

Southern Africa Consortium for
Monitoring Educational Quality

and

International Institute for Educational Planning

Grade 6 Reading Study

Pupil Booklet

<u>ID</u>	
Country	<input type="text"/> <input type="text"/> <input type="text"/>
Region	<input type="text"/> <input type="text"/>
District	<input type="text"/> <input type="text"/>
School	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pupil	<input type="text"/>
Instrument	<input type="text" value="1"/>
Administered	<input type="text"/>

PART 1: QUESTIONNAIRE

SOME QUESTIONS ABOUT YOU

1. Which Grade 6 class are you in this term?
(Please tick only one box.)

6A	6B	6C	6D	6E	6F	6G	6H	6I	6J
<input type="checkbox"/>									
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)

2. What is your date of birth?
(Please write numbers in the boxes below.)

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>

3. Are you a boy or a girl?
(Please tick only one box.)

<input type="checkbox"/>	Boy
<input type="checkbox"/>	Girl

4. Do you speak English outside school?
(Please tick only one box.)

<input type="checkbox"/>	Never
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	Often
<input type="checkbox"/>	All of the time

SOME QUESTIONS ABOUT THE PLACE WHERE YOU STAY DURING THE SCHOOL WEEK (THAT IS MONDAY TO FRIDAY)

5. Where do you stay during the school week?
(Please tick only one box.)

<input type="checkbox"/>	With my parents/legal guardian
<input type="checkbox"/>	With other relatives or another family
<input type="checkbox"/>	In a hostel/boarding school accommodation
<input type="checkbox"/>	By myself or with other children

6. How many books are there in the place where you stay during the school week?
(Do not count newspapers or magazines.)
(Please tick only one box.)

<input type="checkbox"/>	There are no books in the place where I stay during the school week.
<input type="checkbox"/>	1-10 books
<input type="checkbox"/>	11-50 books
<input type="checkbox"/>	51-100 books
<input type="checkbox"/>	101-200 books
<input type="checkbox"/>	201 or more books

7. How often do you read the books in the place where you stay during the school week?
(Please tick only one box.)

(1)

I never read any of them.

(2)

I sometimes read something from them.

8. Which of the following things can be found in the place where you stay during the school week?
(Please tick one box for each line.)

		No	Yes
8.01	Daily newspaper	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.02	Weekly or monthly magazine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.03	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.04	TV set	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.05	Video cassette recorder (VCR)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.06	Cassette player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.07	Telephone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.08	Refrigerator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.09	Car	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.10	Motorcycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.11	Bicycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.12	Piped water	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.13	Electricity	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8.14	Table to write on	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

9. What is the highest level of education that your mother/female guardian have completed?

(Please tick only one box.)

(01)

Did not go to school

(02)

Completed some of primary school

(03)

Completed all of primary school

(04)

Completed some of secondary school

(05)

Completed all of secondary school

(06)

Completed some education/training after secondary school

(07)

I don't know.

(08)

I don't have a mother/female guardian.

10. What is the highest level of education that your father/male guardian have completed?

(Please tick only one box.)

(01)

Did not go to school

(02)

Completed some of primary school

(03)

Completed all of primary school

(04)

Completed some of secondary school

(05)

Completed all of secondary school

(06)

Completed some education/training after secondary school

(07)

I don't know.

(08)

I don't have a father/male guardian.

11. How often are you usually given homework?
(Please tick only one box.)

- (1) I do not get any homework.
- (2) Once or twice each month
- (3) Once or twice each week
- (4) Most days of the week

12. How often does someone outside your school make sure that you have done your homework?
(Please tick only one box.)

- (1) I do not get any homework.
- (2) Never
- (3) Sometimes
- (4) Most of the time

13. How often does someone outside your school usually help you with your homework?
(Please tick only one box.)

- (1) I do not get any homework.
- (2) Never
- (3) Sometimes
- (4) Most of the time

14. How often does someone outside your school ask you to read to him/her?
(Please tick only one box.)

- (1) Never
- (2) Sometimes
- (3) Most of the time

15. How often does someone outside your school ask you questions about what you have just read?
(Please tick only one box.)

(1) Never

(2) Sometimes

(3) Most of the time

16. How often does someone outside your school look at the work that you have completed at school?
(Please tick only one box.)

(1) Never

(2) Sometimes

(3) Most of the time

17. Do you take extra lessons in school subjects outside school hours?
(Please tick only one box.)

(1) No

(2) Yes

18. How often do you normally eat each of the following meals?
(Please tick one box for each line.)

		Not at all	1 or 2 days per week	3 or 4 days per week	Every day of the week
18.1	Morning meal/breakfast	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
18.2	Lunch	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
18.3	Evening meal/supper	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

SOME QUESTIONS ABOUT YOUR SCHOOL

19. On how many school days were you absent during the month of _____?
(Please write '0' if you were not absent.)

days

20. How are the readers/English textbooks used in your classroom during your reading lessons.
(Please tick only one box.)

- (1) There are no readers/English textbooks.
- (2) Only the teacher has a reader/English textbook.
- (3) I share a reader/English textbook with two or more pupils.
- (4) I share a reader/English textbook with one pupil.
- (5) I use a reader/English textbook by myself.

21. Are you allowed to have books from the school library on an overnight loan?
(Please tick only one box.)

- (1) There are no library books at school.
- (2) No
- (3) Yes

22. How many of the following items do you have for use with your classroom work this term?
(Please write '0' if you do not have any.)

22.1	Exercise books (for writing which is marked by the teacher)	<input type="text"/>	<input type="text"/>
22.2	Note books (for writing which is <u>not</u> marked by the teacher)	<input type="text"/>	<input type="text"/>
22.3	Pencils	<input type="text"/>	<input type="text"/>
22.4	Rulers	<input type="text"/>	<input type="text"/>
22.5	Pencil erasers	<input type="text"/>	<input type="text"/>
22.6	Pens or ball point pens	<input type="text"/>	<input type="text"/>

23. How many times have you repeated a grade since you started school?
(Please tick only one box.)

<input type="checkbox"/>	I have never repeated.
<input type="checkbox"/>	I have repeated once.
<input type="checkbox"/>	I have repeated twice.
<input type="checkbox"/>	I have repeated three or more times.

24. On what do you sit in your classroom?
(Please tick only one box.)

<input type="checkbox"/>	I sit on the floor.
<input type="checkbox"/>	I sit on a bench with other pupils.
<input type="checkbox"/>	I sit at a desk/on a separate chair.

25. On what do you write in your classroom ?
(Please tick only one box.)

<input type="checkbox"/>	I have nowhere special to write.
<input type="checkbox"/>	I write on the same bench or chair that I sit on.
<input type="checkbox"/>	I write on a table/at a desk.

**YOU HAVE NOW COMPLETED ALL QUESTIONS FOR THE FIRST SESSION.
PLEASE PUT YOUR PENCIL DOWN AND WAIT QUIETLY WHILE THE
OTHER PUPILS FINISH THEIR QUESTIONS.**

DO NOT FILL IN BELOW.

Note: The following item will be answered by the person who measures your height in bare feet.

ONE FINAL ITEM

26. Pupil's height in centimetres

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centimetres