

Centre for Educational Excellence - TIF

SURVEY FOR TRAINING NEEDS

Kindly fill the survey form and return it to TIF Office.

1- Institution: _____

2- Type of Institution: Trust Public Non-Public Others _____

3- Established: Less than 5 year Less than 10 year Less than 15 years

4- Name of Head : _____ Contact/Email: _____

5- Academic/Professional Qualification : _____

6- How long you have worked at this institution ?

Less than one year : 1-2 yrs. 3-4 yrs. 5-10 yrs. 11-15 yrs. More than 15 yrs.

7- No. of teachers in your institution : Male _____ Female _____

8- Academic Qualification: Under Grduate Graduates Masters

9- No. of Experienced Teachers: Less than 1 year Less than 5 yrs. Less than 10 yrs.

10- Does your educational institution have an annual in service training plan ? Y N

If 'NO' then go to Question No:13

10-A: The annual plan of in-service trainings in your institution is designed:

- * with the participation of the majority of academic staff
- * with respect to personal interest in-service training plans
- * on the basis of suggestions from the Director, without discussion
- * other _____

10-B: The annual plan of in-service trainings is implemented:

- * completely
- * partially
- * depending on available funds
- * according to the decision of the Director
- * other _____

11- Do you have your in house master trainers ? Y N

12- If not then from where you arrange trainers/training institutions, specify :

Trainers

Training institutions

_____	_____
_____	_____
_____	_____
_____	_____

13- Do you attend in-service teacher training programmes 2013/14 ? Y N

14- How many teacher trainings/events did you attend in 2013/14 ?

Total trainings Total Hours Organized by The ILM Foundation Organizations _____

15- What types of trainings/events did you attend in 2013/14 ?

- * Teaching workshops
- * Subject Based
- * Book based trainings from the publishing houses
- * Other: _____

- 1- _____
- 2- _____
- 3- _____
- 4- _____
- 5- _____

17- What types and methods of trainings/events of educational staff do you prefer ? Please mark on number on a scale from 1 to 5 (1-the least, 5-the most)

- * For all staff sessions 1 2 3 4 5
- * Teaching workshops 1 2 3 4 5
- * Subject based 1 2 3 4 5
- * Book based from the publishing house 1 2 3 4 5
- * Other: _____

18- Which topics and areas should be more represented ? Please assess from 1 to 5 (1- the least important, 5- the most important)

- * Subject Methods 1 2 3 4 5
- * Learning Environment 1 2 3 4 5
- * School Development 1 2 3 4 5
- * Class Management 1 2 3 4 5
- * Teaching Methods 1 2 3 4 5
- * Communication Skills 1 2 3 4 5

19- If you have attended The ILM Foundation Trainings then tick the box with indication on the scale from 1 to 5 (1- strongly disagree, 5-strongly agree) how much the following statements apply to you.

19A- Available in-service training programmes by The ILM Foundation fulfil 1 2 3 4 5 my professional development needs.

19B- Available in-service training programmes by The ILM Foundation fulfil 1 2 3 4 5 my personal development needs.

20 Select the most desirable month, day and timing for you to attend training program.

Month : JAN FEB MAR APR MAY JUN JLY AUG SEPT OCT NOV DEC

Day : MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY

Timing : MORNING (10:00 TO 13.00) AFTERNOON (14.00 TO 17.00)

Filled by:

Name: _____

Designation: _____

Signature: _____

Date: _____