



Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

‘TEACHER-ON-PUPIL’ QUESTIONNAIRE

Growing Up in Ireland (GUI) is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire should be completed by the child’s class teacher. Please complete one of these questionnaires in respect of **each** child who is listed on the blue sheet sent to the Principal.

The parents/guardians of each of the children listed have already filled out questionnaires in their home. They have also signed a consent form which gives permission to have this questionnaire completed about their child. **All information provided will be treated in the strictest confidence. This information will not be seen by the child or by his/her parents/guardians.**

An information leaflet outlining in more detail the objectives of the **GUI** study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Pupil ID (from blue sheet with list of pupils’ names)

| | |
|--|--|
| | |
|--|--|

Pupil’s DoB (from blue sheet with list of pupils’ names)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Day Month Year

Teacher’s name (block capitals please) _____

1. Date of completion _____ day _____ month _____ year

2. Study Child's initials Initial of first name: Initial of surname:

3. Study Child's gender Male_1 Female_2

4. What class is the Study Child in? Junior Infants....._1 Senior Infants_2 Other (specify) _____

5. For how many school years and months have you taught the Study Child?

_____ school year(s) _____ months

6. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

| | Never | Rarely | Sometimes | Often | Always |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (a) inadequately dressed for the weather conditions | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (b) too tired to participate as he/she should in class..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (c) without a lunch/snack..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (d) hungry | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (e) with a general lack of cleanliness | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (f) late | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| (g) unwell/suffering a minor ailment (cold, cough, etc) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

7. (a) In the Study Child's class, is there within-class ability grouping for reading/literacy?

Yes_1 No_2

Which group is the Study Child in?

Highest_1 Middle....._2 Lowest_3

7. (b) In the Study Child's class, is there within-class ability grouping for maths?

Yes_1 No_2

Which group is the Study Child in?

Highest_1 Middle....._2 Lowest_3

8. Listed below is a series of statements regarding what the Study Child can currently do or how s/he currently behaves. You are asked to say whether or not the Study Child has achieved this competency.

While a child's behaviour may vary somewhat from day to day and from context to context, the assessment you give should be the best description of the Study Child's achievement overall.

Please read each question carefully, and tick 'Yes' if the Study Child has achieved the competency and 'No' if not.

A. Study Child's attitudes

Yes No

The Study Child:

- (a) Shows an interest in classroom activities through observations or participation..... ₁.....₂
- (b) Dresses, undresses, and manages own personal hygiene with adult support ₁.....₂
- (c) Displays high levels of involvement in self-chosen activities ₁.....₂
- (d) Dresses and undresses independently and manages own personal hygiene ₁.....₂
- (e) Selects and uses activities and resources independently ₁.....₂
- (f) Continues to be interested, motivated, and excited to learn ₁.....₂
- (g) Is confident to try new activities, initiate ideas, and to speak in a familiar group ₁.....₂
- (h) Maintains attention and concentrates ₁.....₂
- (i) Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion..... ₁.....₂

B. Language for communication and thinking

Yes No

The Study Child:

- (a) Listens and responds..... ₁.....₂
- (b) Initiates communication with others, displaying greater confidence in more informal contexts ... ₁.....₂
- (c) Talks activities through, reflecting on and modifying actions ₁.....₂
- (d) Listens with enjoyment to stories, songs, rhymes and poems; sustains attentive listening and responds with relevant comments, questions, or actions ₁.....₂
- (e) Uses language to imagine and to recreate roles and experiences ₁.....₂
- (f) Interacts with others in a variety of contexts; negotiates plans and activities; takes turns in conversation..... ₁.....₂
- (g) Uses talk to organise, sequence and clarify thinking, ideas, feelings, and events; explores the meanings and sounds of new words..... ₁.....₂
- (h) Speaks clearly with confidence and control; shows awareness of the listener ₁.....₂
- (i) Talks and listens confidently and with control, consistently showing awareness of the listener by including relevant detail. Uses language to work out and clarify ideas, showing control of a range of appropriate vocabulary ₁.....₂

C. Linking sounds and letters

Yes No

The Study Child:

- (a) Joins in rhyming and rhythmic activities ₁.....₂
- (b) Shows an awareness of rhyme and alliteration ₁.....₂
- (c) Links some sounds to letters ₁.....₂
- (d) Links sounds to letters, naming and sounding letters of the alphabet..... ₁.....₂
- (e) Hears and says initial and final sounds in words ₁.....₂
- (f) Hears and says vowel sounds within words ₁.....₂
- (g) Uses phonic knowledge to read simple and regular words ₁.....₂
- (h) Attempts to read more complex words, using phonic knowledge ₁.....₂
- (i) Uses knowledge of letters, sounds and words when reading and writing independently..... ₁.....₂

D. Reading

Yes No

The Study Child:

