



Growing Up in Scotland Teacher questionnaire (P11233)

Please answer the questionnaire about the child named on the letter enclosed. You should answer the questions based on the child's performance/behaviour since the beginning of this school year (August 2015). All the answers you provide will be kept confidential. Participation in the study is voluntary.

The questionnaire should take around 15 minutes to complete. You can miss out any questions you cannot or do not want to answer. If you require any help or have any queries, please contact the ScotCen office and ask to speak to someone in the Growing up in Scotland (GUS) team on 0131 240 0210 (office hours are Monday to Friday 9am-5pm).

If this child is not in your class, please pass this questionnaire and letter to the child's current teacher. If this child is no longer in your school, please contact the GUS team on the number above.

Completing the questionnaire

Most of the questions can be answered by ticking a box below or alongside the answer. You should answer ALL the questions.

Q1 Did you have breakfast this morning?

Yes

No

Sometimes you are asked to write in the answers in your own words.

When you have finished answering the questionnaire, please seal it in the pre-paid envelope enclosed and return it to us - NatCen Social Research, 101-135 Kings Road, Brentwood, Essex, CM14 4LX.

Thank you for your help

Serial Number:
CKL:
Card (1):
Batch:

Q1 Please enter this child's date of birth.

		/			/				
DD			MM			YYYY			

Q2 Please assess where this child is on the Curriculum for Excellence levels for the following areas.

Tick one box on every row

	Early	First	Second	Third
Listening and talking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Writing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Numeracy and Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q3 And please indicate at which stage this child is currently working at in these areas.

Tick one box on every row

	Developing	Consolidating	Securing	Don't know/ can't say
Listening and talking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Writing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Numeracy and Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈

The next few questions are about this child's attitudes towards different parts of the school curriculum.

Q4 How often does this child seem to enjoy each of the following areas of the curriculum?

Tick one box on every row

	Always	Often	Sometimes	Never	Don't know/ can't say
Listening and talking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
Writing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
Numeracy and Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

Q5 How often does this child seem to try his/her best in each of the following areas of the curriculum?

Tick one box on every row

	Always	Often	Sometimes	Never	Don't know/ can't say
Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
Writing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈
Numeracy and Mathematics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈

Q6 How often does this child ...

Tick one box on every row

	Always	Often	Sometimes	Never	Child never/ rarely gets homework
...complete his/her homework?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...hand in his/her homework on time?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q7 How often does this child...

Tick one box on every row

	Always	Often	Sometimes	Never
...listen to your instructions?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...listen to classmates when they present their work or ideas?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
... <i>easily</i> make the transition from one classroom activity to another?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...finish classwork within the time limits set for the class?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q8 How well does this child work on his/her own, without any help either from teachers or other adults **and** without working with other children.

Tick one box only

Very well ₁

Quite well ₂

Not very well ₃

Not at all well ₄

Q9

How well does this child work on his/her work without any help from teachers or other adults who assist in the class?

Very well ₁

Quite well ₂

Not very well ₃

Not at all well ₄

Q10

If this child needs help, how likely is he/she to ask for help?

Very likely ₁

Quite likely ₂

Not very likely ₃

Not at all likely ₄

Does not apply/child never needs help ₈

Q11

Thinking about this child's friends in his/her class, are these friends ...

Tick one box only

...more likely than most children in the class to misbehave or cause trouble? ₁

...as likely as most children in the class to cause trouble? ₂

...less likely than most children in the class to misbehave or cause trouble? ₃

Q12

If this child's friends are misbehaving or causing trouble, does this child usually ...

Tick one box only

- ...ignore them and not get involved? ₁
- ...get distracted but doesn't join in with the behaviour? ₂
- ...join in by misbehaving? ₃
- Does not apply/child's friends never misbehave ₄

Q13

Please indicate the extent to which each of the following statements apply to your relationship with this child.

Tick one box on every row

	Definitely does not apply	Doesn't really apply	Neutral/ not sure	Applies somewhat	Definitely applies
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
This child appears to value 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
This child seems to enjoy receiving praise	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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
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

Q14

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 or the item seems daft! These come from a widely used scale that has been shown to work well. Please give your answers on the basis of this child's behaviour since the beginning of the school year.

Tick one box on every row

	Not True	Somewhat True	Certainly True	Don't know/ Can't say
Is considerate of other peoples' feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is restless, overactive, cannot stay still for long	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Often has temper tantrums or hot tempers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is rather solitary, tends to play alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is generally obedient, usually does what adults request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Has many worries, often seems worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is constantly fidgeting or squirming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Has at least one good friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Often fights with other children or bullies them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is often unhappy, downhearted or tearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is generally liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is easily distracted, concentration wanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is nervous, clingy in new situations, easily loses confidence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is kind to younger children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Often lies or cheats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Is picked on or bullied by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Thinks out before acting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Steals from home, school or elsewhere	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Gets on better with adults than with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Has many fears, is easily scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈
Sees tasks through to the end, good attention span	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈

The next few questions are about any additional support this child receives at school. When answering these questions, please only consider the support that the child is or has been receiving in this school year.

Q15 Does this child receive additional support at school for any of the following health or behavioural problems or disability?

Tick one box on every row

	Yes	No
Learning disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dyslexia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Dyscalculia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sight problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physical disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Language or speech problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Autistic spectrum disorder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Hearing problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Deafblind	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Physical health problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Mental health problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Interrupted schooling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
In care of local authority	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
English as an additional language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
More able pupil	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Something else (please write in) _____

Q16 Does this child have an Individual Educational Plan?

Yes ₁

No ₂

Q17 How many children in this child's class have an Individual Educational Plan?

Write in

Q18 Thinking about this school year, how often, if at all, does this child receive any of the following help or assistance to support his/her **learning**?

Tick one box on every row

	All of the time	Most of the time	Some of the time	Rarely	Never
Learning assistant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Learning support teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ICT support for visual impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Special classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q19 Has this child received any of the following forms of support for his/her **learning** since the start of this school year?

Tick one box on every row

	Yes	No
Speech therapy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Behavioural management programmes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Social work support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Psychological support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Adaptions made to the physical environment/special equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q20 Does this child receive any other help or support at school due to a health or behavioural problem or disability which has not been covered by the previous questions?

Yes
1

No
2

Q21 What other help or support (if any) does this child receive?

Thank you very much for taking the time to complete this questionnaire.

All your answers will remain confidential.

Please return this questionnaire in the pre-paid envelope enclosed.