

MAIN STUDY 2000 (Seychelles)

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

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

Primary 6 Study of English and Mathematics

Pupil Booklet

Part A: Questionnaire

SOME QUESTIONS ABOUT YOU

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

6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

6M	6N	6O	6P	6Q	6R	6S	6T	6U	6V	6W	6X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)

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"/>

MAIN STUDY 2000 (Seychelles)

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

☐ (1) Boy

☐ (2) Girl

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

☐ (1) Never

☐ (2) Sometimes

☐ (3) All of the time

SOME QUESTIONS ABOUT THE PLACE WHERE YOU STAY DURING THE SCHOOL WEEK

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

☐ (1) In my parents' /legal guardian's home

☐ (2) With other relatives or another family

☐ (3) In a hostel/boarding school accommodation

☐ (4) Somewhere by myself or with other children

NOTE: For questions 6 to 9, please describe the place where you stay during the school week.

MAIN STUDY 2000 (Seychelles)

6. How many books are in the place (home) where you stay during the school week?

(Please tick only one box. Please do NOT count newspapers, magazines or school textbooks.)

☐ (1) There are no books

☐ (2) 1-10 books

☐ (3) 11-50 books

☐ (4) 51-100 books

☐ (5) 101-200 books

☐ (6) 201 or more books

7. Which of the following things can be found in the place (home) where you stay during the school week?

(Please tick all that apply. If an item is broken at present but can be mended, tick it)

7.01 Daily newspaper ☐ (2)

7.02 Weekly or monthly magazine ☐ (2)

7.03 Radio ☐ (2)

7.04 TV set ☐ (2)

7.05 Video cassette recorder (VCR) ☐ (2)

7.06 Cassette player ☐ (2)

7.07 Telephone ☐ (2)

7.08 Refrigerator/freezer ☐ (2)

7.09 Car ☐ (2)

7.10 Motorcycle ☐ (2)

7.11 Bicycle ☐ (2)

7.12 Piped water ☐ (2)

MAIN STUDY 2000 (Seychelles)

7.13 Electricity (mains, generator, solar)

(2)

7.14 Table to write on

(2)

8. What is the main source of lighting by which you can read in the place (home) where you stay during the school week?
(Please tick only one box.)

(1)

Fire

(2)

Candle

(3)

Paraffin or oil lamp

(4)

Gas lamp

(5)

Electric lighting

(6)

There is no lighting

9. Approximately how many of the following livestock are owned by the household or place where you stay during the school week ?
(Please write the number in the boxes for each item.)

9.1 Cattle

--	--	--	--

9.2 Sheep

--	--	--	--

9.3 Goats

--	--	--	--

9.4 Horses

--	--	--	--

9.5 Donkeys

--	--	--	--

9.6 Pigs

--	--	--	--

9.7 Chickens

--	--	--	--

9.8 Other livestock that can be sold for food

--	--	--	--

MAIN STUDY 2000 (Seychelles)

10. How often do you normally eat each of the following meals?
(Please tick the appropriate box for each meal.)

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

11. What is the highest level of education that your mother (or female guardian) has completed?
(Please tick only one box.)

- ☐
(01) Did not go to school and had no adult education
- ☐
(02) Completed some primary education
- ☐
(03) Completed all of primary education
- ☐
(04) Completed some secondary education
- ☐
(05) Completed all of primary and secondary education (12 years)
- ☐
(06) Completed some education/training after secondary school
- ☐
(07) Completed university education
- ☐
(08) I don't know
- ☐
(09) I don't have a mother or female guardian

MAIN STUDY 2000 (Seychelles)

12. What is the highest level of education that your father (or male guardian) has completed?

(Please tick only one box.)

- ☐ (01) Did not go to school and had no adult education
- ☐ (02) Completed some of primary education
- ☐ (03) Completed all of primary education
- ☐ (04) Completed some of secondary education
- ☐ (05) Completed all of primary and secondary education (12 years)
- ☐ (06) Completed some education/training after secondary school
- ☐ (07) Completed university education
- ☐ (08) I don't know
- ☐ (09) I don't have a father or male guardian

13. What is the surface (covering) of the **floor** of the place (home) where you stay during the school week mostly made from?

