

and

Grade 6 Reading Study

Teacher Questionnaire

<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"/>
Teacher	<input type="text"/>
Instrument	<input type="text" value="2"/>
Administered	<input type="text"/>

1. In the first column of the table below, tick all of the Grade 6 classes which you take for English language (reading) this term. If your school does not use 6A, 6B, 6C, etc. as class names, please speak to the Data Collector before you complete this question.

For each of the classes you have ticked, please state:

- the number of pupils in the class;
- the number of English lessons they usually receive per week; and
- the length of a typical English lesson in minutes.

	Classes taught	Number of pupils in class	English lessons per week	Length of a typical lesson in minutes
1.01	6A <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.02	6B <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.03	6C <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.04	6D <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.05	6E <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.06	6F <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.07	6G <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.08	6H <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
1.09	6I <input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/> pupils	<input type="text"/> <input type="text"/> lessons	<input type="text"/> <input type="text"/> <input type="text"/> minutes
	<input type="checkbox"/> <small>(2)</small>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

1.10 6J

pupils

lessons

minutes

SOME QUESTIONS ABOUT YOU

2. What is your sex?
(Please tick only one box.)

(1)

Male

(2)

Female

3. What is your age?
(Please tick only one box.)

(01)

Under 20 years

(02)

20 - 24 years

(03)

25 - 29 years

(04)

30 - 34 years

(05)

35 - 39 years

(06)

40 - 44 years

(07)

45 - 49 years

(08)

50 years and over

4. How many years of academic education have you completed?
(Please indicate the number of years in each box. Please exclude the years you were repeating, if any.)

4.1 years of primary school

4.2 years of secondary school

4.3 years of post secondary academic education

5. How many years of teacher training have you received **altogether**?
(Please tick only one box.)

(1)

I did not receive any teacher training.

(2)

I have had a short course of less than one-year duration.

(3)

I have had a total equivalent of one year of teacher training.

(4)

I have had a total equivalent of two years of teacher training.

(5)

I have had a total equivalent of three years of teacher training.

(6)

I have had a total equivalent of more than three years of teacher training.

6. How many years **altogether** have you been teaching?
(Please round to '1' if it is less than 1 year.)

years

7. How many in-service courses have you attended during your teaching career?
(Please write '0' if you have attended no courses.)

courses

SOME QUESTIONS ABOUT YOUR CLASSROOM

Note: If you teach in more than one classroom, please answer questions 8, 9 and 10 for the largest class you teach.

8. How many books do you have in your classroom library?
(Do not count magazines or newspapers.)
(Please write '0' if there is no classroom library.)

books

9. How many of the following do you have in your classroom or teaching area?
(Please write '0' if you do not have any.)

- 9.1 Sitting places for pupils (on chairs or benches)
- 9.2 Writing places for pupils (on desks or tables)

10. Which of the following list of teaching resources do you have in your classroom or teaching area?
(Please tick one box on each line.)

		No	Yes
10.01	A usable chalk board	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.02	Chalk	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.03	A wall chart of any kind	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.04	A map of your country	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.05	A map of Africa	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.06	A world map	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.07	A cupboard	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.08	One or more bookshelves	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.09	A classroom library or book corner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.10	A water tap	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.11	A teacher table	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.12	A teacher chair	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.13	An atlas	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10.14	An English dictionary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

SOME QUESTIONS ABOUT YOUR TEACHING

11. How many periods/lessons of actual teaching do you have in a typical school week at this school?

(Please write the numbers in the boxes below.)

periods/lessons each week

12. How many minutes are these periods/lessons **altogether** per week?

(Please write the numbers in the boxes below.)

minutes

13. How many hours do you spend in a typical school week working on lesson preparation and marking for this school?

(Please write the numbers in the boxes below.)

hours each week

14. How important do you consider the following pupil activities to be in the teaching of reading?

(Please tick one box on each line.)

		Not very important	Of some importance	Very important
14.1	Listening to someone reading aloud	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.2	Silent reading	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.3	Learning new vocabulary from a text	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.4	Pronouncing or sounding words	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.5	Reading for comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.6	Taking books home to read	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14.7	Reading materials in the home	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

15. Of the seven activities listed in the above question, select the one that you consider to be the most important.
(Please write its number in the box below.)

1	4.	
---	----	--

16. Do you ask parents or guardians to sign that pupils have completed their home reading assignments?
(Please tick only one box.)

