



Wave 3
2008

Teacher

Teacher's name:

Please fill out this form with regard to yourself and the child named below.

Study child's name:

You are being asked to take part in *Growing up in Australia* - a study run by the Australian Institute of Family Studies on behalf of the Australian government, with data collected for the Institute by the Australian Bureau of Statistics (ABS).

All information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual information will be released to any person or department except at your written request and on your authorisation. Participation in this study is voluntary.



If you have any questions or want more information, please call the ABS on **1800 005 508**. When you have completed this form please mail it back in the reply paid envelope provided (Reply Paid 76746, Sydney NSW 2000).

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick **within** the data entry boxes provided, for example
- Leave answer boxes blank where you have no response or data to enter, for example
- Do **not** use 'nil', 'n/a' or draw a line in the data entry boxes.
- Tick one box only unless otherwise instructed.

or

If a mistake is made, please correct it in this way

₁ Yes ₂ No

Group characteristics

Please complete these questions for the group or class where the study child (named on the front cover) spends most of his/her time.

1 On average, how many children are in the group on any day the study child attends?

2 On average, what is the general age range within the group?

From years months

To years months

3 On average, how many adults, in paid positions, are typically in your group at a time when most children have arrived?

4 On average, how many qualified staff are typically in your group when most children enrolled in the program have arrived?

(Please indicate the number of staff with a certificate/diploma/degree)

Staff with Certificate

Staff with Diploma

Staff with Bachelor Degree

5 On average, how many children in this group are from a non-English speaking family background?

6 On average, how many children in this group are from an Aboriginal or Torres Strait Islander background?

7 On average, how many children in this group have a diagnosed disability?
(e.g. intellectual, sensory, physical, autistic spectrum disorder, developmental delay)

Child and family focus

8 How long has the study child been in your group?

Number of months

9 Has this child received any additional services that are specifically available or provided through your centre/school to support his/her learning? (e.g. speech therapy, physiotherapy, SUPS support worker)

1 Yes

2 No ▶ Go to Question 11

3 Not sure ▶ Go to Question 11

10 Which of the following extra services has this child received since being in your group?

(Tick all that apply)

1 Speech therapy

2 Physiotherapy

3 Occupational therapy

4 Psychological assessment

5 Learning support (preschool field officer or advisory visiting teacher)

6 Early intervention/early special education (program or support worker)

7 ESL or bilingual program or support worker

8 Behavioural management program

11 During the time this child has been in your group, how often has a parent of this child had an informal discussion with you about him/her? (e.g. at pick up or drop off times)

1 Every day

2 A few times a week

3 A few times a month

4 Never

5 Opportunities are not available

12 In your opinion, how involved are this child's parents in her/his learning and development?

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

13 Please indicate how often this child behaves in these ways when the parents drop off and pick up this child: (If both parents take turns in dropping off or picking up this child, answer these questions for the parent who does so most frequently. If both parents drop off this child about the same amount, answer the questions for the mother.)

(Tick one box per row only)

	Never	Sometimes	Often	Always	Not dropped off by a parent
(a) When this child arrives he/she greets you enthusiastically	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) When this child arrives he/she seems angry or sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) While the parent is there, this child maintains physical contact with the parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) While the parent is there, this child plays with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) While the parent is leaving, this child says goodbye in some way (smiles, waves, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) While the parent is leaving, this child seems angry or sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) After the parent leaves, this child becomes involved (in an activity) within 3 minutes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) The parent stays too long before leaving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Upon return of the parent, this child greets the parent as soon as possible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) This child stops playing easily when the parent arrives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) When upset, this child accepts comfort from the parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) This child co-operates in getting ready to go home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) At the point of leaving this child is upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) In general, the child ignores or avoids the parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

14 For each of the following statements, please tick one box to best describe the study child in the last month:

(Tick one box per row only)

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case
(a) This child enjoys attending school/pre-school/child care	<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) This child is comfortable with most of the children	<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) This child tends to avoid contact with other children	<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) This child really enjoys the daily activities at school/pre-school/child care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

15 For each of the following statements, please indicate the nature of your relationship with the study child:

(Tick one box per row only)

	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.e. having a hard time getting along)	<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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Child skills and competencies

Please think about the skills and competencies of the study child as described in the next statements.

