

OECD Programme for International Student Assessment 2015

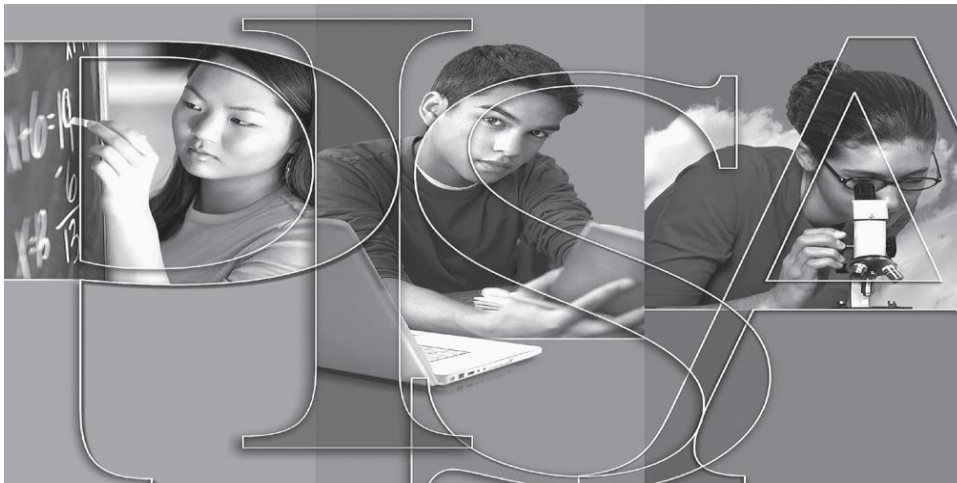


PISA Ireland

Ireland
Language: English [ISO 372]

PARENT QUESTIONNAIRE

PISA 2015
MAIN STUDY (MARCH 2015)



*Educational Research Centre
Foras Taighde ar Oideachas*

What is this questionnaire about?

The student who brought this questionnaire home was selected to participate in the Programme for International Student Assessment (PISA). This is a study that focuses on the science knowledge and attitudes of students who are 15 and 16 years old (even though some students in Ireland may not study science in school). It also looks at mathematics and reading.

The study is organised by the Organisation for Economic Cooperation and Development (OECD) and involves students from about 70 different countries. In Ireland, the Educational Research Centre, Drumcondra is implementing PISA on behalf of the Department of Education and Skills.

As part of the study, we are also asking students' parents about:

- Your child's home and family
- Your child's school
- Your child's education
- Your views on science and the environment
- Your background
- Bullying, attendance and your child.

The information will help us to better understand students' knowledge of and attitudes to science. It will help to develop policies to improve children's education in Ireland. Your name and other identifying information is not required.

Any information collected will be treated in strictest confidence and no individual or family will be identifiable in any publication. When the information is entered into a database, the questionnaires will be disposed of in a secure manner. In Ireland, PISA is being carried out in accordance with the Data Protection and Statistics Acts.

We ask you to respond to all the questions you feel comfortable answering. There are no right or wrong answers: pick the responses that suit you best.

If you have any questions or queries, please contact:

Gerry Shiel

Educational Research Centre

St Patrick's College, Drumcondra, Dublin 9.

Email: PISA2015@erc.ie.

Phone: 01-8373789.

More information on PISA can be found at www.erc.ie/PISA and www.pisa.oecd.org.

When I am asked about science, what should I think about?

In this questionnaire, science refers to the skills and knowledge acquired in subjects like physics, chemistry, and biology.

Who should complete this questionnaire?

This questionnaire should be completed by a parent (or jointly by both parents) or other primary caregiver of the student. The student who brought this questionnaire home is referred to as 'your child'.

SECTION A: YOUR FAMILY

Q1

PA001

Who will complete this questionnaire?

(Please tick all that apply.)

Mother or other female guardian ☐₁

Father or other male guardian ☐₁

Other ☐₁

Please answer this question with reference to the student who brought this questionnaire home.

Q2

PA002

Thinking back to when your child was about 10 years old, how often would your child have done these things?

(Please tick only one box in each row.)

