

MINISTRY OF EDUCATION YOUTH AND SPORTS
 Funafuti, Ph. (688) 20245 Ext. Fax: (688)

EDUCATION INITIAL DAMAGE ASSESSMENT

1. Name of Assessor (Person who did the Assessment -Could be the Head Teacher): _____ 2. Date of Visit: _____
3. School Name: _____ 4. Reg. No _____ 4. Island: _____ 5. Location: e.g Central/North/South
6. Name HT/Principal: _____ 7. Phone contact (Mobile): _____ 8. Phone contact (Land line): _____

STUDENTS INFORMATION												TEACHERS INFORMATION				
NUMBER OF AFFECTED STUDENTS IN EACH CLASS (Affected Students are those whose homes have been severely damaged by the disaster)																
TOTAL ENROLLMENT: Students information		Affected Students Segregated	CL 1	CL 2	CL 3	CL 4	CL 5	CL 6	F1	F2	Total Affected	Total Number of students in the class	Teachers Information		Number of Teachers Affected (Teachers that have homes and belongings severely damaged by the disaster).	
9. Total School Roll		12. Total Number affected students											15. Total No. of Teachers		18. Total No. of Teachers affected	
10. Number of Girls		13. No. b/Girls (affected)											16. Female teachers		19. Number of Female teachers Affected	
11. Number of Boys		14. No of b/Boys (Affected):											17. Male Teachers		20. Number of Male teachers affected	

DAMAGE TO BUILDINGS & ASSETS	INFRASTRUCTURE DAMAGED BY THE DISASTER							T/L RESOURCES DAMAGED BY DISASTER			WATER SOURCE	Total Cost of Damage
	A	B	C	D	E	F	G	H	I	J	K	
	Class rooms	Office	Ablution block	Hostel & Food Garden	Dining Hall	Teaches quarters	Other (please specify) <i>e.g. Laboratory/Home Ec/Technical w/shop/</i>	Text and Library Books	Computers /Photocopy /Office Equipment	TVET Machines & Equipment	Water Source: (<u>Working/ Not working/ reduce flow?</u>)	
20.Total number of rooms/ resources	<u>Total No. of Rms:</u>	<u>Total:</u>	<u>Total <i>no. of toilets:</i></u>	<u>Total:</u>	<u>Total:</u>	<u>Total:</u>	<u>Total:</u>	<u>Total damaged:</u>	<u>Total damaged:</u>	<u>Total damaged:</u>		
21. Number of rooms/ resources water damaged	<u>Total No. of Rooms damaged:</u>	<u>Total damaged:</u>	<u>Total <i>not operational:</i></u>	<u>Total damaged:</u>	<u>Total damaged:</u>	<u>Total damaged:</u>	<u>Total damaged:</u>					
21. Overall level of damage (e.g. 10%, 20%, 30%...100%)												
22. How many rooms cannot function safely due to the disaster?								N/A	N/A	N/A	N/A	
23. Total estimated costs to repair / replace room or asset?												

<p>24. Immediate Needs in view of the damage rooms, toilets, resources and water to enable the school to safe learning environment to re-open for classes</p>	<p>e.g. temporary learning spaces (tents)</p>											<p>e.g. Water purification tablets and Hygiene kits, soap, drinking water etc.</p>	
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25. Evacuation Center:

25.1 Is the school functioning as an Evacuation Centre? (Yes/No)_____

25.2 How many people and how many families are staying at the Evacuation Centre?_____

26. Accessibility:

26.1 Is the school accessible by road? (Yes/No)_____

26.2 If not, why?_____

(E.g. Landslide, no road access, flooded road, debris, other)

27. School Commencement:

27.1 Has school started? (Yes/No)_____

27.2 If not, why?_____

27.3 Proposed resumption date?_____

27.4 Immediate needs to resume school (Recovery Strategy):_____

(E.g. Water, food, temporary toilets, clear debris, clean classrooms, teacher supplies, etc.)

Members of the assessment team:_____

Name of the Team Leader (Assessor):_____

Signature/Date