

MAIN STUDY 2000 (Seychelles)

<u>ID</u>		
Country	<input type="text"/>	
Region	<input type="text"/>	District <input type="text"/>
School	<input type="text"/>	
Teacher	<input type="text"/>	
Instrument	<input type="text" value="2"/>	
Office Use	<input type="text"/>	

COUNTRY

**REGION
DISTRICT**

SCHOOL

**SCH_REPT
IDTEACH**

INSTR

SACMEQ II

The Southern Africa Consortium for
Monitoring Educational Quality
and
The International Institute for
Educational Planning

Primary 6 Study of English and Mathematics

Teacher Booklet

NOTE: This booklet is in three parts: A) Questionnaire, B) Reading Test, and C) Mathematics Test. Part A is divided into three sections: 1) General, 2) English, and 3) Mathematics. If you teach English, please complete Sections 1 and 2 of Part A and Part B. If you teach Mathematics, please complete Sections 1 and 3 of Part A and Part C. If you teach both English and Mathematics, please complete all the sections in Part A, Part B, and Part C.

PART A: QUESTIONNAIRE SECTION 1: GENERAL

NOTE: If your school does not use 6A, 6B, 6C, etc. as class names, please speak to the Data Collector before you complete this question.

- In the table below, indicate which Primary 6 classes you take for English and/or for Mathematics and the number of pupils in those classes.
(Please tick the appropriate box for each Primary 6 class for each subject. For the classes you take, please write the number of pupils in the boxes on the same line.)

1.1 English class			1.2 Mathematics class			
	No	Yes		No	Yes	Class size
6A	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>		<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text"/>
	T6A_E			T6A_M		T6A_MP
6B	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>		<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text"/>
	T6B_E			T6B_M		T6B_MP
6C	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>		<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text"/>
	T6C_E			T6C_M		T6C_MP
6D	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>		<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text"/>
	T6D_E			T6D_M		T6D_MP
6E	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>		<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text"/>

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SOME QUESTIONS ABOUT YOU

2. What is your sex?

XSEX / YSEX
(TSEX)

☐
(1)

Male

☐
(2)

Female

3. What is your age?

XAGE / YAGE
(TAGE)

years old

4. What is the highest level of **academic education** you have attained?
(Please tick only one box.)

XQACAD / YQACAD
(TQACAD)

☐
(1)

Primary education or equivalent

☐
(2)

Junior secondary education or equivalent

☐
(3)

Senior secondary education or equivalent

☐
(4)

A-level or some further study, but not a first degree

☐
(5)

Tertiary education (at least a first degree)

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

XQPROF / YQPROF
(TQPROF)

☐
(1)

I did not receive any teacher training.

☐
(2)

I have had (a) short course(s) of less than one-year duration in total.

☐
(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.

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6. How many years altogether have you been in teaching?
(Please write the number in the boxes below. Please round to '1' if it is less than one year.)

--	--

 years

XEXPER / YEXPER
(**TEXPER**)

7. After having completed your initial teacher training, how many short in-service courses have you attended during the past three years?
(Please write the number in the boxes below. Please write '0' if you have attended no courses.)

--	--

 courses

XINSERVC / YINSERVC
(**TINSERVC**)

8. After having completed your initial teacher training, what is the total number of days altogether that you spent attending these courses during the past three years?
(Please write the number in the boxes below. Please write '0' if you have attended no courses.)

--	--	--

 days

XINSERVD / YINSERVD
(**TINSERVD**)

9. Generally, do you think that these in-service courses were effective in terms of improving your teaching?
(Please tick only one box.)

XINSERVE / YINSERVE
(**TINSERVE**)

(1)

 I did not attend any in-service course.

(2)

 Not effective

(3)

 Reasonably effective

(4)

 Effective

(3)

 Very effective

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SOME QUESTIONS ABOUT YOUR PRIMARY 6 CLASSROOM

NOTE: If you teach in more than one classroom, please answer Questions 10, 11, 12 and 13 for the classroom you teach Primary 6 in most frequently.

10. How many books do you have in your classroom library or book corner?
(Please write the number in the boxes below. Please do not count magazines or newspapers. Please write '0' if there is no classroom library, book corner or book box.)

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Books

XCLBOOKS / YCLBOOKS
(**TCLBOOKS**)

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

11.1 Sitting places for pupils (on chairs or benches)

--	--

XSIT / YSIT
(**TSIT**)

11.2 Writing places for pupils (on desks or tables)

--	--

XWRITE / YWRITE
(**TWRITE**)

12. Which of the following are available in your classroom or teaching area?
(Please tick the appropriate box for each resource.)