	<i>Very often</i>	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>
Watched TV programmes about science	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Read books on scientific discoveries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Watched, read or listened to science fiction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Visited web sites about science topics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Attended a science-related camp or club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Played with building toys, e.g. Lego bricks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Took apart technical devices	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fixed broken objects or items, e.g. broken electronic toys	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Experimented with a science kit, electronics kit, or chemistry set, used a microscope or telescope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Played science computer games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q3

PA003

How often do you or does someone else in your home do the following things with your child?

(Please tick only one box in each row.)

	<i>Never or hardly ever</i>	<i>Once or twice a year</i>	<i>Once or twice a month</i>	<i>Once or twice a week</i>	<i>Every day or almost every day</i>
Discuss how well my child is doing at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Eat dinner with my child around a table.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Spend time just chatting to my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Help my child with his/her science homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talk to my child about how he/she is getting on in science class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Get science-related things (e.g., applications, software, study guides) for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talk about how science is used in everyday life with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talk about possible science-related careers with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q4
PA004

Thinking about the 2014-2015 school year, to what extent do you agree with the following statements?

(Please tick only one box in each row.)

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
I am interested in what my child does at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I support my child's efforts and achievements at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I support my child when he/she is facing difficulties at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I encourage my child to be confident.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION B: YOUR CHILD'S SCHOOL

We are interested in the options you had as parents when choosing the school your child is currently attending.

Q5

PA005

Which of the following statements best describes the schooling available to students in your local area?

(Please tick only one box.)

There are two or more other schools in this area that my child could attend.

☐ ₁

There is one other school in this area that my child could attend.

☐ ₂

There are no other schools in this area that my child could attend.

☐ ₃

Q6

PA006

How important are the following reasons for choosing a school for your child?*(Please tick only one box in each row.)*

	<i>Not important</i>	<i>Somewhat important</i>	<i>Important</i>	<i>Very important</i>
The school is at a short distance from home.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school has a good reputation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school offers particular courses or school subjects.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school has a particular religious ethos.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school has a particular approach (e.g. student-centred approach) to teaching and learning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other family members attended the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Costs are low (e.g. fees, books, boarding costs).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school has financial aid available, such as a school loan, scholarship, or grant.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The school has an active and pleasant school climate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Students in the school do well academically.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
There is a safe school environment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q7

PA007

*We are interested in what you think about your child's school.***How much do you agree or disagree with the following statements?***(Please tick only one box in each row.)*

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
Most of my child's school teachers seem good at their job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Standards of achievement are high in my child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am happy with the content taught and the instructional methods used in my child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am satisfied with the level of discipline in my child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's progress is carefully monitored by the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school provides regular and useful information on my child's progress.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school does a good job in educating students.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school provides an inviting atmosphere for parents to get involved.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school provides effective communication between the school and family.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q7
PA007

(Continued) How much do you agree or disagree with the following statements?

(Please tick only one box in each row.)

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
My child's school involves parents in the school's decision-making process.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school offers parent education (e.g. effective parenting) or family support programmes (e.g. preventing bullying).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school provides information to families about homework and other school-related activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My child's school uses community services to help support school programmes and student development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q8

PA008

During the 2014-2015 school year, have you participated in any of the following school-related activities?

(Please tick only one box in each row.)

	<i>Yes</i>	<i>No</i>	<i>Not offered or supported by school</i>
Discussed my child's behaviour with a teacher on my own initiative.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Talked about my child's behaviour at the request of one of his/her teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Discussed my child's progress with a teacher on my own initiative.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Talked about my child's progress at the request of one of his/her teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Participated in the Board of Management or Parent's Association.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Volunteered in physical or extra-curricular activities (e.g. building maintenance, gardening or yard work, school play, sports day).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Volunteered to support school activities (e.g. school library or canteen, assisted a teacher, appeared as a guest speaker).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Attended a scheduled meeting or conference for parents.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Talked about how to support learning at home and homework with my child's teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Shared ideas on parenting, family support, or understanding of my child's development with my child's teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q9

PA009

During 2014-2015 school year, has your participation in activities at your child's school been negatively affected by any of the following issues?

(Please tick only one box in each row.)

