





**Hidaya Foundation**  
www.hidaya.org

**School Request Form**  
**Support a School – HF215SRF**  
\_\_\_\_\_ **District Operations**

**Headquarters**

PO Box 5481  
Santa Clara, CA 95056  
Phone: (408) 244-3282  
Email: @hidaya.org

41. Any tribal disputes: \_\_\_\_\_ 42 Any type of criminal activities: Yes

43. Information provided by:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

44. Names of influential persons:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

45. Name of survey officer: \_\_\_\_\_



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# School Survey Form

## Support a School – HF215SSF

### District Operations

**Headquarters**  
PO Box 5481  
Santa Clara, CA 95056  
No: (408) 244-3282  
@hidaya.org

1. Date: \_\_\_\_\_ 2. Time: \_\_\_\_\_

3. Name of the school: \_\_\_\_\_

4. Village/Town/ \_\_\_\_\_ 5. UC: \_\_\_\_\_ 6. County: \_\_\_\_\_

8. Status of School: Functional  Closed  Rarely Functional

9. If closed explain the reason and time \_\_\_\_\_

10. When school was established: \_\_\_\_\_

11. Condition of building: Good  Fair  Poor

12. Bath room available: Yes  No  Expl \_\_\_\_\_

13. Hand pump available: Yes  No

14. Boundary wall available: Yes  No

15. Electricity fitting: Yes  No

16. Water fitting: Yes  No

17. Ceiling Fans: Yes  No

18. Any other requirement if any \_\_\_\_\_

19. No of class rooms: \_\_\_\_\_

21. Type of school: Girls school  School

22. Level of school: Primary

23. No of teachers: \_\_\_\_\_

25. No of supporting staff: \_\_\_\_\_

27. Total House Holds in vill \_\_\_\_\_

29. Expected House \_\_\_\_\_

31. Tribes living \_\_\_\_\_ in surroundings village \_\_\_\_\_

33. Any tribe \_\_\_\_\_ of criminal activities: Yes  Rarely  No

35. Inf \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No \_\_\_\_\_

Partial

Title: \_\_\_\_\_ Signature: \_\_\_\_\_



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# Teacher/Supervisor Monitoring Form

Support a School – HF215TMF  
District Operations

Headquarters  
PO Box 5481  
Santa Ana, CA 95056  
Tel: (714) 244-3282  
www.hidaya.org

Name of teacher: \_\_\_\_\_ Date of posting: \_\_\_\_\_

Designation: \_\_\_\_\_

Usually arriving time: \_\_\_\_\_ Usually Departing: \_\_\_\_\_

Behavior with the students: Good

Behavior with the co-teachers: Good

Behavior with the students' parents: Good

Behavior with the other community: Good

Behavior with the Hidaya school supervisor: \_\_\_\_\_

Teaching method: \_\_\_\_\_

Course completion progress: \_\_\_\_\_

Interest in work: \_\_\_\_\_ %

Does he/she pay attention? \_\_\_\_\_

Does he/she offer help? \_\_\_\_\_

Does he/she \_\_\_\_\_ occasionally  Never

Does he/she \_\_\_\_\_ Occasionally  Never

Does he/she \_\_\_\_\_ No

100%  75%  50%  25%

100%  75%  50%  25%