	No	Yes	
12.1 A usable writing board (black, white, green)	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES1/ YCRES1 (TCRES1)
12.2 Chalk (or other markers)	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES2/ YCRES2 (TCRES2)
12.3 A wall chart of any kind	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES3/ YCRES3 (TCRES3)
12.4 A cupboard or locker	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES4/ YCRES4 (TCRES4)
12.5 One or more bookshelves	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES5/ YCRES5 (TCRES5)
12.6 A classroom library, book corner or book box	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES6/ YCRES6 (TCRES6)
12.7 A teacher table	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES7/ YCRES7 (TCRES7)
12.8 A teacher chair	<div><div></div><div>(1)</div></div>	<div><div></div><div>(2)</div></div>	XCRES8/ YCRES8 (TCRES8)

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13. Which of the following do you have access to in your school?
(Please tick the appropriate box for each resource.)

	No	Yes	
13.1 A map	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XACCESS1 / YACCESS1 (TACCESS1)
13.2 An English dictionary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XACCESS2 / YACCESS2 (TACCESS2)
13.3 Geometrical instruments (compass, protractor, etc.) for use on writing board	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XACCESS3 / YACCESS3 (TACCESS3)
13.4 Teacher's guide (English)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XACCESS4 / YACCESS4 (TACCESS4)
13.5 Teacher's guide (Mathematics)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XACCESS5 / YACCESS5 (TACCESS5)

SOME QUESTIONS ABOUT YOUR TEACHING

14. How many periods/lessons of actual teaching do you have in a typical school week at this school?
(Please include all subjects and grades together.)
(Please write the number in the boxes below.)

periods/lessons per week **XPERIODS / YPERIODS**
(TPERIODS)

15. How long are these periods?
(Please write the number in the boxes below.)

minutes per period/lesson **XMINUTES / YMINUTES**
(TMINUTES)

16. How many **hours**, on average, do you spend in a typical school week working on **lesson preparation and marking** for this school?
(Please write the number in the boxes below.)

hours per week **XOUTWORK / YOUTWORK**
(TOUTWORK)

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17. How often do you usually meet with the parents or guardians of the pupils in your class to discuss pupil performance or related matters?
(Please tick only one box.)

☐

Never

☐

Once a year

☐

Once a term

☐

Once or more a month

XMEETPAR / YMEETPAR

(TMEETPAR)

18. On average, what percentage of pupils have parents or guardians usually meeting with you in a year?
(Please write the number in the boxes below.)

percent

XMEEUSUA / YMEEUSUA

(TMEEUSUA)

SOME QUESTIONS ABOUT YOUR SCHOOL

NOTE: This questionnaire is used in different countries with different systems. The following paragraph describes how to interpret "Inspector" and "Advisor" in questions 19 through 21 under different circumstances.

In this questionnaire, "Inspector" means the officer visiting the school head and/or classroom teacher for professional purposes. This person might be called Inspector, Education Officer (EO), or District Education Officer (DEO), etc. in your country. In countries where there are also "Advisors", "Advisory Teachers" or "Subject Advisors" who visit teachers to advise them in general or on specific aspects of their teaching, questions 19.2 and 21 should be filled in with reference to such advisors. Questions 19.1 and 20 should still be filled in with reference to the Inspectors.

19. On how many occasions did an Inspector or Advisor (see NOTE above) visit you in **your classroom** in this school?
(Please write the number in the boxes for each category for each year. Write '0' if there was no visit by the Inspector or Advisor. 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.)

19.2 Advisor

1998

occasions

XINS98/YINS98

(TINS98)

1998

occasions

XADV98/YADV98

(TADV98)

1999

occasions

XINS99/YINS99

(TINS99)

1999

occasions

XADV99/YADV99

(TADV99)

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19.2 Advisor

2000 occasions **XINS00/YINS00** 2000 occasions **XADV00/YADV00**
(TINS00) (TADV00)

20. What does the Inspector, EO or DEO actually do when visiting?
(Please tick the appropriate box for each statement.)

The Inspector or (District) Education Officer actually does the following:

	No	Yes	
20.01 advises me	<input type="text"/> (1)	<input type="text"/> (2)	XINSP01 / YINSP01 (TINSP01)
20.02 criticises me	<input type="text"/> (1)	<input type="text"/> (2)	XINSP02 / YINSP02 (TINSP02)
20.03 suggests new ideas	<input type="text"/> (1)	<input type="text"/> (2)	XINSP03 / YINSP01 (TINSP03)
20.04 clarifies educational objectives	<input type="text"/> (1)	<input type="text"/> (2)	XINSP04 / YINSP04 (TINSP04)
20.05 explains curriculum content	<input type="text"/> (1)	<input type="text"/> (2)	XINSP05 / YINSP05 (TINSP05)
20.06 recommends new teaching materials	<input type="text"/> (1)	<input type="text"/> (2)	XINSP06 / YINSP06 (TINSP06)
20.07 provides information for self-development	<input type="text"/> (1)	<input type="text"/> (2)	XINSP07 / YINSP07 (TINSP07)
20.08 contributes very little to my classroom teaching	<input type="text"/> (1)	<input type="text"/> (2)	XINSP08 / YINSP08 (TINSP08)
20.09 makes suggestions on improving teaching methods	<input type="text"/> (1)	<input type="text"/> (2)	XINSP09 / YINSP09 (TINSP09)
20.10 encourages professional contacts with teachers in other schools	<input type="text"/> (1)	<input type="text"/> (2)	XINSP10 / YINSP10 (TINSP10)
20.11 provides in-service training to teachers	<input type="text"/> (1)	<input type="text"/> (2)	XINSP11 / YINSP11 (TINSP11)
20.12 finds faults and reports them to my employer	<input type="text"/> (1)	<input type="text"/> (2)	XINSP12 / YINSP12 (TINSP12)

21. What does the Advisor actually do when visiting?
(Please tick the appropriate box for each statement.)

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The Advisor actually does the following:

	No	Yes	
21.01 advises me	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV01/YADV01 (TADV01)
21.02 criticises me	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV02/YADV02 (TADV02)
21.03 suggests new ideas	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV03/YADV03 (TADV03)
21.04 clarifies educational objectives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV04/YADV04 (TADV04)
21.05 explains curriculum content	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV05/YADV05 (TADV05)
21.06 recommends new teaching materials	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV06/YADV06 (TADV06)
21.07 provides information for self-development	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV07/YADV07 (TADV07)
21.08 contributes very little to my classroom teaching	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV08/YADV08 (TADV08)
21.09 makes suggestions on improving teaching methods	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV09/YADV09 (TADV09)
21.10 encourages professional contacts with teachers in other schools	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV10/YADV10 (TADV10)
21.11 provides in-service training to teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV11/YADV11 (TADV11)
21.12 finds faults and reports them to my employer	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XADV12/YADV12 (TADV12)

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

XSHADV/YSHADV
(TSHADV)

- ☐
(1) Never
- ☐
(2) Once a year
- ☐
(3) Once a term
- ☐
(4) Once or more a month
- ☐
(5) I am the School Head.

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SOME QUESTIONS ABOUT EDUCATION RESOURCE CENTRES (SOMETIMES CALLED EDUCATION CENTRES OR TEACHER RESOURCE CENTRES).

NOTE: An education resource centre (or education centre or teacher resource centre) is a place where teachers from different schools in the surrounding area can go to borrow teaching materials and/or produce teaching materials (such as books, wall charts, games, equipment, etc.) or seek the advice of the staff of the resource centre concerning some aspect of classroom lessons.

23. Is there an education resource centre which serves your school?

(Please tick only one box.)

XRESCENT/YRESCENT
(TRESCENT)

☐ (1) No

☐ (2) Yes

24. What exactly have you used the education resource centre for during this academic year?

(Please tick only one box in the first part. If you have used the centre, please answer the second part, ticking the appropriate box for each statement.)

XRESUSED/ YRESUSED
(TRESUSED)

☐ (1) There is no education resource centre.

☐ (2) I have not visited the centre during this academic year.

☐ (3) I have used the centre in order to:

	No	Yes	
24.1 Borrow teaching/learning materials	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE1/YRESUSE1 (TRESUSE1)
24.2 Make teaching/learning materials	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE2/YRESUSE2 (TRESUSE2)
24.3 Attend training courses	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE3/YRESUSE3 (TRESUSE3)
24.4 Exchange ideas with teachers from other schools	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE4/YRESUSE4 (TRESUSE4)
24.5 Seek advice from the staff of the resource centre	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE5/YRESUSE5 (TRESUSE5)
24.6 Other	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	XRESUSE6/YRESUSE6 (TRESUSE6)

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SOME QUESTIONS ABOUT YOUR JOB AND LIVING ACCOMMODATION

25. There are many things that improve teachers' satisfaction with their work.
How important do you think each of the following is?
(Please tick the appropriate box for each statement.)

