

Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE – SURVEY OF 9-YEAR-OLDS

Growing Up in Ireland is a major government study on children. The purpose of the study is to improve our understanding of all aspects of childhood and children’s development. It examines how children develop over time and identifies which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study are being used by government to develop policies and interventions to support children and their families in the future.

The Department of Children and Youth Affairs is funding the study in association with the Central Statistics Office. A contribution is also being made by The Atlantic Philanthropies. The Department of Education and Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

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 sheet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID
(from School Record Form with list of pupils’ names emailed to the school)

Pupil ID
(from School Record Form with list of pupils’ names emailed to the school)

Pupil’s DoB
Day Month Year
(from School Record Form with list of pupils’ names emailed to the school)

Pupil’s Initials _____ (Please do not write the pupil’s full name)

Teacher’s name (block capitals please) _____

Completion Date: _____ day _____ month _____ year

1. Study Child's date of birth _____ day _____ mth _____ year
2. Study Child's gender Male₁ Female₂
3. What class (school year) is the study child in? _____ Class
4. For how many school years (including the 2017/2018 school year) have you taught the Study Child?
[If only for the current school year please record as 1 year] _____ year(s)
5. About how many days of school has the Study Child missed since the beginning of the current school year?
_____ Days
6. Since the beginning of the current school 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 from a minor ailment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. How often does the Study Child arrive at school with homework not completed? (Please tick **one** only).

1.	Never - homework always or almost always completed	<input type="checkbox"/> ₁
2.	Occasionally not completed	<input type="checkbox"/> ₂
3.	Regularly not completed	<input type="checkbox"/> ₃
4.	Not applicable, Study Child never / rarely gets homework	<input type="checkbox"/> ₄

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

Yes₁ No₂

9. Which group is the Study Child in? Highest₁ Middle.....₂ Lowest.....₃

10. In the Study Child's class, is there within-class ability grouping for maths?

Yes₁ No₂

11. Which group is the Study Child in? Highest₁ Middle.....₂ Lowest.....₃

12. In so far as your professional experience allows, please rate the Study Child in terms of a range of competencies 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	<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)	Speaking and listening in Irish	<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)	Reading in English	<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)	Reading in Irish	<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)	Writing in English	<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)	Writing in Irish	<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)	Science	<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)	Maths and numeracy	<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)	Physical Education (PE)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j)	Arts (e.g. art/design, music, drama)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

13. 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

14. Does the Study Child's parent(s) / guardian(s) attend parent / teacher meetings? Yes₁ No.....₂

15. In general, would you say the Study Child:

		Always/ Almost Always	Sometimes	Hardly ever/ Never
a)	Shows an interest in classroom activities through observations or participation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b)	Displays high levels of involvement in self-chosen activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c)	Selects and uses activities and resources independently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d)	Continues to be interested, motivated, and excited to learn	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e)	Is confident to try new activities, initiate ideas, and to speak in a familiar group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f)	Maintains attention and concentrates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g)	Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

16. 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
a)	Mother appears to be	<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)	Father appears to be	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

17. How often do the following happen?

		Daily	At least once a week	At least twice a month	Monthly	Less often	Never
a)	You meet informally with the child's mother/father	<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)	The child's mother/father talks to you about the child's behaviour	<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)	The child's mother/father talks to you about the child's schoolwork	<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)	You ask the child's mother/father to come into the school to discuss the child	<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)	The child's mother/father encourages the child's learning at home (e.g. reading with them)	<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. 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

Please turn over for Questions 19, 20 and 21

19. 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 (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20. If you answered 'yes' to any of the questions at Q.19 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

21. 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 | Special Needs Assistant | <input type="checkbox"/> ₅ |
| Psychological assessment | <input type="checkbox"/> ₂ | Support for English as an additional language .. | <input type="checkbox"/> ₆ |
| Behavioural management programmes | <input type="checkbox"/> ₃ | Occupational therapy | <input type="checkbox"/> ₇ |
| Learning support / resource teaching | <input type="checkbox"/> ₄ | Assistive technology..... | <input type="checkbox"/> ₈ |
| | | Other (please specify) _____ | <input type="checkbox"/> ₉ |

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).