both codes) | | | | | | a. Boys _____ b. Girls _____ c. Total _____ | | | | | | | | | | | | | | | | | | | |
| a) IPPD code: | b) EMIS code: | 2. Category (Tick as applicable) 1. National 2. Provincial 3. District | | | | 2. Approved C.B.E | | | | | | | | | | | | | | | | | | | |
| 3. Address | | | | | | 3. Type (tick as Applicable) 1. Boys Day Boarding _____ 2. Girls Day Boarding _____ 3. Mixed Day Boarding _____ | | | | | | | | | | | | | | | | | | | |
| Box: | Cellphone: | 4. Type of Special Educ. need a) Mental(M.I.) _____ b) Visual (V.I.) _____ c) Hearing (H.I.) _____ d) Physical (P.I.) _____ f) Multiple (M.H.) _____ g) Speech (S.I.) _____ h) Autistics (M.H.) _____ i) Albinism _____ j) Others (specify) _____ | | | | 3. (a) No. of Classes | | | | | | | | | | | | | | | | | | | |
| Postal Code: | Tel. No: | | | | | (b) No. of Physical Existing Classrooms | | | | | | | | | | | | | | | | | | | |
| 4. Reg. No. | Fax: | 4. Type of Special Educ. Need Enrol. Boys Girls Male Female _____ | | | | 4. (a) total No. of Teachers on Duty | | | | | | | | | | | | | | | | | | | |
| 5. Current No.of Streams: | Email: | | | | | Male _____ Female _____ | | | | | | | | | | | | | | | | | | | |
| 6. Sponsor: | | Special Educ. Teachers on Duty Male Female _____ | | | | (b) Total No. of Teachers on leave | | | | | | | | | | | | | | | | | | | |
| 6. SCHOOL LOCATION | | | | | | 5. UnderStaffed Subjects combinations (In order of Priority) | | | | | | | | | | | | | | | | | | | |
| County | | 4. Type of Special Educ. need a) Mental(M.I.) _____ b) Visual (V.I.) _____ c) Hearing (H.I.) _____ d) Physical (P.I.) _____ f) Multiple (M.H.) _____ g) Speech (S.I.) _____ h) Autistics (M.H.) _____ i) Albinism _____ j) Others (specify) _____ | | | | 6. Over Staffed subjects combinations | | | | | | | | | | | | | | | | | | | |
| District | | | | | | i) _____ | | | | | | | | | | | | | | | | | | | |
| Constituency | | 4. Type of Special Educ. Need Enrol. Boys Girls Male Female _____ | | | | ii) _____ | | | | | | | | | | | | | | | | | | | |
| Division | | | | | | 7. Details of Surplus Teachers (TSC No. Name, Subject, Workload) | | | | | | | | | | | | | | | | | | | |
| Zone | | 4. Type of Special Educ. Need Enrol. Boys Girls Male Female _____ | | | | <table border="1"> <thead> <tr> <th></th> <th>Tsc/no</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>i)</td> <td></td> <td></td> </tr> <tr> <td>ii)</td> <td></td> <td></td> </tr> <tr> <td>iii)</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Tsc/no | Name | i) | | | ii) | | | iii) | | | | | | |
| | Tsc/no | | | | | Name | | | | | | | | | | | | | | | | | | | |
| i) | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii) | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | | 4. Type of Special Educ. Need Enrol. Boys Girls Male Female _____ | | | | 8. Summary of Current No. Staff per Job Group | | | | | | | | | | | | | | | | | | | |
| Sublocation | | | | | | <table border="1"> <thead> <tr> <th>H</th> <th>N</th> <th>J</th> <th>P</th> <th>K</th> <th>Q</th> <th>L</th> <th>R</th> <th>M</th> <th>S</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | H | N | J | P | K | Q | L | R | M | S | | | | | | |
| H | N | J | P | K | Q | L | R | M | S | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

