

**QUALITY PRESCHOOL FOR GHANA STUDY**  
**KG CLASSROOM OBSERVATION FORM**  
**FOLLOW-UP II SURVEY**  
**FEBRUARY 2017**

<b>A. IDENTIFICATION</b>		
<b>A1.</b>	Interviewer code	<input type="text"/>
<b>A2.</b>	Interviewer name	<input type="text"/>
<b>A3.</b>	Team Leader's Name	<input type="text"/>
<b>A4.</b>	Interview date	<input type="text"/> <input type="text"/> <input type="text"/> _2_0_1_7_ Day Month Year
<b>A5.</b>	Teacher ID	<input type="text"/>
<b>A6.</b>	Confirm teacher ID	<input type="text"/>
<b>A7.</b>	Video name	<input type="text"/>
<b>A8.</b>	What is your name ( <i>first name, surname</i> )?	<input type="text"/>
<b>A9.</b>	Sex of the KG teacher	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
<b>A10.</b>	Teacher's class	1. <input type="checkbox"/> KG1 2. <input type="checkbox"/> KG 2 3. <input type="checkbox"/> Combined KG
<b>A11.</b>	What is your telephone number (1)? <b>ENTER NUMBER.</b>	<input type="text"/>
<b>A12.</b>	What is your telephone number (2)? <b>ENTER NUMBER.</b>	<input type="text"/>
<b>A13.</b>	District name	<input type="text"/>
<b>A14.</b>	ID of the School	<input type="text"/>
<b>A15.</b>	Name of the school	<input type="text"/>
<b>A16.</b>	Type of school	1. <input type="checkbox"/> Private 2. <input type="checkbox"/> Public
<b>A17.</b>	Time interview started	<input type="text"/> <input type="text"/> (24 HRS) HH MM
<b>A18.</b>	Time interview ended	<input type="text"/> <input type="text"/> (24 HRS) HH MM

**INTERVIEWER:** ADMINISTER INFORMED CONSENT TO RESPONDENT BEFORE YOU BEGIN.

## B. CONSENT

Good day, my name is ..... I work with Innovations for Poverty Action (IPA) here in Accra. IPA is working with researchers at New York University in the United States, Ghana Education Service and the National Nursery Teacher Training Centre, Accra to learn about how to provide kindergarten teachers with effective training and support so they can best teach young children to learn. We have received official permission from the Ghana Education Service (and your school head) to conduct this survey. Our research team wants to learn from you. Even though the study may not directly benefit you, the information you share with us will contribute to the improvement of kindergarten education in the region.

As part of our goal in promoting high-quality classroom instructions at the kindergarten level, we have found it helpful to make video recordings of class lessons at the kindergarten level. The video recordings will help us understand how KG teachers interact with children in the class. We are not reporting on individual teachers; neither are we sharing this video with other schools or GES. We would like you to teach your class exactly as you would teach in regular circumstances. The video recording will take about 30 minutes or 1 hour per kindergarten class (depending on the duration of your class lesson). The recording will only be used by IPA to aid in providing quality teacher training programs in Ghanaian schools.

No.	Questions	Coding Categories	Skip To
<b>B01</b>	Do you agree to participate in this survey?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→ <b>B02</b>

## C. DETAILS OF THE VIDEO

C01.	Subject being taught in class during video recording.	1. [ ] Language and literacy (language development), 2. [ ] Creative activities (drawing and writing) 3. [ ] Mathematics (number work), 4. [ ] Environmental studies 5. [ ] Movement and drama (music and dance) 6. [ ] Physical development (physical education) 7. [ ] Outdoor play 8. [ ] Other (specify)_____	
C02.	Were there any problems encountered during videotaping?	1. [ ] Yes 2. [ ] No	
C03.	What were the problems encountered during videotaping?	1. [ ] Class was disrupted 2. [ ] Poor lighting 3. [ ] Poor sound 4. [ ] Recordings cancel or stop prematurely 5. [ ] Other (specify)_____	

<b>C04.</b>	Any comments that might be useful for understanding the videotape?				
<b>D. CLASSROOM INVENTORY CHECKLIST</b>					
	Please scan the classroom and mark or check the choice that most closely describes your observation.				
<b>D01.</b>	How many teachers are in the classroom?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One 3. <input type="checkbox"/> Two 4. <input type="checkbox"/> Three or greater			
<b>D02.</b>	The classroom is:	1. <input type="checkbox"/> Open/outdoor 2. <input type="checkbox"/> Covered, with open sides 3. <input type="checkbox"/> Covered, with four walls			
<b>D03.</b>	What is the seating arrangement in the classroom?	1. <input type="checkbox"/> In rows 2. <input type="checkbox"/> In groups 3. <input type="checkbox"/> No particular arrangement			
<b>D04.</b>	Approximately how many students are in the classroom?	1. <input type="checkbox"/> Fewer than 25 children 2. <input type="checkbox"/> 26-50 children 3. <input type="checkbox"/> 51-75 children 4. <input type="checkbox"/> 76-100 children 5. <input type="checkbox"/> 101 or greater children			
<b>D05.</b>	The majority of students are on:	1. <input type="checkbox"/> Bare floor 2. <input type="checkbox"/> Mats 3. <input type="checkbox"/> Seats with tables 4. <input type="checkbox"/> Seats without tables 5. <input type="checkbox"/> Not seated			
<b>D06.</b>	Please mark Yes or No, as appropriate, for the questions below:	Yes	No	Unobservable	
<b>a.</b>	Are children wearing uniforms?				
<b>b.</b>	Are there writing materials in the classroom? (e.g., pencils, chalk, paper)				
<b>c.</b>	Are there books in the classroom?				
<b>d.</b>	Is there adequate seating space for all students?				
<b>e.</b>	Is there adequate writing space for all students?				
<b>f.</b>	Does outside noise affect communication?				
<b>g.</b>	Does the classroom have a blackboard?				
<b>h.</b>	Are there charts/posters displayed in the classroom?				
<b>i.</b>	Is there a chair and/or table for the teacher in the classroom?				

<b>j.</b>	Is there adequate lighting in the classroom?				
<b>k.</b>	Students participate in classroom management activities (such as cleaning the blackboard)?				
	<b>Outcome of Video Recording</b>				
<b>B02</b>	Outcome of this questionnaire. <b>TICK ONE OPTION.</b>	1. <input type="checkbox"/> Refused 2. <input type="checkbox"/> Completed 3. <input type="checkbox"/> Partially completed 4. <input type="checkbox"/> Not available 5. <input type="checkbox"/> Incapacitated 6. <input type="checkbox"/> Sample loss due to teacher's movement from KG class/school 7. <input type="checkbox"/> Other (specify)_____			→ <b>B03</b>  → <b>B04</b>
<b>B03</b>	If refused, why?	1. <input type="checkbox"/> Busy 2. <input type="checkbox"/> Not interested 3. <input type="checkbox"/> Wants more information 4. <input type="checkbox"/> Other (specify)_____			
<b>B04</b>	Why is the video recording incomplete?	_____			

**END TIME:** \_\_\_\_\_ This is the end of our questionnaire. Thank you so much for your time, we really appreciate your help.