



# **YOUNG LIVES SCHOOL SURVEY**

## **ETHIOPIA ROUND 2 – WAVE 1 (2012)**

### **TEACHER QUESTIONNAIRE**

**Fieldworker: this questionnaire is to be completed by EVERY teacher who teaches G4 or G5 maths or literacy**

Please refer to accompanying justification documents for further details on the development and use of the Young Lives school survey questionnaires.

# Young Lives School Survey Teacher Questionnaire



0.1	Insert YL School ID	_____
0.2	Insert Teacher ID	[ ____ ]
0.3	If the instrument is not completed, what is the reason why? (if completed, leave blank)	01=Respondent absent <input type="checkbox"/> 02=Respondent refused to participate <input type="checkbox"/>
0.4	DATE OF INTERVIEW	___ / ___ / _____ d d /mm / yyyy

## DATA HANDLERS

Fieldworker	Name:	Code: [ ____ ]
	Signature:	Date of check : ___ / ___ / _____ d d / m      m / yyyy
Supervisor	Name:	Code: [ ____ ]
	Signature:	Date of check: ___ / ___ / _____ d d / m      m / yyyy
Data entry clerk (first data entry)	Name:	Code: [ ____ ]
	Signature:	Date of first data entry: ___ / ___ / _____ d d / m      m / yyyy
Data entry clerk (second data entry)	Name:	Code: [ ____ ]
		Date of second data entry: ___ / ___ / _____

PLEASE USE THE ETHIOPIAN CALENDER THROUGHOUT THE QUESTIONNAIRE

1. TEACHER BACKGROUND

1. What age are you? \_\_\_ \_\_ years

2. What is your gender? Male<sub>01</sub>  Female<sub>02</sub>

3. What language do you mainly speak at home? (please tick one)

Afarigna <sub>01</sub>	<input type="checkbox"/>	Amarigna <sub>02</sub>	<input type="checkbox"/>	Agewigna <sub>03</sub>	<input type="checkbox"/>	Dawerogna <sub>04</sub>	<input type="checkbox"/>
Gedeogna <sub>05</sub>	<input type="checkbox"/>	Guraghigna <sub>06</sub>	<input type="checkbox"/>	Hadiyigna <sub>07</sub>	<input type="checkbox"/>	Harari <sub>08</sub>	<input type="checkbox"/>
Kefigna <sub>09</sub>	<input type="checkbox"/>	Kembategna <sub>10</sub>	<input type="checkbox"/>	Oromifa <sub>11</sub>	<input type="checkbox"/>	Sidamigna <sub>12</sub>	<input type="checkbox"/>
Silitigna <sub>13</sub>	<input type="checkbox"/>	Somaligna <sub>14</sub>	<input type="checkbox"/>	Tigrina <sub>15</sub>	<input type="checkbox"/>	Welayitegna <sub>16</sub>	<input type="checkbox"/>
Zayigna <sub>17</sub>	<input type="checkbox"/>	English <sub>18</sub>	<input type="checkbox"/>	Other <sub>19</sub>	<input type="checkbox"/>		

4. What languages can you write a letter in? (Please tick all that apply)

Afarigna <sub>01</sub>	<input type="checkbox"/>	Amarigna <sub>02</sub>	<input type="checkbox"/>	Agewigna <sub>03</sub>	<input type="checkbox"/>	Dawerogna <sub>04</sub>	<input type="checkbox"/>
Gedeogna <sub>05</sub>	<input type="checkbox"/>	Guraghigna <sub>06</sub>	<input type="checkbox"/>	Hadiyigna <sub>07</sub>	<input type="checkbox"/>	Harari <sub>08</sub>	<input type="checkbox"/>
Kefigna <sub>09</sub>	<input type="checkbox"/>	Kembategna <sub>10</sub>	<input type="checkbox"/>	Oromifa <sub>11</sub>	<input type="checkbox"/>	Sidamigna <sub>12</sub>	<input type="checkbox"/>
Silitigna <sub>13</sub>	<input type="checkbox"/>	Somaligna <sub>14</sub>	<input type="checkbox"/>	Tigrina <sub>15</sub>	<input type="checkbox"/>	Welayitegna <sub>16</sub>	<input type="checkbox"/>
Zayigna <sub>17</sub>	<input type="checkbox"/>	English <sub>18</sub>	<input type="checkbox"/>	Other <sub>19</sub>	<input type="checkbox"/>		