16 Rate how this child has compared with other children of a similar age, over the past few months:

(Tick one box per row only)

	More competent than others	As competent as others	Less competent than others	Much less competent
(a) Social/emotional development (e.g. adaptability, co-operation, responsibility, self-control)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Approaches to learning (e.g. attention, observation, organisation, problem-solving)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Gross motor skills (e.g. running, catching and throwing balls, strength and balance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Fine motor skills (e.g. manual dexterity, using writing and drawing tools)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Expressive language skills (e.g. using language effectively, ability to communicate ideas)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Receptive language skills (e.g. understanding, interpreting and listening)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

17 In considering reading skills, is this child...?*(Tick all that apply)*

- 1 Generally interested in books (e.g. picture books or books with print)
- 2 Interested in reading (e.g. wants to know meaning of printed materials)
- 3 Able to read simple words (e.g. dog, cat)
- 4 Able to read complex words (e.g. table, orange)
- 5 Able to read simple sentences (e.g. John is big)
- 6 Uninterested in reading
- 7 Not sure

18 In considering writing skills, is this child...?*(Tick all that apply)*

- 1 Experimenting with writing tools
- 2 Aware of writing directionality (left to right, top to bottom or as appropriate for own language)
- 3 Interested in copying letters and words from printed material
- 4 Able to write his/her name
- 5 Able to write simple words (e.g. dog, cat)
- 6 Able to write simple sentences (e.g. John is big)
- 7 Uninterested in writing
- 8 Not sure

19 In considering numeracy skills, is this child...?*(Tick all that apply)*

- 1 Able to sort and classify objects by shape or colour
- 2 Able to count the number of a few objects accurately
- 3 Able to count to 20
- 4 Able to recognise numbers
- 5 Able to do simple addition with concrete materials
- 6 Uninterested in numbers
- 7 Not sure

20 During organised physical activities for your group, how does this child compare with other children in the group 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

21 During play with friends, how does this child compare with other children in the group 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

22 The next questions focus on the social and group behaviour of the study child in daily activities. Please tick one box for each statement that best describes this child's behaviour during the **past few months:**

(Tick one box per row only)

	Not true	Somewhat true	Certainly true
(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 (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries, 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, down-hearted 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 argumentative with adults	<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 (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Can stop and think things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Can be spiteful to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets on 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) Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Service Characteristics

23 Have you already filled out a form in 2008 for another child (or other children) who are part of this study?

₁ Yes ▶ Go to Question **47**

₂ No ▶ Go to Question **24**

24 In what sector of early education is your program based? (Please read the definitions of each option and mark one option that best describes your program)

₁ Centre-based child care program (e.g. a long day care program in a child care centre that is open for at least 8 hours a day, five days a week and across most weeks of the year. This includes child care centres that also offer a pre-school program)

₂ Pre-school program (e.g. a program that operates only during school terms and within school hours. Children, within the age range of 3 to 5 years, may attend half-days or full-days for a limited number of sessions per week. In some Australian states, these programs are called kindergartens)

₃ Pre-Year 1 school program (e.g. a full-time program in a school setting for children who will enter Year 1 in the following year. Across Australian states, this program may be called kindergarten, preparatory, reception, transition or pre-primary)

₄ Early intervention program

₅ Multi-age class in a school

₆ Other (please describe)

25 Under what organisational basis does your program operate? (Please tick the one option that best describes the administrative/organisational basis under which your program operates)

₁ Government school: *State or Territory government*

₂ Non-denominational Independent school

₃ Catholic Independent school

₄ Independent school sponsored by a religious faith other than Catholic

₅ Community based non-profit organisation

₆ Non-profit organisation sponsored by a religious faith

₇ For-profit organisation: Privately owned child care centre

₈ For-profit organisation: Incorporated child care chain

₉ Local government

₁₀ Higher education institution: *University or TAFE college*

₁₁ Employer-sponsored child care: *Private company*

₁₂ Other (please describe)

26 Is your program located in a Long Day Care centre?

₁ Yes ▶ Go to Question **27**

₂ No ▶ Go to Question **28**

27 Is your centre registered with the National Childcare Accreditation Council?

₁ Yes

₂ No

Now there are some questions about your own background, experience, training and work environment.