(Please tick only one box.)

- ☐ (1) Earth or clay with or without covering
- ☐ (2) Canvas
- ☐ (3) Wooden planks
- ☐ (4) Cement
- ☐ (5) Carpet/tiles (plastic, ceramic or wooden)

MAIN STUDY 2000 (Seychelles)

14. What are the **outside walls** of the place (home) where you stay during the school week mostly made of?
(Please tick only one box.)

- ☐ (1) Cardboard/ Plastic sheeting/ Canvas
- ☐ (2) Reeds/ Sticks/ Grass thatch
- ☐ (3) Stones/ Mudbricks
- ☐ (4) Metal sheets / Asbestos sheets
- ☐ (5) Wood (planks or timber)
- ☐ (6) Cut stone/ Concrete blocks/ Burned bricks

15. What is the **roof** of the place (home) where you stay during the school week mostly made of?
(Please tick only one box.)

- ☐ (1) Cardboard/ Plastic sheeting /Canvas
- ☐ (2) Grass thatch and mud
- ☐ (3) Metal sheets/ Asbestos sheets
- ☐ (4) Cement or concrete
- ☐ (5) Tiles

SOME QUESTIONS ABOUT YOUR SCHOOL

16. On how many school days were you absent (not present at school) during the month of _____ ?
(Please write the number in the boxes below. Please write '00' if you were not absent.)

MAIN STUDY 2000 (Seychelles)

days

17. What was the reason for your absence?
(Please tick all that apply.)

- | | | |
|------|--|---------------------------------|
| 17.1 | I was <u>not</u> absent. | <input type="checkbox"/>
(2) |
| 17.2 | I was ill. | <input type="checkbox"/>
(2) |
| 17.3 | Family reasons (for example, funerals, weddings, illness etc.) | <input type="checkbox"/>
(2) |
| 17.4 | I had to work. | <input type="checkbox"/>
(2) |
| 17.5 | Bad weather or floods | <input type="checkbox"/>
(2) |
| 17.6 | I was not allowed to go to school because school fees were not paid. | <input type="checkbox"/>
(2) |
| 17.7 | Other reasons | <input type="checkbox"/>
(2) |

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

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/>
(1) | I have <u>never</u> repeated. |
| <input type="checkbox"/>
(2) | I have repeated once. |
| <input type="checkbox"/>
(3) | I have repeated twice. |
| <input type="checkbox"/>
(4) | I have repeated three or more times. |

19. Are you repeating Primary 6 this year?
(Please tick only one box.)

- | | |
|---------------------------------|---|
| <input type="checkbox"/>
(1) | No, I am in Primary 6 for the first time. |
| <input type="checkbox"/>
(2) | Yes, I am repeating Primary 6. |

20. Are you allowed to take **library books** home from school, that is, from the school library and/or a class library, book corner or book box?
(Please tick only one box.)

MAIN STUDY 2000 (Seychelles)

- ☐₍₁₎ There are no library books at school or in the class.
- ☐₍₂₎ No
- ☐₍₃₎ Yes

21. How many of the following items do you have to work with this term?
(Please write the number in the boxes for each item. Please write '00' if you do not have any.)

- | | | |
|------|--|---|
| 21.1 | Exercise books (which are marked by the teacher) | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.2 | Notebooks (which are <u>not</u> marked by the teacher) | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.3 | Pencils | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.4 | Pencil sharpeners | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.5 | Pencil erasers | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.6 | Rulers | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.7 | Pens or ball point pens | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |
| 21.8 | Files/folders (with loose sheets in them) | <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> |

22. What do you **sit** on in your classroom?
(Please tick only one box.)

- ☐₍₁₎ I sit on the floor.
- ☐₍₂₎ I sit on a log, stone, box, tin, etc.
- ☐₍₃₎ I sit on a chair, a bench or on a seat at a desk.

23. What **writing place** do you have in your classroom?
(Please tick only one box.)

- ☐₍₁₎ I have nowhere special to write.
- ☐₍₂₎ I write on the chair, bench, log, stone, box, or tin that I otherwise sit on.
- ☐₍₃₎ I write on a desk or table.