	<i>Yes</i>	<i>No</i>
The meeting times were inconvenient.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I was not able to get off from work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I had no one to take care of my child/children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The route to school is unsafe.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I had problems with transportation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I felt unwelcome at my child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
My language skills are poor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I didn't think it was relevant to my child's development to participate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I'm not sure how I could participate in school activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
My child does not want me to participate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q10

PA011

We are interested in parents' interaction with the child's school friends and school staff.*(Please tick only one box in each row.)*

	<i>None</i>	<i>1-2</i>	<i>3-5</i>	<i>6 or more</i>
How many parents of your child's friends at this school do you know by name?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How many friends of your child at school do you know by name?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How many of the school staff would you feel comfortable talking to if you had a question about your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION C: YOUR CHILD'S PREVIOUS EDUCATION

Some of the questions in this section ask about your child beginning primary school. In Ireland, the first year of primary school is Junior Infants.

If your child did not begin primary school in Ireland, please answer the questions with reference to the equivalent of 'Junior Infants' in the country that your child was in when he or she began primary school.

Q11

PA014

At what age did your child start attending Junior Infants?

Years of age: _____

Q12

PA018

Did your child regularly attend either of the following before Junior Infants?

(Please tick only one box in each row.)

	Yes	No	
Childcare (e.g. nursery school, daycare, childminder)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>If yes, please answer questions 13 – 16</i>
Pre-primary education, whether private or not (e.g. playschool, Montessori, pre-school, naíonraí Irish language pre-school, Early Start, Traveller pre-school programme)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<i>If yes, please answer questions 17 – 20</i>

If you answered 'no' to both parts of this question, please go to Q21.

Q13

PA019

At what ages did your child attend childcare prior to Junior Infants?

(Please tick all that apply.)

Up to age 1 ☐ ₁

Age 1 ☐ ₁

Age 2 ☐ ₁

Age 3 ☐ ₁

Age 4 ☐ ₁

Age 5 ☐ ₁

Age 6 ☐ ₁

Age 7 ☐ ₁

Q14

PA020

Who took care of your child in childcare?*(Please tick all that apply.)*

A brother or sister of the child, who would have been less than 16 years old ☐₁

An adult relative of the child (e.g. grandparent) ☐₁

An adult untrained in child care, not a relative (e. g. babysitter, friend, neighbour) ☐₁

A trained adult (e.g. childcare worker, nurse) ☐₁

Q15

PA021

Where did the childcare take place?*(Please tick all that apply.)*

The child's own home ☐₁

Another person's home ☐₁

An institutional setting (e.g. nursery school, daycare) ☐₁

Another place ☐₁

Q16

PA022

What was the most important reason why your child attended childcare?*(Please tick only one box.)*

Attendance was mandatory ☐₁

We/I could not care for the child (e.g. work, illness). ☐₂

We/I wanted additional learning stimulation for the child (e.g. social, academic). ☐₃

Most other children attended childcare. ☐₄

Q17

PA027

At what ages did your child attend pre-primary education prior to Junior Infants?

(Please tick all that apply.)

Age 2 ☐ ₁

Age 3 ☐ ₁

Age 4 ☐ ₁

Age 5 ☐ ₁

Age 6 ☐ ₁

Age 7 ☐ ₁

Please consider now the last pre-primary education your child attended prior to Junior Infants.

Q18

PA028

What type of provider offered this pre-primary education?

(Please tick only one box.)

Public management and mainly public funding (e.g. Early Start. Traveller pre-school programmes) ☐ ₁

Private management and mainly public funding ☐ ₂

Private management and mainly private funding (e.g. playschool, Montessori, pre-school, naíonraí – Irish language pre-school) ☐ ₃

Q19

PA029

How many hours per week did your child attend pre-primary education at the age of three years?

(Please tick only one box.)

- | | |
|---------------------------|---------------------------------------|
| 0 hours per week | <input type="checkbox"/> ₁ |
| up to 10 hours per week | <input type="checkbox"/> ₂ |
| 11-20 hours per week | <input type="checkbox"/> ₃ |
| 21-30 hours per week | <input type="checkbox"/> ₄ |
| 31-40 hours per week | <input type="checkbox"/> ₅ |
| 41-50 hours per week | <input type="checkbox"/> ₆ |
| 51 hours per week or more | <input type="checkbox"/> ₇ |

Q20

PA030

What was the most important reason why your child attended pre-primary education?