28 Are you male or female?

- 1 Male
- 2 Female

29 What was your age last birthday?

years

30 What is your current work status?

- 1 Paid, full-time (35 hours or more per week)
- 2 Paid, part-time (less than 35 hours per week)
- 3 Unpaid, full time
- 4 Unpaid, part-time
- 5 Both paid and unpaid (35 hours or more)
- 6 Both paid and unpaid (less than 35 hours)
- 7 Other

31 Counting this year, for how many years have you worked for 10 hours or more per week in child care settings, early education programs or school settings? (Include paid and unpaid positions. If just started this year, write '01'.)

years

32 Counting this year, for how many years have you worked in this particular school or centre, even if your position has changed? (If just started this year, write '01'.)

years

33 What is the highest educational qualification you have completed?

- 1 Doctoral degree
- 2 Masters degree
- 3 Graduate Diploma or Graduate Certificate
- 4 Bachelor degree (including Honours)
- 5 Diploma or Associate Diploma
- 6 Certificate
- 7 Other

34 If you have completed a post secondary qualification, what is the field of study of your highest level qualification?

- 1 Early Childhood Education
- 2 Child Care
- 3 Primary/Secondary Education
- 4 Nursing
- 5 Special Education
- 6 Another field
- 7 None or not completed

35 Are you currently studying for a qualification that will expand your skills and knowledge in child care or early childhood education?

- 1 Yes
- 2 No ▶ Go to Question 37

36 What is the field of study of your current course?

- 1 Early Childhood Education
- 2 Child Care
- 3 Primary/Secondary Education
- 4 Nursing
- 5 Special Education
- 6 Another field

37 In the last 12 months, what is your best estimate of your hours spent on professional development activities? (e.g. in-service programs, child-free days, seminars, workshops, conferences and short courses. Base your estimate on hours of attendance, with one day of participation equal to 6 hours)

- 1 Nil
- 2 1 to 6 hours (1 day)
- 3 7 to 12 hours (2 days)
- 4 13 to 18 hours (3 days)
- 5 19 to 24 hours (4 days)
- 6 25 hours or more (5 or more days)

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

(Tick one box per row only)

	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 centre/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 centre/school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) The centre/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

Teaching practices and program

39 The following statements refer to the space and resources that are available to children in your program. For each statement, please indicate the extent to which you agree or disagree:

(Tick one box per row only)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Sufficient space is available so that independent learning areas for children can be developed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) There is adequate space for a permanent quiet time/rest area for children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Resources are easily accessed (or purchased) to develop activities in response to children's interests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) On most days, children are able to access a range of different art and writing materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) A variety of books are available so that children are able to independently access books that stimulate their interest in reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) A range of materials is available to children to support fine motor and problem-solving skill development (e.g. puzzles, blocks and construction materials)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) A range of equipment is available to children to support gross motor skill development (e.g. climbing frames, materials for obstacle courses, balls, tricycles)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

40 On a typical day in the study child's group or program, how often is time spent on the following sorts of activities?

(Tick one box per row only)

	Never	Occasionally	Often	Very often
(a) Teacher-directed whole group activities (e.g. language 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

41 Does your room have use of a computer?

1 Yes

2 No ▶ Go to Question 43

42 How often do the children have access to the computer?

1 Less than 1 hour per day

2 1 up to 2 hours per day

3 2 or more hours per day

4 A few times a week

5 A few times a month

6 Less often

7 Never

43 How often do the children watch TV, DVDs or videos?

1 Less than 1 hour per day

2 1 up to 2 hours per day

3 2 or more hours per day

4 A few times a week

5 A few times a month

6 Less often

7 Never

44 On average, how many minutes per day does someone read books or sing songs with the children?

minutes

45 How often do the children use activity sheets to practice literacy or numeracy skills?

1 Every day

2 A few times a week

3 A few times a month

4 Less often

5 Never

46 In your program, 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 parents, written information sent to family)

2 Parent participation in your program (e.g. as a volunteer or on 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 newsletters about your program and events

7 Other

47 What is your name?

Please complete the questions below if you have filled in this form on behalf of the study child's teacher. Otherwise go to Question **50**.

48 What is your relationship to the study child's teacher?

1 Principal/co-ordinator

2 Supervisor

3 Other colleague

4 Other

49 What is the reason for filling in this form on behalf of the study child's teacher?

Please provide your contact details below in case we need to contact you regarding the information on this form.

50 Your contact details

Work Phone:

Mobile:

Thank you for taking the time to fill in this form.

Please return the form in the reply paid envelope provided.