<input type="checkbox"/>	No
--------------------------	----

<input type="checkbox"/>	Yes
--------------------------	-----

17. How important do you view each of the following goals of reading to be?
(Please tick one box on each line.)

	Not very important	Of some importance	Very important
17.1 Making reading enjoyable	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17.2 Extending students' vocabulary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17.3 Improving word attack skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17.4 Improving students' reading comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17.5 Developing a lasting interest in reading	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

18. Of the five goals listed in the above question, select the one that you consider to be the most important.
(Please write its number in the box below.)

1	7.	
---	----	--

19. How often do you use the following approaches when teaching reading?
 (Please tick one box on each line.)

		Never or Rarely	Sometimes	Often
19.1	Introducing the background of a passage before reading it	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19.2	Asking questions to assess text comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19.3	Asking questions to deepen understanding	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19.4	Using materials you have created yourself	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19.5	Reading aloud to the class	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

20. How often do you give your pupils a written test in reading?
 (Please tick only one box.)

- (1) I do not test the pupils
- (2) Once per year
- (3) Once per term
- (4) Two or three times per term
- (5) Two or three times per month
- (6) Once or more per week

21. How often do you usually meet with the parents of the pupils in your class to discuss pupil progress?
(Please tick only one box.)

(1) Never

(2) Once a year

(3) Once a term

(4) Once a month or more

SOME QUESTIONS ABOUT YOUR SCHOOL

Note: In this questionnaire, which is used in several countries, "Inspector" means the officer visiting the classroom teacher for professional purposes. This person might be called Inspector, Education Officer, or Advisory Teacher, etc. in your country.

22. Does the school report for each pupil include a specific section for comment on reading?
(Please tick only one box.)

(1) No

(2) Yes

23. On how many occasions did an Inspector (see note before Question 22) visit you in **your classroom** in this school?
(Please write '0' if there was no visit by the Inspector. If you were not teaching in this school for one or more of the years given, please write 'NA' for not applicable in the appropriate space.)

23.1 1995: occasions

23.2 1994: occasions

23.3 1993: occasions

24. How do you see the role of the Inspector (see note before Question 22)?
 (Please tick one box on each line.)

The Inspector is someone who ...		No	Yes
24.01	Comes to advise	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.02	Comes to criticise	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.03	Suggests new ideas	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.04	Clarifies educational objectives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.05	Explains curriculum content	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.06	Recommends new teaching materials	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.07	Provides information for self-development	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.08	Contributes very little to my classroom teaching	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.09	Makes suggestions on improving teaching methods	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
24.10	Encourages professional contacts with teachers in other schools	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

25. How often does your School Head advise you on your teaching of reading?
 (Please tick only one box.)

- (1) Never or rarely
- (2) Sometimes
- (3) Often

SOME QUESTIONS ABOUT YOUR JOB AND LIVING ACCOMMODATION

26. There are many things that improve teachers' satisfaction with their work. How important do you think each of the following is?
(Please tick one box on each line.)

		Not very important	Of some importance	Very important
26.01	Your travel distance to school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.02	Availability of teacher housing	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.03	Quality of teacher housing	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.04	Quality of the school buildings	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.05	Quality of classroom furniture	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.06	Level of teacher salary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.07	Seeing my pupils learn	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.08	Quality of classroom supplies (e.g., books, paper, pens, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.09	Quality of school management and administration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.10	Amicable working relationships with other staff members	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.11	Good relationships with the local community	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.12	Expanded opportunities for promotion	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26.13	Opportunities for professional development through further study and/or training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

27. Of the thirteen reasons listed in the above question, select the one that you consider to be the most important.
(Please write its number in the box below.)

2	6.		
---	----	--	--

28. Which of the following items do you have at home?
(Please tick one box on each line.)

	No	Yes
28.01 Daily newspaper	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.02 Weekly or monthly magazine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.03 Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.04 TV set	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.05 Video cassette recorder (VCR)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.06 Cassette player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.07 Telephone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.08 Refrigerator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.09 Car	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.10 Motorcycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.11 Bicycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.12 Piped water	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.13 Electricity	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
28.14 Table to write on	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

29. Is your accommodation (place of living) provided by the school, community, responsible authority, or government?
(Please tick only one box.)

(1)

No, I arrange the provision of my own accommodation.

(2)

School or community

(3)

Local or responsible authority

(4)

Government

(5)

My accommodation is provided by an agency other than school, community, responsible authority, or government.

30. How far is your accommodation from your school?
(Please write '0' if you live on or next to the school premises.)

kilometres

31. Which of the following reflects most accurately the condition of your living accommodation?
(Please tick only one box.)

(1)

Generally in a poor state

(2)

Some parts require major repairs

(3)

Some parts require minor repairs

(4)

Generally in good condition