IVA.ORDINARY SCHOOL ENROLMENT (Absent Students already in Term Register should be included)

| | FORM 1 | | FORM 2 | | FORM 3 | | FORM 4 | | TOTAL | |
|----------------|--------|---|--------|---|--------|---|--------|---|-------|---|
| AGE | M | F | M | F | M | F | M | F | M | F |
| Below 13 yrs | | | | | | | | | | |
| 13 years | | | | | | | | | | |
| 14 Years | | | | | | | | | | |
| 15 Years | | | | | | | | | | |
| 16 Years | | | | | | | | | | |
| 17 Years | | | | | | | | | | |
| 18 years | | | | | | | | | | |
| Above 18 Years | | | | | | | | | | |
| Total | | | | | | | | | | |
| Total M&F | | | | | | | | | | |

VA. NUMBER OF STREAMS PER CLASS

| | FORM 1 | FORM 2 | FORM 3 | FORM 4 | TOTAL |
|----------------|--------|--------|--------|--------|-------|
| NO. OF STREAMS | | | | | |

SECONDARY SCHOOLS DATA RETURNS :FORM A

IVB.INTEGRATED SCHOOL ENROLMENT (Absent Students already in Term Register should be included)

| FORMS | FORM 1 | | FORM 2 | | FORM 3 | | FORM 4 | | Total | |
|----------------------|--------|---|--------|---|--------|---|--------|---|-------|---|
| | M | F | M | F | M | F | M | F | M | F |
| Below 13 yrs | | | | | | | | | | |
| 13 years | | | | | | | | | | |
| 14 Years | | | | | | | | | | |
| 15 Years | | | | | | | | | | |
| 16 Years | | | | | | | | | | |
| 17 Years | | | | | | | | | | |
| 18 Years | | | | | | | | | | |
| Above 18 Years | | | | | | | | | | |
| TOTAL | | | | | | | | | | |
| Total M&F | | | | | | | | | | |

| VB. NUMBER OF STREAMS PER CLASS | | | | | |
|--|--------|--------|--------|--------|-------|
| | FORM 1 | FORM 2 | FORM 3 | FORM 4 | TOTAL |
| NO. OF STREAMS | | | | | |

1. TEACHERS (Should be captured in the following order, H/T,D/HT, senior teacher,teacher ;include absent, on leave/sick- off etc)

| S/No. | TSC No. | Cell phone No. | Name | Sex m/f | Date of Birth dd/mm/yy | Nationality Code | Terms of Service Code | Date of First Appointment dd/mm/yy | Grade Code | Date Appointed to the Current grade dd/mm/yy | Qual. Code | Date Posted to current Station dd/mm/yy | Designation Code | Religion Code | Teaching Subjects Combination (Currently Taught) | Specialization code | Lessons Taught/WK (Total) | Signature /Reason for absence/Leave Type) |
|--------------------|-------------------------|-------------------|------|------------|---------------------------|---------------------|--------------------------|---------------------------------------|---------------|---|------------------------|--|-------------------------|-----------------|---|---------------------|---|---|
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| <u>Nationality</u> | <u>Terms of Service</u> | <u>Grade Code</u> | | | | | | | | <u>Qualification Code</u> | | | <u>Designation Code</u> | <u>Religion</u> | <u>Specialization code</u> | | <u>Reason for absence/Type of Leave</u> | |
| 1. Kenyan | 1. Permanent | 1. TCTT III | H | 16 | LECTURER | L | 1. Ph.D | 1. Principal | 1. Catholic | 1. Mental(M.H.) | 1. Sick Leave | | | | | | | |
| 2. Other Specify | 2. Contract | 2. ATS IV | H | 17 | ATS I | L | 2. Masters | 2. Deputy Principal | 2. Protestant | 2. Visual (V.H.) | 2. Study Leave | | | | | | | |
| | 3. Temporary | 3. UTTT | H | 18 | SNR. GRAD | M | 3. Degree | 3. HoD | 3. Hindu | 3. Hearing (H.I.) | 3. Maternity | | | | | | | |
| | | 4. UTGRAD | J | 19 | SNR. APPR. Tr | M | 4. Diploma | 4. Teacher | 4. Islam | 4. Physical (P.H.) | 4. Special Leave | | | | | | | |
| | | 5. TCTT II | J | 20 | SNR. LECTURER | M | 5. Diploma(Techn.) | | 5. Other | 5. Multiple (M.H.) | 5. Compassionate leave | | | | | | | |
| | | 6. TDTT III | J | 21 | PRINCIPAL III | M | 6. Tech. Cert | | | | 6. Leave of Absence | | | | | | | |
| | | 7. DIP. GRAD I | J | 22 | PGAT II | N | | | | | 7. Annual leave | | | | | | | |
| | | 8. ATS III | J | 23 | PAT II | N | | | | | 8. Other (Specify) | | | | | | | |
| | | 9. TCTTI | K | 24 | P. LECTURER | N | | | | | | | | | | | | |
| | | 10. TDTT II | K | 25 | PRINCIPAL II | N | | | | | | | | | | | | |
| | | 11. ATS II | K | 26 | PGAT I | P | | | | | | | | | | | | |
| | | 12. GAT II | K | 27 | PAT I | P | | | | | | | | | | | | |
| | | 13. ASS.LECTURE | K | 28 | PRINCIPAL I | P | | | | | | | | | | | | |
| | | 14. TDTT I | L | 29 | SPGAT | Q | | | | | | | | | | | | |
| | | 15. GAT I | L | 30 | CPGAT | R | | | | | | | | | | | | |