- (a) Is developing an interest in books ₁ ₂
- (b) Knows that print conveys meaning ₁ ₂
- (c) Recognises a few familiar words ₁ ₂
- (d) Knows that, in English or Irish, print is read from left to right and top to bottom ₁ ₂
- (e) Shows an understanding of the elements of stories, such as main character, sequence of events, and openings ₁ ₂
- (f) Reads a range of familiar and common words and simple sentences independently ₁ ₂
- (g) Retells narratives in the correct sequence, drawing on language patterns of stories ₁ ₂
- (h) Shows an understanding of how information can be found in non-fiction texts to answer questions about where, who, why, and how ₁ ₂
- (i) Reads books of own choice with some fluency and accuracy ₁ ₂

E. Numbers

Yes No

The Study Child:

- (a) Says some number names in familiar contexts, such as in nursery rhymes ₁ ₂
- (b) Counts reliably up to three everyday objects ₁ ₂
- (c) Counts reliably up to six everyday objects ₁ ₂
- (d) Says number names in order ₁ ₂
- (e) Recognises numerals 1 to 9 ₁ ₂
- (f) Counts reliably up to 10 everyday objects ₁ ₂
- (g) Orders numbers up to 10 ₁ ₂
- (h) Uses developing mathematical ideas and methods to solve practical problems ₁ ₂
- (i) Recognises, counts, orders, writes, and uses numbers up to 20 ₁ ₂

9. In so far as your professional experience allows, please rate the Study Child in relation to all children of this age (not just in their present class or, even, school).

Well above Average Above average Average Below average Well below average NA

- (a) Speaking and listening in English ₁ ₂ ₃ ₄ ₅ ₆
- (b) Speaking and listening in Irish ₁ ₂ ₃ ₄ ₅ ₆
- (c) Reading in English ₁ ₂ ₃ ₄ ₅ ₆
- (d) Reading in Irish ₁ ₂ ₃ ₄ ₅ ₆
- (e) Writing in English ₁ ₂ ₃ ₄ ₅ ₆
- (f) Writing in Irish ₁ ₂ ₃ ₄ ₅ ₆
- (g) Science ₁ ₂ ₃ ₄ ₅ ₆
- (h) Maths and numeracy ₁ ₂ ₃ ₄ ₅ ₆
- (i) Physical Education (PE) ₁ ₂ ₃ ₄ ₅ ₆
- (j) Arts (e.g. art/design, music, drama) ₁ ₂ ₃ ₄ ₅ ₆

10a. With regard to the Study Child's education, how interested do the Study Child's parents/guardians appear to be?

Very Interested Moderately interested Very little interest Uninterested Cannot say N/A

- Mother appears to be ₁ ₂ ₃ ₄ ₅ ₆
- Father appears to be ₁ ₂ ₃ ₄ ₅ ₆

10b. How often do the following happen?

Daily At least once at week At least twice a month Monthly Less often Never

- (a) You meet informally with the child's mother/father ₁ ₂ ₃ ₄ ₅ ₆
- (b) The child's mother/father talks to you about the child's behaviour ₁ ₂ ₃ ₄ ₅ ₆
- (c) The child's mother/father talks to you about the child's schoolwork ₁ ₂ ₃ ₄ ₅ ₆
- (d) You ask the child's mother/father to come to the school to discuss the child ₁ ₂ ₃ ₄ ₅ ₆
- (e) The child's mother/father encourages the child's learning at home (e.g. reading with them) ₁ ₂ ₃ ₄ ₅ ₆

11. Listed below is a set of statements which could be used to describe the Study Child's behaviour. 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 |
|--|----------------------------|----------------------------|----------------------------|
| (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 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) Sees tasks through to the end, good attention span..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

12. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.

| | Definitely does not apply | Does not really apply | 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.... | <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 him/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 toward 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 sneaky or 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 |

13. Do any of the following limit the kind or amount of activity the Study Child can do at school?

(Please tick 'Yes' or 'No' for each)

| | Yes | No |
|--|---------------------------------------|---------------------------------------|
| (a) Physical disability or visual or hearing impairment | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (b) Speech impairment | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (c) Autism spectrum disorders..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (d) General learning disability: mild | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (e) General learning disability: moderate/severe/profound | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (f) Specific learning difficulties (e.g. dyslexia) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (g) Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (h) Home environment / problems at home..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (i) Has limited knowledge of the main language of instruction..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (j) Discipline problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (k) Poor attendance..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (l) Other (<i>please specify</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

14. If you answered 'yes' to any of the questions at Q.13 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

Yes..... ₁ No ₂ Don't know ₃

15. If yes, what extra services has the Study Child received that are specifically provided through school to support his/her learning? (Please tick all that apply)

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| Speech therapy | <input type="checkbox"/> ₁ | Learning support / resource teaching | <input type="checkbox"/> ₄ |
| Psychological assessment | <input type="checkbox"/> ₂ | Special Needs Assistant | <input type="checkbox"/> ₅ |
| Behavioural management programmes..... | <input type="checkbox"/> ₃ | Occupational therapy | <input type="checkbox"/> ₆ |
| | | Other (<i>please specify</i>) | <input type="checkbox"/> ₇ |

Thank you for completing this questionnaire about the Study Child.

When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).