(Please tick only one box.)

- | | |
|------------------------------------------------------------------------------------|---------------------------------------|
| Attendance was mandatory. | <input type="checkbox"/> ₁ |
| We/I could not care for the child (e.g. work, illness). | <input type="checkbox"/> ₂ |
| We/I wanted additional learning stimulation for the child (e.g. social, academic). | <input type="checkbox"/> ₃ |
| Most other children attended pre-primary education. | <input type="checkbox"/> ₄ |

SECTION D: YOUR VIEWS ON SCIENCE AND THE ENVIRONMENT

*The following questions refer to **science-related careers**. A science-related career is one that requires studying science at third level (e.g. university). So, careers like engineer (involving physics), weather forecaster (involving earth science), optician (involving biology and physics), and nurses/medical doctors (involving chemistry and biology) are all examples of science-related careers.*

Q21

PA032

Please answer the questions below.

(Please tick only one box in each row.)

	Yes	No
Does anybody in your family (including you) work in a science-related career?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Does your child show an interest in working in a science-related career?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Do you expect your child will go into a science-related career?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Has your child shown interest in studying science after completing post-primary school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Do you expect your child will study science after completing post-primary school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Science is an important part of the PISA study. We are interested in parents' opinions on science and on environmental issues. The following question asks about your views towards science.

Q22
PA033

How much do you agree or disagree with the following statements?

(Please tick only one box in each row.)

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
Science is important to help us to understand the natural world.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Science is valuable to society.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Science is very relevant to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I find that science helps me to understand the things around me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Advances in science usually bring benefits to society.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q23

PA035

Do you see the environmental issues below as a serious concern for yourself and/or others?

(Please tick only one box in each row.)

	<i>This is a serious concern for me personally as well as others</i>	<i>This is a serious concern for other people in my country but not for me personally</i>	<i>This is a serious concern only for people in other countries</i>	<i>This is not a serious concern for anyone</i>
Air pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Extinction of plants and animals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Clearing of forests for other land use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Shortage of water resources	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Nuclear waste	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Extreme weather conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Human contact with animal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fracking to access gas and oil	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q24

PA036

Do you think problems associated with the environmental issues below will improve or get worse over the next 20 years?

(Please tick only one box in each row.)

	<i>Improve</i>	<i>Stay about the same</i>	<i>Get worse</i>
Air pollution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Extinction of plants and animals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Clearing of forests for other land use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Shortage of water resources	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Nuclear waste	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Extreme weather conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Human contact with animal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fracking to access gas and oil	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION E: YOUR BACKGROUND

Q25

PA039

In what country were the following people in the child's family born?

(Please tick only one answer per column.)

	<i>Mother</i>	<i>Father</i>	<i>Maternal Grand- mother</i>	<i>Maternal Grand- father</i>	<i>Paternal Grand- mother</i>	<i>Paternal Grand- father</i>
Republic of Ireland	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Northern Ireland	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Great Britain	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Other	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄

Please answer the following question thinking of costs related to the student who brought this questionnaire home.

Q26

PA041

In the last twelve months, about how much would you have paid to educational providers on behalf of your child for services?

Please include any tuition fees you pay to your child's school, any other fees paid to individual teachers in the school or to other teachers for any tutoring your child receives, as well as any fees for grinds.

Do not include the costs of goods like sports equipment, school uniforms, computers or textbooks if they are not included in a general fee (that is, if you have to buy these things separately).

(Please tick only one box.)

- | | | |
|-------------------------------------|--------------------------|--------------|
| Nothing | <input type="checkbox"/> | ₁ |
| Less than €100 | <input type="checkbox"/> | ₂ |
| More than €100 but less than €900 | <input type="checkbox"/> | ₃ |
| €900 or more but less than €1,700 | <input type="checkbox"/> | ₄ |
| €1,700 or more but less than €2,500 | <input type="checkbox"/> | ₅ |
| More than €2,500 | <input type="checkbox"/> | ₆ |

Q27

PA801

In the past 12 months, has your family been affected by any of the following?