	Not important	Of some importance	Very important	
25.01 Your travel distance to school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS01/YSATIS01 (TSATIS01)
25.02 Location of school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS02/YSATIS02 (TSATIS01)
25.03 Quality of the school buildings	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS03/YSATIS03 (TSATIS01)
25.04 Availability of teacher housing	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS04/YSATIS04 (TSATIS01)
25.05 Quality of teacher housing	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS05/YSATIS05 (TSATIS01)
25.06 Availability of classroom furniture	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS06/YSATIS06 (TSATIS01)
25.07 Quality of classroom furniture	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS07/YSATIS07 (TSATIS01)
25.08 Level of teacher salary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS08/YSATIS08 (TSATIS01)
25.09 Timely payment of salaries	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS09/YSATIS09 (TSATIS01)
25.10 Seeing my pupils learn	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS10/YSATIS10 (TSATIS01)
25.11 Availability of classroom supplies (e.g., books, paper, pens, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS11/YSATIS11 (TSATIS01)
25.12 Quality of school management and administration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS12/YSATIS12 (TSATIS01)
25.13 Amicable working relationships with other staff members	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS13/YSATIS13 (TSATIS01)
25.14 Good relationships with the local community	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS14/YSATIS14 (TSATIS01)
25.15 Expanded opportunities for promotion	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS15/YSATIS15 (TSATIS01)
25.16 Opportunities for professional development through further study and/or training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	XSATIS16/YSATIS16 (TSATIS01)

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26. Of the fifteen reasons listed in the above question, rank the three that you consider to be the most important ones in order of importance.
(Please write the numbers of the reasons above, 25.__, in the boxes below.)

25.	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Most important reason	XSATMOST /YSATMOST <i>(TSATMOST)</i>
25.	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Second most important reason	XSATSECO /YSATSECO <i>(TSATSECO)</i>
25.	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Third most important reason	XSATTHIR /YSATTHIR <i>(TSATTHIR)</i>

27. Which of the following items do you have at home?
(Please tick the appropriate box for each item.)

	No	Yes	
27.01 Daily newspaper	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS01/YPOS01 <i>(TPOS01)</i>
27.02 Weekly or monthly magazine	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS02/YPOS02 <i>(TPOS02)</i>
27.03 Radio	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS03/YPOS03 <i>(TPOS03)</i>
27.04 TV set	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS04/YPOS04 <i>(TPOS04)</i>
27.05 Video cassette recorder (VCR)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS05/YPOS05 <i>(TPOS05)</i>
27.06 Cassette player	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS06/YPOS06 <i>(TPOS06)</i>
27.07 Telephone	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS07/YPOS07 <i>(TPOS07)</i>
27.08 Refrigerator/freezer	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS08/YPOS08 <i>(TPOS08)</i>
27.09 Car	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS09/YPOS09 <i>(TPOS09)</i>
27.10 Motorcycle	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS10/YPOS10 <i>(TPOS10)</i>
27.11 Bicycle	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS11/YPOS11 <i>(TPOS11)</i>
27.12 Piped water	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS12/YPOS12 <i>(TPOS12)</i>
27.13 Electricity (mains, generator, solar)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS13/YPOS13 <i>(TPOS13)</i>
27.14 Table to write on	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small>	XPOS14/YPOS14 <i>(TPOS14)</i>

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28. Approximately how many of the following livestock do you own?
(Please write the number in the boxes for each item.)

28.1	Cattle	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS1/YLIVS1 <i>(TLIVS1)</i>
28.2	Sheep	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS2/YLIVS2 <i>(TLIVS2)</i>
28.3	Goats	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS3/YLIVS 3 <i>(TLIVS3)</i>
28.4	Horses	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS4/YLIVS 4 <i>(TLIVS4)</i>
28.5	Donkeys	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS5/YLIVS 5 <i>(TLIVS5)</i>
28.6	Pigs	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS6/YLIVS 6 <i>(TLIVS6)</i>
28.7	Chickens	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS7/YLIVS 7 <i>(TLIVS7)</i>
28.8	Other stock	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	XLIVS8/YLIVS 8 <i>(TLIVS8)</i>

29. What is the main source of lighting you have at home?
(Please tick only one box.)
- XLIGHT/YLIGHT**
(TLIGHT)

<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(1)	Candle
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(2)	Paraffin or oil lamp
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(3)	Gas lamp
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(4)	Electric lighting

30. Which of the following reflects most accurately the condition of your living accommodation?
(Please tick only one box.)
- XLIVING/YLIVING**
(TLIVING)

<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(1)	Generally in a poor state
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(2)	Some parts require major repairs
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(3)	Some parts require minor repairs
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	(4)	Generally in good condition

MAIN STUDY 2000 (Seychelles)

SECTION 2: ENGLISH

NOTE: This section is to be completed only by teachers teaching English in Primary 6. Teachers (also) teaching Mathematics are to complete Section 3 (too).