VI. STAFF ESTABLISHMENT

1. TEACHERS (Should be captured in the following order, H/T,D/HT, teacher ;include absent, on leave/sick- off etc)

| S/No. | TSC No. | Cell phone No. | Name | Sex m/f | Date of Birth dd/mm/yy | Nationality Code | Terms of Service Code | Date of First Appointment dd/mm/yy | Grade Code | Date Appointed to the Current grade dd/mm/yy | Qual. Code | Date Posted to current Station dd/mm/yy | Designation Code | Religion Code | Teaching Subjects Combination (Currently Taught) | Specialization code | Lessons Taught/WK (Total) | Signature /Reason for absence/Leave Type) |
|-------|---------|----------------|------|------------|---------------------------|---------------------|--------------------------|---------------------------------------|---------------|---|---------------|--|---------------------|------------------|---|------------------------|------------------------------|---|
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | |

DETAILS OF TEACHERS WITH DISABILITY

| TSC NO. | NAMES | SEX | TYPE OF DISABILITY |
|---------|-------|-----|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| <u>Specialization code</u> |
|----------------------------|
| 1. Mental(M.H.) |
| 2. Visual (V.H.) |
| 3. Hearing (H.I.) |
| 4. Physical (P.H.) |
| 5. Multiple (M.H.) |

SPECIAL REPORTS

No. of Teachers who cannot teach

Full load:

Reasons:

(a) Sickness _____

(b) Disability _____

(c) Other (Specify) _____

No. of periods lost due to absenteeism during the term. -----

VIII. Study Programmes

This part captures information of any Teacher who is pursuing further studies. The information will guide the Commission in future projections and planning.

| | TSC NO. | Name | Course of Study | Date Started dd/mm/yy | Expected Date of completion (dd/mm/yy) | Subjects Area of Study | Full Time/Part time |
|---|---------|---|-----------------|--------------------------|---|------------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| <u>Course of Study Code</u> 1 Diploma 2 Bachelors 3 PGDE 4 Masters 5 Ph.D 6 Other (Specify) | | <u>Areas Of Study</u> 1. Languages 3. Chemistry 4. Biology 5. Mathematics 6. Accounting 7. Computer Science 8. Information Technology 9. Education Planning and Administration 11. Special Education 13. Geography 14. History 15. Christian Religion Education 16. Islamic Religious Education 17. Guidance and counselling 18. Economics of Education 19. ECDE course 20. Other Courses(specify) | | | | | |

I Certify that the information contained in this form is correct.

| | | | | | |
|----------------|--|----------------|----------------------|--|----------------|
| Head Teacher's | | Official Stamp | County Director Name | | Official Stamp |
| TSC No. | | | Personal No. | | |
| Signature | | | Signature | | |
| Date | | | Date | | |