(Please tick only one box in each row.)

	<i>Yes</i>	<i>No</i>
Bereavement of a family member or close family friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Move of house or change in your child's school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Move to Ireland from another country	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Divorce or separation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Serious illness of a family member	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Stressful home environment (e.g. conflict, alcohol, drugs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Loss of job or earnings, leading to financial stress	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q28
PA802

How would you rate your family financially?

(Please tick only one box.)

- | | |
|---------------|---------------------------------------|
| Very poor | <input type="checkbox"/> ₁ |
| Poor | <input type="checkbox"/> ₂ |
| Average | <input type="checkbox"/> ₃ |
| Well off | <input type="checkbox"/> ₄ |
| Very well off | <input type="checkbox"/> ₅ |

Q29
PA803

How often do you worry about being able to meet your family's monthly living expenses?

(Please tick only one box.)

- | | |
|-----------------|---------------------------------------|
| Not at all | <input type="checkbox"/> ₁ |
| Sometimes | <input type="checkbox"/> ₂ |
| Often | <input type="checkbox"/> ₃ |
| All of the time | <input type="checkbox"/> ₄ |

SECTION F: BULLYING, ATTENDANCE AND YOUR CHILD

Q30
PA809

Do any of the following apply in relation to your child's attendance at school?

(Please tick all that apply.)

My child has an ongoing illness or disability that means that he/she frequently misses school ☐₁

I have difficulty in convincing my child to go to school ☐₁

I needed my child to help out at home (e.g. mind younger brothers or sisters, care for older relatives) ☐₁

My child didn't want to go to school because he/she was being bullied ☐₁

I take my child out of school during term to go on family holidays ☐₁

I reward my child for good attendance ☐₁

My child is totally disinterested in going to school ☐₁

My child was suspended from school ☐₁

Q31
PA804

In the last 12 months, to your knowledge, has your child:

(Please tick only one box in each row.)

	<i>Yes</i>	<i>No</i>
a) Been bullied at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Been bullied outside of school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Witnessed bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Taken part in bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

If you answered 'yes' to parts a or b, go to the next question.

If not, thank you very much for completing the questionnaire! Your participation in PISA is much appreciated.

Q32
PA805

What form did the bullying take?

(Please tick only one box in each row.)

	Yes	No
Physical bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Verbal bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Electronic/cyber bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Racial or ethnic bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Taking or damaging personal possessions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Unwanted sexual behaviour (e.g. harassment, images, comments)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bullying related to sexual orientation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bullying related to physical or learning disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bullying by exclusion (being left out)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Bullying by spreading rumours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q33
PA806

Where was your child bullied?

(Please tick all that apply.)

In the school corridors	<input type="checkbox"/> ₁
In the schoolyard	<input type="checkbox"/> ₁
In the classroom	<input type="checkbox"/> ₁
In the school toilets	<input type="checkbox"/> ₁
In the changing rooms / showers at school	<input type="checkbox"/> ₁
On the Internet e.g. by email, on online social networking sites (e.g. Facebook), or by online instant messaging	<input type="checkbox"/> ₁
On his/her mobile phone e.g. text message or phone calls	<input type="checkbox"/> ₁
Walking or cycling to or from school	<input type="checkbox"/> ₁
On the bus, train or Luas to or from school	<input type="checkbox"/> ₁
Somewhere else at school	<input type="checkbox"/> ₁
Outside of school	<input type="checkbox"/> ₁

Q34
PA807

How was the bullying identified?

(Please tick one box in each row.)

	<i>Yes</i>	<i>No</i>
My child told me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I asked my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The school notified me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I noticed it from my child's phone or Internet use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Someone else told me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q35
PA808

What help or support was offered to deal with the bullying?

(Please tick only one box in each row.)

	<i>Yes</i>	<i>No</i>
We were offered support by staff in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
We were referred to a support service outside the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
No support or help was offered to me or my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
We did not seek or need support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Thank you very much for completing this questionnaire!
Your participation in PISA is much appreciated.