

TEACHER Instrument
Administrator Instructions and Protocol:
EGR Assessment Pilot: Liberia, June 2008



Verbal Consent

My name is _____. I work with the Ministry of Education in Liberia.

- **We are trying to understand how children learn to read. Your school was selected through the process of statistical sampling. We would like your help in this. But you do not have to take part if you do not want to.**
- **Your name will not be recorded on this form. Your name will not be mentioned anywhere in the survey data and the results of this survey will be published in the form of collective tables. The information acquired through this instrument will be shared with the Ministry of Education in the hopes of identifying areas where additional support may be needed.**
- **The name of your school will be recorded so that we can correctly link school, principal, teacher, and student data. Your school's name will not be used in any report or presentation. Data will only be reported at the aggregate level and no one will know that the response came from your particular school. The information acquired through this instrument will be shared with the Ministry of Education in the hopes of identifying areas where additional support may be needed.**
- **If you agree, I would ask you some questions regarding your normal activities at school, including your interactions with your staff, Ministry office staff, students, and parents.**
- **Then, with your assistance, I would randomly select 10 students in Grade 2 and 10 students in Grade 3 to assess their reading skills. I would also ask these students about some of their normal school activities, school assets, language use, and reading practices at home, as well as home asset ownership. Selected students need only participate if they wish. I will spend 15 minutes interviewing each child. My interview with you will take 10 minutes.**
- **Are you willing to participate? Once again, you do not have to participate if you do not wish to. Once we begin, if you would rather not answer a question, that's all right.**

Can we get started?

Check box if verbal consent is obtained : ☐ YES ☐ NO

(If verbal consent is not obtained, thank the teacher and select the next one)

Section 1. Classroom Observation

Before you start selecting students from the classroom, conduct the following three activities:

C01	When selecting a student sample from the school register, record enrollment for both female and male students:		Cl.1	Cl.2	Cl.3
		Grade 2: Female			
		Grade 2: Male			
		Grade 3: Female			
		Grade 3: Male			
C02	The total number of textbooks at each grade level: [ask students to hold up their textbooks and then count them]		Cl.1	Cl.2	Cl.3
		Grade 2			
		Grade 3			
C03	Record the classroom attendance by counting girls and boys separately: [ask female students to stand up, count them and record; repeat the same for male students]		Cl.1	Cl.2	Cl.3
		Grade 2: Female			
		Grade 2: Male			
		Grade 3: Female			
		Grade 3: Male			

Section 2. Teacher Interview

T01	Interviewer Name			
T02	Interviewer Code			
T03	Starting Time of Interview	____:____AM		
T04	Ending Time of Interview	____:____PM		
T05	Interview Date (dd/mm/yyyy)	Day:____Month:____Year:____		
T06	Interview Status	Refused Partially Completed Complete	1 2 3	
T07	[Is the teacher male or female?]	Female Male	1 2	
T08	What type of teaching certificate do you have?	C Certificate B Certificate AA Certificate	0 1 2	

T09	What is your highest level of education?	Secondary	1
		High school	2
		Associate	3
		Certificate C	4
		Certificate B	5
		Certificate AA	6
		Bachelors Degree	7
		Masters degree or other	8
T9.1		Other_____	9
		Don't Know	88
		Refuse	99
T10	How many years of teaching experience do you have	Less than 5	1
		5 to 10 years	2
		More than 10	3
T11	Have you attended any in-service training or professional development sessions such as workshops in the last year?	Yes	1
		No	0
		Don't Know	88
		Refuse	99
T12	Have you received teacher training on how to teach reading?	Yes	1
		No	0
		Don't Know	88
		Refuse	99
T13	What grade or grades do you teach in this classroom this school year? [CHECK ALL THAT APPLY]	Grade 1	1
		Grade 2	2
		Grade 3	3
		Grade 4	4
		Grade 5	5
		Grade 6	6
T14	Have you been teaching the same class since the beginning of the school year?	Yes	1
		No	0
		Don't Know	88
		Refuse	99

T15	Do you keep an attendance record of students?	Yes No Don't Know Refuse	1 0 88 99
T16	How often do you develop lesson plans?	Daily Weekly Bi-weekly Monthly Don't Know Refuse	1 2 3 4 88 99
T17	Where do you develop lesson plans?	School Home Don't Know Refuse	1 0 88 99
T18	Do you have any scheduled time during the school day for lesson planning?	Yes No Don't Know Refuse	1 0 88 99
T19	I'm going to ask you about different activities you might do with your students. Think about the last 5 school days and tell me how frequently the following activities took place:		
T19.01	The whole class repeated sentences that you said first.	Never Some times Frequently Everyday	0 1 2 3
T19.02	Students copied down text from the blackboard.	Never Some times Frequently Everyday	0 1 2 3
T19.03	Students had to sound out unfamiliar words they are learning	Never Some times Frequently Everyday	0 1 2 3
T19.04	Students read aloud to teacher or another student	Never Some times Frequently Everyday	0 1 2 3

T19.05	Students learned the meaning of new words	Never Some times Frequently Everyday	0 1 2 3
T19.06	Students had to retell a story that they read during the week.	Never Some times Frequently Everyday	0 1 2 3
T19.07	Students were assigned reading to do on their own in school time	Never Some times Frequently Everyday	0 1 2 3
T20	Do you use the official reading curriculum in your classroom lessons? (If yes,) How often?	Never Rarely About half the time Most of the time	0 1 2 3
T21	Do you have teacher guides?	Yes No Don't Know Refuse	1 0 88 99
T21.1	[If YES]: How useful do you find them:	Not very useful Moderately useful Very Useful Don't Know Refuse	0 1 2 88 99
T22	How frequently does your principal observe (your) classes when they were in session?	Never Once a year Once every 2-3 months Once every month Once every two weeks Once every week Daily	0 1 2 3 4 5 6

T23	Within the last year, did you receive an external inspection or support visit from Education Officers?	Yes No Don't Know Refuse	1 0 88 99												
T24	How do you measure your students' progress? [Do not read options and circle 1 for those mentioned and zero for those not mentioned]	Written tests Oral evaluations Their portfolios and other projects Their homework End of term evaluations Other	<table><tr><td>Yes</td><td>No</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr></table>	Yes	No	1	0	1	0	1	0	1	0	1	0
Yes	No														
1	0														
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T25	What reading skills should your children have at the end of school year? [Do not read options and circle 1 for those mentioned and zero for those not mentioned]	Read grade level stories Sound out words they don't know Understand stories that they read Know letter names Other	<table><tr><td>Yes</td><td>No</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr><tr><td>1</td><td>0</td></tr></table>	Yes	No	1	0	1	0	1	0	1	0		
Yes	No														
1	0														
1	0														
1	0														
1	0														

THANK YOU VERY MUCH

General Impression _____