5. Do you live in the same village/town as the school? Yes<sub>01</sub>  No<sub>00</sub>

6. How long does it usually take you to get to school each day? (by whatever transport you use) \_\_\_\_\_ minutes?

7. Which of the following things do you have at home? (tick all that apply)

Mobile telephone <sub>01</sub>	<input type="checkbox"/>	Non-mobile telephone <sub>02</sub>	<input type="checkbox"/>	Radio <sub>03</sub>	<input type="checkbox"/>
Television <sub>04</sub>	<input type="checkbox"/>	Bicycle <sub>05</sub>	<input type="checkbox"/>	Animal-drawn cart <sub>06</sub>	<input type="checkbox"/>
Car/Truck <sub>07</sub>	<input type="checkbox"/>	Motorcycle/scooter <sub>08</sub>	<input type="checkbox"/>	Table <sub>09</sub>	<input type="checkbox"/>
Chair <sub>10</sub>	<input type="checkbox"/>	Bench/stool <sub>11</sub>	<input type="checkbox"/>	Refrigerator <sub>12</sub>	<input type="checkbox"/>
Bed <sub>13</sub>	<input type="checkbox"/>	Electricity <sub>14</sub>	<input type="checkbox"/>	Water pumped into house <sub>15</sub>	<input type="checkbox"/>

8. How many rooms does your house have? \_\_\_\_\_ rooms

**9. How many of each of the following do you have at home? (if none, write '0')**

	Write the number that you have
Chicken	_____
Goat	_____
Sheep	_____
Donkey	_____
Horse	_____
Mule	_____
Cow	_____
Camel	_____

**10. Do any of your children attend this school?**

- Yes – one or more of my children attend this school<sub>01</sub>
- No – none of my children attend this school<sub>00</sub>
- No – I do not have any children<sub>.88</sub>

**11. Your own children who attend school mostly attend what type of school?**

- Government- run school<sub>01</sub>
- Privately-run school<sub>02</sub>
- NGO-run school<sub>03</sub>
- I do not have any children<sub>.88</sub>

**2. TEACHER TRAINING**

**12. By the end of the school year (2005-2006 EC), how many years have you been a teacher? (in all primary schools in which you have worked)**

\_\_\_ \_\_ years

**13. By the end of the school year (2005-2006 EC), how many years have taught this grade? (in all primary schools in which you have worked)**

\_\_\_ \_\_ years

**14. Have you previously taught in a different type of school? (ie.g. if you teach in a government school now, have you ever taught in a private or NGO school?)**

*(you can tick more than one box if appropriate)*

- Yes – private<sub>01</sub>   
Yes – government<sub>02</sub>   
Yes – NGO<sub>03</sub>   
No – I have always taught in this type of school<sub>00</sub>

**15. What is the highest level of general education you have completed (excluding any teacher training)?**

- None<sub>00</sub>  Grade 4<sub>01</sub>  Grade 8<sub>02</sub>  Grade 10<sub>03</sub>  Grade 12<sub>04</sub>   
Post-secondary certificate<sub>05</sub>  Post-secondary diploma<sub>06</sub>   
University degree<sub>07</sub>

**16. What is the highest level of teacher training qualification you have received?**

- I am not trained<sub>00</sub>  Certificate<sub>01</sub>  Diploma<sub>02</sub>   
University degree<sub>03</sub>

**17. In your education, have you specialized in any of the following? (Tick all that apply)**

- Any Ethiopian Language<sub>01</sub>  Mathematics<sub>02</sub>  English<sub>03</sub>