MAIN STUDY 2000 (Seychelles)

SOME QUESTIONS ABOUT HELP YOU GET WITH YOUR SCHOOL WORK

24. How often does a person other than your teacher make sure that you have done your homework?
(Please tick only one box.)

<input type="checkbox"/> (1)	I do <u>not</u> get any homework.
<input type="checkbox"/> (2)	Never
<input type="checkbox"/> (3)	Sometimes
<input type="checkbox"/> (4)	Most of the time

25. How often does a person other than your teacher usually help you with your homework?
(Please tick only one box.)

<input type="checkbox"/> (1)	I do <u>not</u> get any homework.
<input type="checkbox"/> (2)	Never
<input type="checkbox"/> (3)	Sometimes
<input type="checkbox"/> (4)	Most of the time

26. How often does a person other than your teacher ask you to read to him/her?
(Please tick only one box.)

<input type="checkbox"/> (1)	Never
<input type="checkbox"/> (2)	Sometimes
<input type="checkbox"/> (3)	Most of the time

MAIN STUDY 2000 (Seychelles)

27. How often does a person other than your teacher ask you to do mathematical calculations?

(Please tick only one box.)

☐
(1)

Never

☐
(2)

Sometimes

☐
(3)

Most of the time

28. How often does a person other than your teacher ask you questions about what you have been reading?

(Please tick only one box.)

☐
(1)

Never

☐
(2)

Sometimes

☐
(3)

Most of the time

29. How often does a person other than your teacher ask you questions about what you have been doing in Mathematics?

(Please tick only one box.)

☐
(1)

Never

☐
(2)

Sometimes

☐
(3)

Most of the time

30. How often does a person other than your teacher look at the work that you have completed at school?

(Please tick only one box.)

MAIN STUDY 2000 (Seychelles)

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

31. Do you take extra tuition outside school hours in the following school subjects ?
(Please tick all that apply.)

- 31.1 ☐₍₂₎ English
- 31.2 ☐₍₂₎ Mathematics
- 31.3 ☐₍₂₎ Other subjects

32. Is there any payment made to the teacher who gives you extra tuition outside school hours in the subjects you learn at school?
(Please tick only one box.)

- ☐₍₁₎ I do not take extra tuition.
- ☐₍₂₎ There is a payment
- ☐₍₃₎ There is no payment
- ☐₍₄₎ I do not know

SOME QUESTIONS ABOUT YOUR ENGLISH CLASS.

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

- ☐₍₁₎ I do not get any Reading homework.
- ☐₍₂₎ Once or twice each month

MAIN STUDY 2000 (Seychelles)

☐ (3) Once or twice each week

☐ (4) Most days of the week

34. How often does your teacher correct your Reading homework?
(Please tick only one box.)

☐ (1) I do not get any Reading homework.

☐ (2) My teacher never corrects my Reading homework.

☐ (3) My teacher sometimes corrects my Reading homework.

☐ (4) My teacher corrects most of my Reading homework.

☐ (5) My teacher always corrects my Reading homework.

35. How are the Reading textbooks used in your classroom during the lessons?
(Please tick only one box.)

☐ (1) There are no Reading textbooks.

☐ (2) Only the teacher has a Reading textbook.

☐ (3) I share a Reading textbook with two or more pupils.

☐ (4) I share a Reading textbook with one pupil.

☐ (5) I use a Reading textbook by myself.

SOME QUESTIONS ABOUT YOUR MATHEMATICS CLASS

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

MAIN STUDY 2000 (Seychelles)

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

37. How often does your teacher correct your Mathematics homework?
(Please tick only one box.)

- ☐ (1) I do not get any Mathematics homework.
- ☐ (2) My teacher never corrects my Mathematics homework.
- ☐ (3) My teacher sometimes corrects my Mathematics homework.
- ☐ (4) My teacher corrects most of my Mathematics homework.
- ☐ (5) My teacher always corrects my Mathematics homework.

38. How are the Mathematics textbooks used in your classroom during the lessons?
(Please tick only one box.)

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

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.

MAIN STUDY 2000 (Seychelles)

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