



The Longitudinal Study of Australian Children

IN CONFIDENCE

Wave 5
2012

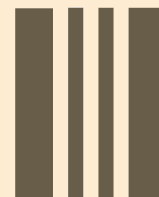
Teacher

Teacher's name:

Study child's name:

You are being asked to take part in *Growing Up in Australia*, the Longitudinal Study of Australian Children. The study is being conducted in partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Institute of Family Studies and the Australian Bureau of Statistics, with advice provided by a consortium of leading researchers.

All information collected will be kept strictly confidential. Participation in this study is voluntary.



Instructions

- Please complete this form with regard to yourself and the study child named above
- Use **black** pen
- Keep each number or tick within the response box provided, for example

	5	9	or	✓
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- If a mistake is made, please correct it this way

<input checked="" type="checkbox"/>	1	Yes	<input checked="" type="checkbox"/>	2	No
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6	4	2	5	4	2
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- Where appropriate, you can record '0' in the response box. However, do not use 'nil', 'n/a' or '-'
- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, Sydney NSW 2000)


If you have any questions or want more information, please call on **1800 005 508** freecall (excluding mobile phones).

Child and family

1 In what year/grade is the study child enrolled?

- 1 Year 5 / Grade 5
- 2 Year 4 / Grade 4
- 3 Year 3 / Grade 3
- 4 Year 2 / Grade 2
- 5 Not assigned to a grade (*e.g. special education program or ungraded program*)

2 Is the study child currently repeating this year/grade?

- 1 Yes
- 2 No  Go to Question 4

3 What is the main reason the study child is repeating this year/grade?

- 1 Health reasons
- 2 Academic learning difficulties
- 3 Social or behavioural difficulties
- 4 Disability
- 5 Changed schools (*e.g. family residential move from another state or country*)
- 6 Other

4 How long has this child been in your class? Months

5 Does this child have frequent absences from school?

- 1 Yes
- 2 No  Go to Question 7

6 If yes, what is the most frequent reason for these absences?

- 1 Illness of child
- 2 Illness of family member
- 3 Parental work conflict
- 4 Lack of transportation
- 5 Child did not want to attend
- 6 Family events (*e.g. holidays*)
- 7 Other
- 8 Don't know

7 In your opinion, how involved are this child's parent(s) in his/her learning and education?

- 1 Very involved
- 2 Somewhat involved
- 3 Not involved
- 4 I do not know the parent(s) of this child well enough to make a judgement

8 During the time this child has been in your class, how often has a parent of this child had an informal discussion with you about him/her?

- 1 Every day
- 2 A few times a week
- 3 A few times a month
- 4 Never
- 5 Opportunities not available

9 To the best of your knowledge, during this school year has a parent of this child done any of the following? (Tick all that apply)

- 1 Spoken to, visited or written to you
- 2 Visited the child's class
- 3 Attended a school event in which the child participated (*e.g. sporting event, music performance, concert*)
- 4 Volunteered in child's class or helped with a class excursion
- 5 Helped elsewhere in the school such as in the library or computer room
- 6 Attended a meeting of the parent-school committee
- 7 Fund-raising
- 8 Participated in other activities

10 How many individual parent-teacher meetings have you offered for this child so far this year?

11 How many of these did a parent of this child attend?

12 Does this child receive any additional assistance or specialised services provided within the school because of a diagnosed disability or additional need (e.g. giftedness or ESL)?

1 Yes

2 No  Go to Question 15

13 What is the main reason that this child requires additional assistance or specialised services to enable them to succeed in the regular school program? (If the child has more than one special need, tick the option for the major need for which the child receives additional help)

1 Intellectual disability

2 Hearing impairment

3 Vision impairment

4 Physical disability

5 Speech or language impairment

6 Learning disability/learning problems in reading

7 Learning disability/learning problems in mathematics

8 Emotional or behavioural problems

9 Poor understanding of Standard Australian English or ESL

10 Autism Spectrum Disorder

11 Giftedness

14 What additional assistance or specialised services does this child receive? (Tick all that apply)

1 Speech therapy

2 Psychological assessment

3 Learning support

4 Behavioural management programs

5 Other

15 Does this child currently have an Individual Education or Learning Plan (i.e. IEP, ILP)?

1 Yes

2 No

16 During organised physical activities for your class, how does this child compare with other children in the class in terms of level of physical activity?

1 A lot less active than most

2 A little less active than most

3 About the same as most

4 A little more active than most

5 A lot more active than most

6 I have not observed this child in such activities

17 During play with friends at recess or lunch time, how does this child compare with other children in the class in terms of level of physical activity?

