



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

<sub>1</sub> Yes <sub>2</sub> No

## Child and family focus

### Thinking about the study child and his/her family.

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

- 1 Year 2/Grade 2
- 2 Year 3/Grade 3
- 3 Year 4/Grade 4
- 4 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 What is the most frequent reason for this child being absent that you know of?

- 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

#### 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 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

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

 1  2

**10** How many of these did a parent of this child attend?

 1  2

**11** Does this child receive any specialised services provided within the school because of a diagnosed disability or additional need?

1 Yes

2 No ▶ Go to Question **13**

**12** 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.) *(Tick one box only)*

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

**13** Does this child currently have an Individualised Education Plan (IEP)?

1 Yes

2 No

**14** 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

**15** 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 **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. Please consider the following:

- 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).

### Language and literacy

#### 16 The study child... (Tick one box per row only)

- (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)

Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
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- (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
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- (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
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- (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
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- (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
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- (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
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- (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
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## Mathematical thinking

### 17 The study child... (Tick one box per row only)

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
(a) <b>Creates and extends patterns</b> (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) <b>Uses a variety of strategies to solve math problems</b> (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) <b>Recognises properties of shapes and relationships among shapes</b> (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) <b>Uses measuring tools accurately</b> (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) <b>Shows understanding of place value with whole numbers</b> (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) <b>Makes reasonable estimates of quantities and checks answers</b> (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) <b>Surveys, collects and organises data into simple graphs</b> (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) <b>Models, reads, writes and compares fractions</b> (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) <b>Divides a 2 digit number by a 1 digit number</b> (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

### 18 Overall, how would you rate this child's academic skills, compared to other children of the same grade level? (Tick one box per row only)

	Far below average	Below average	Average	Above average	Far above average
(a) 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

### 19 Are you this child's main teacher for...?

	Yes	No
(a) Language and literacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**20 Please tick the box for each statement which best describes this study child's behaviour over the past six months:**

(Tick one box per row only)

	Not true	Somewhat true	Certainly true
(a) Considerate of other peoples 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 loses temper	<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 well behaved, 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, 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 (parents, teachers, other children)	<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 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) Good attention span, sees chores or homework through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**21 For each of the following statements, please indicate the nature of your relationship with this 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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**22 How often did this child demonstrate the following behaviour in the past month or two?**  
(Tick one box per row only)

	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

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

<sub>1</sub> Yes ▶ Go to Question **50**

<sub>2</sub> No ▶ Go to Question **24**

## Your background

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

**24** Are you male or female?

<sub>1</sub> Male

<sub>2</sub> Female

**25** Do you currently work...

<sub>1</sub> Full-time

<sub>2</sub> Part-time

**26** What is the highest educational qualification you have completed?

<sub>1</sub> Doctoral degree

<sub>2</sub> Masters degree

<sub>3</sub> Graduate Diploma or Graduate Certificate

<sub>4</sub> Bachelor Degree (including Honours)

<sub>5</sub> Diploma or Associate Diploma

<sub>6</sub> Certificate

<sub>7</sub> Other

**27** 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.)

<sub>1</sub> Early childhood education

<sub>2</sub> Primary education

<sub>3</sub> Secondary education

<sub>4</sub> Special education

<sub>5</sub> Other

**28** How many years teaching experience do you have...

(a) altogether as a teacher?

years  months

(b) as a teacher at this grade level?

years  months

(c) as a teacher in this school?

years  months

## School characteristics

**29** Is this school a...?

<sub>1</sub> Co-educational school

<sub>2</sub> Single sex school

**30** Is this school a...?

<sub>1</sub> Government/public school

<sub>2</sub> Catholic school

<sub>3</sub> Independent/private school

**31** How many children currently attend this school?

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

<sub>1</sub> Primary with a pre-school program attached (pre-school refers to any program children attend prior to entering pre-Year 1)

<sub>2</sub> Primary only

<sub>3</sub> Primary and secondary (including schools with a middle school program)

<sub>4</sub> Pre-school, primary and secondary

<sub>5</sub> Ungraded school program

<sub>6</sub> Special school



## 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...?**

- Are from a non-English speaking family background
- Are from an Aboriginal or Torres Strait Islander background
- 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)

## Teaching practices and programs

**39 On a typical day in the study child's class, 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, literacy or numeracy activities)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Teacher-supported small group activities (e.g. rotational groups for literacy, numeracy, science, computing activities)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Teacher-supported individual activities (e.g. common tasks set by the teacher for the whole group, but which children complete individually and which are assessed individually)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Child-initiated activities (e.g. independent project work, individual children can choose to select a personal direction for a project or tasks within the general framework of curriculum objectives)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

(Tick one box only)

Emphasis on reading and comprehending whole texts	Equal emphasis on both approaches	Emphasis on phonics and decoding 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
<input type="checkbox"/> 7		

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

(Tick one box only)

Emphasis on talking about and solving mathematical problems	Equal emphasis on both approaches	Emphasis on learning rules, facts and procedures
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7		

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

(Tick one box per row only)

	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

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

(Tick one box per row only)

	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

**44 Please indicate the extent to which you agree or disagree with the following statements regarding your school's disciplinary policies: (Tick one box per row only)**

	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 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 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 rarely 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 rarely 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 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

**45 Please indicate how strongly you agree or disagree with these statements as they apply to your 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 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

**46 How often do you organise your class in achievement level groupings for...?**

(Tick one box per row only)

	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

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

Hours       Minutes

**48 In your program, do you encourage parents to assist in classroom activities (e.g. for rotational group activities, to assist with reading groups, or one-on-one support for individual children)?**

1 Yes       2 No

**49 Does this class have access to a...?**

	Yes	No
(a) Teacher librarian	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Music specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) Physical education teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Specialised computing support teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) LOTE (Language other than English) teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Specialist learning support teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) ESL (English as a second language) teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**50 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 **53**.

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

- 1 Principal
- 2 Other colleague
- 3 Other

**52 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 call you regarding the information on this form.

**53 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.**