31. Does the school report for each pupil include a specific section for comment on English?

(Please tick only one box.)

TREPENGL

☐ (1) No

☐ (2) Yes

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

(Please tick the appropriate box for each statement.)

	Not important	Of some importance	Very important	
32.01 Listening to someone reading aloud	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT01
32.02 Silent reading	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT02
32.03 Learning new vocabulary from a text	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT03
32.04 Pronouncing or sounding words	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT04
32.05 Reading for comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT05
32.06 Taking books home to read	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT06
32.07 Reading materials in the home	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT07
32.08 Reading aloud in class	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRACT08

33. Of the eight 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.)

32.

TRACTMOS

MAIN STUDY 2000 (Seychelles)

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

TSIGNENG

☐ (1) No

☐ (2) Yes

35. How important do you view each of the following goals of Reading to be?
(Please tick the appropriate box for each statement.)

	Not important	Of some importance	Very important	
35.1 Making reading enjoyable	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL01
35.2 Extending students' vocabulary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL02
35.3 Improving word attack skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL03
35.4 Improving students' reading comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL04
35.5 Developing a lasting interest in reading	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL05
35.6 Opening up career opportunities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL06
35.7 Development of life skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRGOAL07

36. Of the seven 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.)

35.

TRGOALMO

MAIN STUDY 2000 (Seychelles)

37. How often do you use the following approaches when teaching Reading?
(Please tick the appropriate box for each statement.)

	Never or Rarely	Sometimes	Often	
37.1 Introducing the background of a passage before reading it	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR01
37.2 Asking questions to assess text comprehension	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR02
37.3 Asking questions to deepen understanding	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR03
37.4 Using materials you have created yourself	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR04
37.5 Reading aloud to the class	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR05
37.6 Giving positive feedback	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TRAPPR06

38. How often do you give your pupils a written test in Reading comprehension?
(Please tick *only one* box.)

TTESTREA

- ☐
(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

MAIN STUDY 2000 (Seychelles)

SECTION 3: MATHEMATICS

NOTE: This section is to be completed only by Primary 6 Mathematics teachers.

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

TREPMATH

☐ No
(1)

☐ Yes
(2)

40. How important do you consider the following pupil activities to be in the teaching of Mathematics?
(Please tick the appropriate box for each statement.)

	Not important	Of some importance	Very important	
40.01 Working in pairs or groups to solve mathematical problems.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT01
40.02 Working alone on problems.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT02
40.03 Preparing projects or posters to be shown to the class.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT03
40.04 Using practical equipment, e.g., scales, calculators, rulers, tape measures, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT04
40.05 Homework assignments	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT05
40.06 Studying and interpreting graphs from magazines, newspapers, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT06
40.07 Reciting tables, formulae, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT07
40.08 Quizzes, tests, examinations, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMACT08

41. Of the eight 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.)

40.

TMACTMOS

MAIN STUDY 2000 (Seychelles)

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

TSIGNMAT

☐ (1) No

☐ (2) Yes

43. How important do you view each of the following goals of Mathematics to be for students?
(Please tick the appropriate box for each statement.)

	Not important	Of some importance	Very important	
43.1 Basic numeracy skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL01
43.2 Problem solving (transfer of skills to everyday life and applying knowledge)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL02
43.3 Thinking skills including different ways of thinking in solving mathematical problems	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL03
43.4 Confidence in solving Mathematics problems	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL04
43.5 Satisfaction from doing Mathematics	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL05
43.6 Opening up career opportunities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL06
43.7 Development of life skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMGOAL07

44. Of the seven 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.)

43.

TMGOALMO

MAIN STUDY 2000 (Seychelles)

45. How often do you use the following approaches when teaching Mathematics?
(Please tick the appropriate box for each statement.)

	Never or Rarely	Sometimes	Often	
45.01 Using everyday problems (verbally, written or worksheets)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR01
45.02 Teaching the whole class as a group	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR02
45.03 Teaching in a small group	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR03
45.04 Teaching individually	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR04
45.05 Teaching through question and answer techniques	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR05
45.06 Giving positive feedback	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR06
45.07 Relating to everyday life situations as much as possible	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR07
45.08 Basic skills training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR08
45.09 Explaining mathematical processes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR09
45.10 Using available local materials (for example, for measuring area or volume)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	TMAPPR10

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

TTESTMAT

- ☐
(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

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
NOW PLEASE TURN THE PAGE AND COMPLETE THE READING TEST.