**18. What was the main language of instruction at your Teacher Training College or Teacher Training Institute? (tick 1)**

- |                         |                          |                          |                          |   |                          |                           |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|---------------------------|--------------------------|
| Afarigna <sub>01</sub>  | <input type="checkbox"/> | Amarigna <sub>02</sub>   | <input type="checkbox"/> | Agewigna <sub>03</sub>  | <input type="checkbox"/> | Dawerogna <sub>04</sub>   | <input type="checkbox"/> |
| Gedeogna <sub>05</sub>  | <input type="checkbox"/> | Guraghigna <sub>06</sub> | <input type="checkbox"/> | Hadiyigna <sub>07</sub>   | <input type="checkbox"/> | Harari <sub>08</sub>      | <input type="checkbox"/> |
| Kefigna <sub>09</sub>   | <input type="checkbox"/> | Kembategna <sub>10</sub> | <input type="checkbox"/> | Oromifa <sub>11</sub>   | <input type="checkbox"/> | Sidamigna <sub>12</sub>   | <input type="checkbox"/> |
| Silitigna <sub>13</sub> | <input type="checkbox"/> | Somaligna <sub>14</sub>  | <input type="checkbox"/> | Tigrina <sub>15</sub>   | <input type="checkbox"/> | Welayitegna <sub>16</sub> | <input type="checkbox"/> |
| Zayigna <sub>17</sub>   | <input type="checkbox"/> | English <sub>18</sub>    | <input type="checkbox"/> | I have not attended teacher training college <sub>19</sub> <input type="checkbox"/> |                          |                           |                          |

**19. Have you participated or are you participating in teacher upgrading?** (you can tick more than 1 if you have upgraded more than once)

No<sub>00</sub>       Yes – from certificate to diploma<sub>01</sub>       Yes – from diploma to degree<sub>02</sub>

**20. Have you completed or started the English Language Improvement Programme?**

No – I have not done any English Language Improvement Programme<sub>00</sub>

Yes – I have completed the programme<sub>01</sub>

Yes - I have started but not completed the programme<sub>02</sub>

**21. Have you completed a programme as part of the Ministry of Education Continuous Professional Development programme?**

No - I have not done any Continuous Professional Development programme<sub>00</sub>

Yes - I have completed or am completing CPD level 1<sub>01</sub>

Yes - I have completed or am completing CPD level 2<sub>02</sub>

**22. How often do you use the following teaching methods? (please select one of: “very often” “often” “sometimes” or “rarely/never” for each method)**

	Very Often <sub>01</sub>	Often <sub>02</sub>	Sometimes <sub>03</sub>	Rarely/never <sub>04</sub>
a. Learner-centred methods e.g. group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teacher-centred methods e.g. lecturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. COMMUNITY PARTICIPATION

**23. Do you hold an official kebele position?**

Yes<sub>01</sub>       No<sub>00</sub>

**24. Do any of your family members or close associates (friends, patrons) hold any of the following? (Tick "Yes" or "No" for each item)**

	Tick Either "Yes" or "No" for each item:	
	Yes <sub>01</sub>	No <sub>00</sub>
i. An official kebele position	<input type="checkbox"/>	<input type="checkbox"/>
ii. A position in the woreda education office	<input type="checkbox"/>	<input type="checkbox"/>
ii. A position in another part of the woreda administration	<input type="checkbox"/>	<input type="checkbox"/>
iv. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**25. Are you a member of the Ethiopian Teachers' Association or another teacher union?**

Yes<sub>01</sub>  No<sub>00</sub>

#### 4. EMPLOYMENT CONDITIONS AND EVALUATION

**26. On which basis are you employed by the school?**

Permanent<sub>01</sub>  Temporary<sub>02</sub>  Voluntary<sub>03</sub>

**27. What gross salary do you receive per month in this academic year for your work as a teacher including any allowances?**

\_\_\_\_\_ (in Birr)