1 A lot less active than most

2 A little less active than most

3 About the same as most

4 A little more active than most

5 A lot more active than most

6 I have not observed this child in such activities

Child skills and competencies

The following sets of questions on **English Language and Literacy** and **Mathematical Understanding** ask you to rate this child's skills, knowledge and behaviours as evidenced in the child's current achievement and motivation, compared to other children of the same age level. This is **not** a test and should not be administered directly to this child. A five-point scale is used to reflect the degree to which the child has acquired the competencies:

- Not yet – This child has **not yet demonstrated** skill, knowledge or behaviour.
- Beginning – This child is **just beginning** to demonstrate skill, knowledge or behaviour.
- In progress – This child demonstrates skill, knowledge or behaviour with **some regularity**.
- Intermediate – This child demonstrates skill, knowledge or behaviour with **average competence**.
- Proficient – This child demonstrates skill, knowledge or behaviour **competently and consistently**.
- Not Applicable – Not applicable (*skill, knowledge or behaviour has not been introduced in the classroom setting*).

18 Are you this child's main teacher for English language and literacy?

- 1 Yes 2 No

19 The study child...

Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
---------	-----------	-------------	--------------	------------	----------------

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Conveys ideas clearly when speaking (e.g. can present a well-organised oral report, or uses clear language to express opinions, feelings and ideas, or provides relevant answers to questions) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (b) Uses various strategies to gain information using print materials (e.g. can use an index or table of contents to locate information, or uses junior encyclopaedias or reference books to locate information) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (c) Reads fluently (e.g. easily reads words as part of meaningful phrases rather than word by word, including words with three or more syllables, such as residential, genuinely and pneumonia) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (d) Reads grade level books (fiction) independently with comprehension (e.g. relates why something happened in a story, or identifies emotions of characters in a story, or identifies a turning point in the story) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (e) Reads and comprehends informational text (e.g. from reading about how people lived in a previous century could compare and contrast the information comparing life today with life in another century, or after reading a children's news story about pollution, summarises main ideas and supporting arguments) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (f) Composes multi-paragraph stories/reports (e.g. writes a report by developing and following an outline, or writes stories with a clear plot and distinct characters) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (g) Rereads and reflects on writing, making changes to clarify or elaborate (e.g. adds more adjectives and description, or includes additional details to increase clarity) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (h) Makes editorial corrections when reviewing a written draft (e.g. rereads a story and adds omitted words, corrects spelling or adds punctuation when necessary) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (i) Uses the computer for a variety of purposes (e.g. to write reports or stories, use the Internet to retrieve information, interpret visual images and patterns) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

Mathematical thinking

20 Are you this child's main teacher for Mathematics?

1 Yes 2 No

21 The study child...

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
(a) Creates and extends patterns (e.g. can extend an alternating pattern involving addition - +3, - +3" to extend the pattern 26, 29, 32, 35,; or can create a complex visual pattern - aabbcc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Uses a variety of strategies to solve math problems (e.g. adds 100 and then subtracts 2 when doing the mental math problem 467 + 98)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Recognises properties of shapes and relationships among shapes (e.g. recognises that rectangles can be seen as being composed of two right triangles, or demonstrates congruence by copying the exact size and shape of a pentagon onto a geoboard)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Uses measuring tools accurately (e.g. measures with rulers in centimetres or measures liquids to the nearest litre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Shows understanding of place value with whole numbers (e.g. correctly orders the numbers 9321, 4999, 900 and 9101 from least to greatest)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Makes reasonable estimates of quantities and checks answers (e.g. estimates the cost of a list of 8 different items and compares to actual cost, or estimates the perimeter of a room and then checks with a metre stick)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Surveys, collects and organises data into simple graphs (e.g. charts temperature changes over time, or makes a bar graph comparing the population in different cities in Australia, or interprets a pictograph in which each symbol represents 5 people)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Models, reads, writes and compares fractions (e.g. understands and shows that 1/2 of the chocolate bar is 1/4 + 1/4)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Divides a 2 digit number by a 1 digit number (e.g. 78/6 or 36/4)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

22 Overall, how would you rate this child's academic skills compared to other children of the same grade level?

	Far below average	Below average	Average	Above average	Far above average
(a) English language and literacy skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Mathematical skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Overall academic achievement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Child's personality and behaviour

23 For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Not true	Somewhat true	Certainly true
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(a) Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, prefers to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries or often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (<i>parents, teachers, other children</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets along better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees work through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

24 For each of the following statements, please indicate the nature of your relationship with this child:

	Definitely does not apply	Not really	Neutral/ not sure	Applies somewhat	Definitely applies
(a) I share an affectionate, warm relationship with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) This child and I always seem to be struggling with each other (<i>i.e. having a hard time getting along</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) If upset, this child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) This child is uncomfortable with physical affection or touch from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) This child values his/her relationship with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) When I praise this child, he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) This child spontaneously shares information about himself/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) This child easily becomes angry with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) It is easy to be in tune with what this child is feeling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) This child remains angry or is resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Dealing with this child drains my energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) When this child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) This child's feelings towards me can be unpredictable or can change suddenly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) This child is manipulative with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) This child openly shares his/her feelings and experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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25 How often did this child demonstrate the following behaviour in the past month or two?