**28. How much income do you earn personally other than the salary you get from teaching at this school? (Please include income you earn from teaching extra classes, even if this takes place at this school. Write 0 if you have no other income).** \_\_\_\_\_ (in Birr)

**29. How were you assigned to this school?**

I requested to be assigned to/applied for a post at this school<sub>01</sub>

I was assigned to come to this school; I did not choose to come here<sub>02</sub>

**30. At this school, have you ever received a good evaluation?**

Yes<sub>01</sub>  No<sub>00</sub>  I have never received an evaluation.<sub>88</sub>

**31. At this school, have you ever received any of these because you received a good evaluation? (Tick all that apply)**

Performance bonus<sub>01</sub>       Salary increase<sub>02</sub>       Promotion<sub>03</sub>   
Opportunity to attend teacher training course<sub>04</sub>       None of these<sub>00</sub>   
I have never received a good evaluation.<sub>88</sub>

**32. At this school, have you ever received a bad evaluation?**

Yes<sub>01</sub>       No<sub>00</sub>       I have never received an evaluation.<sub>88</sub>

**33. At this school, have you ever received any of these because you received a poor evaluation? (Tick all that apply)**

Salary deduction<sub>01</sub>       Demotion<sub>02</sub>       Fine<sub>03</sub>       None of these<sub>00</sub>   
I have never received a bad evaluation.<sub>88</sub>

**34. Have you ever been transferred to another school because you received a poor evaluation?**      Yes<sub>01</sub>       No<sub>00</sub>

## 5. ALLOCATION OF TIME

**35. Do you teach in one or both shifts?**

One shift only<sub>01</sub>       Both shifts<sub>02</sub>

**36. How many regular periods do you teach each week?**      \_\_\_\_ \_\_\_\_ periods

**37. How long is each period?** \_\_\_\_ \_\_\_\_ \_\_\_\_ minutes (if different lengths take an average)

**38. Are you paid extra for teaching in both shifts?**

Yes<sub>01</sub>       No<sub>00</sub>       I only teach in one shift<sub>02</sub>

## 6. TEACHER ATTITUDES

Please rate how certain you are that you can do the things explained below by selecting the appropriate number. **CIRCLE YOUR CHOSEN ANSWER**

0=Cannot do at all

10=Highly certain can do

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

*EXAMPLE: In the example below a teacher is fairly certain she can get children to follow the school rules*

<b>Get children to follow school rules:</b>										
0	1	2	3	4	5	6	7	8	9	10

<b>39.</b>	<b>Influence the decisions that are made in the school.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>40.</b>	<b>Express my views freely on important school matters.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>41.</b>	<b>Get the instructional materials and equipment I need.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>42.</b>	<b>Get through to the most difficult students.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>43.</b>	<b>Get students to learn when there is a lack of support from the home.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>44.</b>	<b>Keep students on task on difficult assignments.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>45.</b>	<b>Increase students' memory of what they have been taught in previous lessons.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>46.</b>	<b>Motivate students who show low interest in schoolwork.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>47.</b>	<b>Get students to work well together.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>48.</b>	<b>Overcome the influence of adverse community conditions on student's learning.</b>									
0	1	2	3	4	5	6	7	8	9	10
<b>49.</b>	<b>Get children to do their homework.</b>									

0	1	2	3	4	5	6	7	8	9	10
<b>Cannot do at all</b>			<b>Moderately can do</b>				<b>Highly certain can do</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>50. Get parents to become involved in school activities.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>51. Assist parents in helping their children to do well in school.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>52. Make parents feel comfortable coming to school.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>53. Get community groups involved in working with the school.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>54. Make the school a safe place.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>55. Make students enjoy coming to school.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>56. Get students to trust teachers.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>57. Help other teachers with their teaching skills.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>58. Increase collaboration between teachers and the administration to make the school run effectively.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>59. Reduce school dropout.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>60. Reduce school absenteeism.</b>										
0	1	2	3	4	5	6	7	8	9	10
<b>61. Get students to believe they can do well in school work.</b>										
0	1	2	3	4	5	6	7	8	9	10