	Never	Sometimes	Often	Very often	No opportunity
(a) Keeps belongings organised	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Shows eagerness to learn new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Works independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Easily adapts to changes in routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Persists in completing tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Pays attention well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

26 Have you already filled out a form in 2012 for another student(s) who is also part of this study?

- 1 Yes ▶ Go to Question **33**
- 2 No ▶ Go to Question **27**

Your background

27 Are you...

- 1 Male
 2 Female

28 Do you currently work...

- 1 Full-time
 2 Part-time

29 What is the highest educational qualification you have completed?

- 1 Doctoral degree
 2 Master's degree
 3 Graduate Diploma or Graduate Certificate
 4 Bachelor Degree (*including Honours*)
 5 Diploma or Associate Diploma
 6 Certificate
 7 Other

30 What is the major field of study in your teaching qualification? (*If you have more than one area of specialisation, please indicate the most recent*)

- 1 Early childhood education
 2 Primary education
 3 Secondary education
 4 Special education
 5 Other

31 How many years teaching experience do you have...

- | | years | months |
|--------------------------------------|----------------------|----------------------|
| (a) Altogether as a teacher | <input type="text"/> | <input type="text"/> |
| (b) As a teacher at this grade level | <input type="text"/> | <input type="text"/> |
| (c) As a teacher in this school | <input type="text"/> | <input type="text"/> |

School characteristics

32 Which of the following categories best describes the structure of your school?

- 1 Primary with a pre-school program attached (*pre-school refers to any program children attend prior to entering pre-Year 1*)
 2 Primary only
 3 Primary and secondary (*including schools with a middle school program*)
 4 Pre-school, primary and secondary
 5 Ungraded school program
 6 Special school

Child's class characteristics

33 Which category best describes your class organisation?

- 1 Single grade/year level
 2 Multi-age/multi-grade (*single teacher*)
 3 Multi-age/multi-grade (*team teaching*)
 4 Ungraded (*special education class*)
 5 Ungraded (*alternative school program*)

34 How many teachers are responsible for this class? (*Number of regular teachers who have this class for a substantial time each week through job-sharing or team teaching*)

35 How many children are present in your class for the main educational program?

36 On average, what is the general age range in the class?

- From years months
 To years months

37 How many children in the class...

- (a) Are from a non-English speaking family background
- (b) Are from a Aboriginal or Torres Strait Islander background
- (c) Have a diagnosed disability (e.g. intellectual, sensory, physical, Autistic Spectrum Disorder, developmental delay)

38 In a typical week, how many total hours do paid aides spend in your classroom? (e.g. regular aides, ESL and special education aides) **39 Which of the following specialist staff does this class have access to? (Tick all that apply)**

- 1 Teacher librarian
- 2 Music specialist
- 3 Physical education teacher
- 4 Specialised computing support teacher
- 5 LOTE (*Language other than English*) teacher
- 6 Specialist learning support teacher
- 7 ESL (*English as a second language*) teacher

40 How many computers are available for children in your class to use (including laptops brought in by children and desktops)? **41 Of these, how many have access to the Internet?** **42 Does your school lend or supply computers/ computer-like devices to use at home and/or school?**

- 1 Yes 2 No

43 How much time per week, in total, do children in your class spend participating in physical education?

Hours Minutes

Teaching practices and programs**44 In your class, which of the following practices have you used (or will you use) this year to involve parents? (Tick all that apply)**

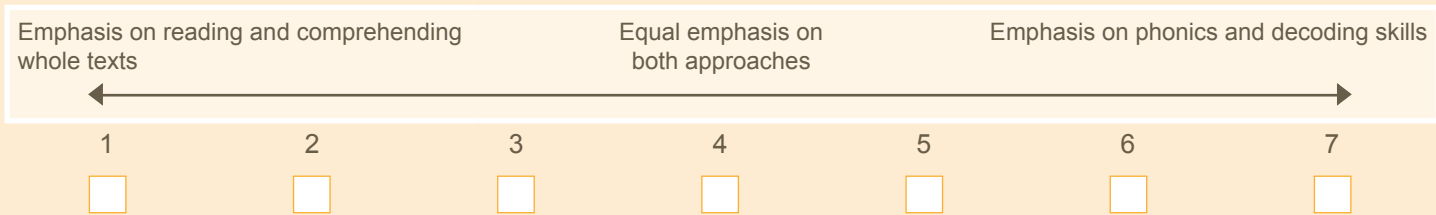
- 1 Parent orientation activities early in the year (e.g. meeting with the parents, written information sent to family)
- 2 Parent participation in your program (e.g. as a volunteer or on a roster)
- 3 Formal parent-teacher meetings about children's progress
- 4 Parent education programs or information sessions
- 5 Social activities for parents that promote contact or support
- 6 Regular newsletter about your program and events
- 7 Other

Teaching practices and programs – (continued)

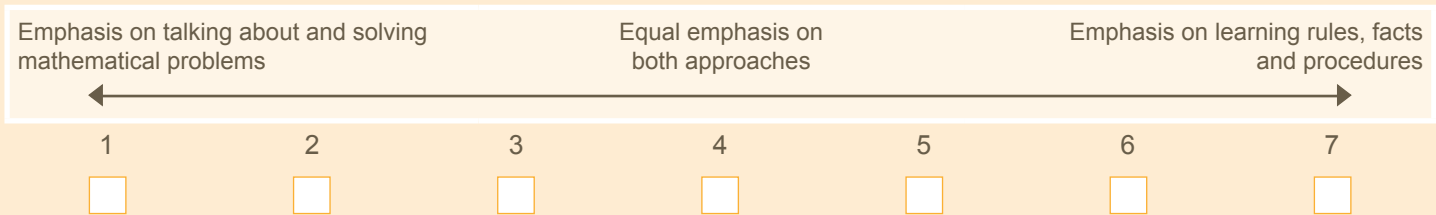
45 On a typical day in the study child’s class, how often is time spent on the following sorts of activities?

	Never	Occasionally	Often	Very often
(a) Teacher-directed whole group activities (e.g. language, literacy or numeracy activities, story time or news time)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Teacher-supported small group activities (e.g. literacy or numeracy activities, science, cooking or art activities)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Teacher-supported individual activities (e.g. reading, doing puzzles, writing or completing worksheets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Child-initiated activities (e.g. free-choice of activities, free play in outdoor activities, pretend play)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

46 What is the main emphasis in your approach to teaching reading?



47 What is the main emphasis in your approach to teaching mathematics?



48 How often do you organise your class in achievement level groupings for...

	Never	Less than once a week	Once or twice a week	Three or more times a week	Daily
(a) Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

49 How often do...

	No computer facilities available	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
(a) You take children to the computer lab?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Children in your class have access to computers at school (either in the classroom or lab)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

50 How often do children in your class use computers for the following purposes?

	No computer facilities available	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
(a) To develop specific skills in academic areas (e.g. literacy, mathematics or science activities)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) To learn keyboarding skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) For creative activities (e.g. design in visual arts, composing music, animation)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) For enjoyment (e.g. games)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) To access information (e.g. using the internet to look for information)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

51 Please indicate how strongly you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a strong effect on the academic achievement of the students I teach	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) I feel competent in dealing with students' behavioural problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) I feel competent in dealing with students' learning problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) I have high expectations for the academic success of my students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

52 Please indicate the extent to which you agree or disagree with the following statements regarding your school's disciplinary policies:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Teachers in this school have reached a consensus about how to discipline children who break the rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) All children who break the rules in this school face the same consequences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Teachers in this school overlook physical aggression among children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Teachers in this school overlook verbal aggression among children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Teachers in this school overlook cyberbullying among students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Teachers feel there is insufficient support within the school for managing disciplinary problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

53 Please indicate how strongly you agree or disagree with these statements as they apply to your school:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Staff can rely on colleagues for support and assistance when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Staff have a clear understanding of their roles and responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Staff are able to contribute to decision-making about policies and practices in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Staff go about their work with enthusiasm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) My personal philosophy and goals are in agreement with those of the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) The school environment provides a positive working environment for staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

54 Please indicate how strongly you agree or disagree with the following statements as they apply to your school:

	Strongly agree	Agree	Disagree	Strongly disagree
(a) Most students are helpful and cooperative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) There are many disruptive students in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Students get along well with teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Very strong discipline is needed to control many of the students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Most students are pleasant and friendly to teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Contact details

55 Who completed this form?

- 1 Child's main teacher
- 2 Principal
- 3 Other teacher
- 4 Other (please specify)

Name: (please print)

Work phone:

Mobile:

Signature:

Date: / /

**Thank you for taking the time to fill in this form.
Please return in reply paid envelope supplied.**