

School

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Teacher

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ABOUT YOUR CLASS

This questionnaire is for the class teacher.

It asks about the physical environment of the classroom, the class structure and the stresses and strains you may be feeling.

We would be grateful if you could answer all questions, but if there are any you feel are inappropriate please put a line through them.

THANK YOU VERY MUCH FOR YOUR HELP

This information is confidential. No person or establishment will be identified by name in any report or publication.

When completed please return the questionnaire to:

*Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR*

Tel: 0117 928 5085

01/03/00

SECTION A: THE ENVIRONMENT

A1. How noisy is your school classroom usually?

a) Noise from outside the school (tick all that apply):

- (i) Continuous loud noise (e.g. heavy traffic, machinery, etc.)
- (ii) Intermittent loud noise (e.g. rush-hour traffic, plane taking off)
- (iii) Continuous moderate noise
- (iv) Intermittent moderate noise
- (v) Usually quiet

b) Noise from within the school perimeter (e.g. playground, other classes):

(i) Noise of other classes through the walls of your classroom:

- can hear clearly and is a problem
- can hear clearly but not a problem
- can hear but not clearly
- hardly ever hear

(ii) Noise of people moving around the school (e.g. along corridors)

- can hear clearly and is a problem
- can hear clearly but not a problem
- can hear but not clearly
- hardly ever hear

c) Is there double glazing in the outside windows?

- Yes No

The school building(s):

A2. Do you feel there is overcrowding:

	Yes serious	Yes occasional	No
a) For the staff:	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) For the pupils:	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

If yes, to either of the above,

c) Is this affecting the quality of education that you are providing?

Yes, a great deal Yes, sometimes No

d) Are there aspects of a school curriculum that you are having to restrict or omit because of lack of space?

Yes No

If yes, please describe

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SECTION B: ABOUT THE CLASS

B1. What is the age range of children in your class?

from **years** **months** to **years** **months**

 • to •

B2. a) How many children are there on the class register?

children

b) How many of your class have been excluded from school since the beginning of this school year?

for a fixed term permanently

c) How many are entitled to free school meals? children

d) How many pupils have statements for special educational needs?

e) For how many children in your class do you have to keep medication?

	No. of children
(i) Ventolin/inhaler for asthma	<input type="text"/> <input type="text"/>
(ii) Ritalin	<input type="text"/> <input type="text"/>
(iii) Anti-convulsants (for epilepsy)	<input type="text"/> <input type="text"/>
(iv) Adrenalin/Epipen (for allergic reactions)	<input type="text"/> <input type="text"/>
(v) Other (please give number of children and state name(s) of medication)	<input type="text"/> <input type="text"/>

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B2. f) How many children in your class keep their own regular medication when they come to school?

No. of children

(i) Ventolin/inhaler for asthma		
(ii) Ritalin		
(iii) Other (please give number of children and state name(s) of medication)		

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B3. Approximately for what proportion of the children currently on your attendance register do you feel you have grounds for concern because the child's development might be impaired by his/her home circumstances? (Please tick one box only)

100%	1	75-99%	2
50-74%	3	25-49%	4
10-24%	5	less than 10%	6

B4. How many children in your class are from homes where English is not the first language?

children

B5. a) On what criteria do you group children for classroom activities? (Tick all that apply)

	Yes	No
(i) Attainment groups	1	2
(ii) Mixed-ability groups	1	2
(iii) Friendship groups	1	2
(iv) Gender groups	1	2
(v) Age-based groups	1	2

B5. b) In this class are there ability groups (or setting) for:

	Yes	No
(i) Literacy	<input type="text" value="1"/>	<input type="text" value="2"/>
(ii) Maths	<input type="text" value="1"/>	<input type="text" value="2"/>
(iii) Other (please describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

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B6. a) How many children in your class have problems of health, behaviour, speech, vision, hearing or development which you consider affects their everyday life in school?

<input type="text"/>	<input type="text"/>	children
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b) How many children in your class are receiving the following:

	No. of children	
(i) Remedial reading help	<input type="text"/>	<input type="text"/>
(ii) Remedial mathematics help	<input type="text"/>	<input type="text"/>
(iii) Formal help with behavioural difficulties	<input type="text"/>	<input type="text"/>
(iv) Music lessons during class time	<input type="text"/>	<input type="text"/>

B7. Approximately how many hours a week does the class spend on the following?
(If none, write 00.00)

	hours		mins	
a) Literacy/English	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Numeracy/Maths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Science	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) ICT/Computing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) History	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Geography	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Design & technology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Art	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) PE/games/dance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Music	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) RE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) Personal and social education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B8. How confident are you about teaching the following to this class:

	Very	Fairly	Not
a) Numeracy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Literacy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Science	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

B9. In the past year, has there been any class discussion/teaching on:

	Yes	No	Don't know
a) Cigarette smoking	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
b) Sex education	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
c) Drug/solvent abuse	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
d) Healthy diet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
e) Exercise	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

B10. a) How often is homework given in term time?

not at all	<input type="text" value="1"/>	————— Go to B11 on page 9
occasionally (less than once a week)	<input type="text" value="2"/>	
once a week	<input type="text" value="3"/>	
2-4 times a week	<input type="text" value="4"/>	
every day	<input type="text" value="5"/>	

b) Which members of your class are given homework?

only the most able	<input type="text" value="1"/>
only the least able	<input type="text" value="2"/>
all are given homework	<input type="text" value="3"/>
no homework is given	<input type="text" value="4"/>

B10. c) Is the homework:

confined to reading and study tasks

part reading/study and part assignments due for teacher checking

confined to assignments due for teacher checking

d) On average, how long do you expect pupils in your class to spend on a typical piece of homework?

up to 10 minutes 11-20 minutes 21-30 minutes

31-40 minutes more than 40 minutes

e) What do you do if pupils do not do their homework? (Tick all that apply)

(i) Ask them to do it another time

(ii) Use sanctions or punishments

(iii) Other (please describe)

(iv) Do nothing

f) What contribution do you think homework makes to pupils' learning?

large contribution

small contribution

no contribution

B11. Are the children in your class given homework or projects to do during half term and/or school holidays?

Yes

No

B12. Which forms of assessment do you use?

	Yes always	Yes sometimes	No
a) Standardised tests (excluding SATS)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) Marking written work	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) Pupil self-assessment	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) Listening to children's reading	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) Question and answer in class	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) Discussion/review with individual children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

B13. Which of the following incentives are used for children in your class in relation to academic work?

	Yes	Not used
a) Direct praise:		
(i) Verbal	1 <input type="text"/>	2 <input type="text"/>
(ii) Written (include 'gold stars' etc.)	1 <input type="text"/>	2 <input type="text"/>
b) Naming of children:		
(i) Within the class	1 <input type="text"/>	2 <input type="text"/>
(ii) In school assembly	1 <input type="text"/>	2 <input type="text"/>
c) Awarding of free time	1 <input type="text"/>	2 <input type="text"/>
d) Encouragement of competition:		
(i) Individual attainment	1 <input type="text"/>	2 <input type="text"/>
(ii) Group attainment (e.g. 'houses' within a class)	1 <input type="text"/>	2 <input type="text"/>

B13. e) Is children's work displayed on walls: (tick one only)

- equally for all children 1
- mainly high quality work 2
- mainly on basis of high effort by child 3
- work not displayed 4

f) Do you use other incentives?

- Yes 1 No 2

If **yes**, please specify

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B14. What main published schemes of work (if any) do you use for teaching maths?

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B15. How important is the responsibility you feel you have for each of the following educational objectives?

	Essential objective	Major but not essential	Fairly important	Minor importance	Not important
a) To develop basic skills and build up knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) To foster the child's moral and social development	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) To develop the child's full potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) To equip the child with skills & attitudes which will enable her/him to take a place effectively in society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Essential objective	Major but not essential	Fairly important	Minor importance	Not important
B15.					
e) That the child should be an individual/developing in his or her own way	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f) That the child should be obedient to parents, teachers and all reasonable authority	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g) That the child should be happy and well-balanced	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h) To develop the child's capacity to think	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
i) To fit the child for an occupational role in society	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
j) That the child should acquire respect for his/her own and other people's property	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
k) That children should learn to work co-operatively	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
l) That attainment targets should be achieved for as many children as possible	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
m) That the child is capable of hard work and effort	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
n) That the child should produce neat and presentable work	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
o) That the child should enjoy school	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
p) That an interest in learning is aroused	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
q) That children should be able to organise their work	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

	Essential objective	Major but not essential	Fairly important	Minor importance	Not important
B15.					
r) To develop the child's self-confidence	1	2	3	4	5
s) That children should be kind and considerate to others	1	2	3	4	5
t) That the child should speak clearly and fluently	1	2	3	4	5

SECTION C: THE TEACHING STAFF

C1. How many of the following paid teaching staff work with your class? (Do not include teachers who do individual tuition for music or special needs)

	No. of male	No. of female
a) Full-time teachers (including yourself)	<input type="text"/>	<input type="text"/>
b) Part-time teachers (including yourself)	<input type="text"/>	<input type="text"/>
c) Paid classroom assistants (not teachers)	<input type="text"/>	<input type="text"/>

C2. Add together the proportions of time (a half-day per week = 0.1; full-time = 1) worked in your class by all paid staff mentioned above, **including yourself**. This will give the 'full-time-equivalent' staff total for your class. State the answer in the boxes at a) below.

Example 1:

1 full-time teacher (e.g. you) = 1

1 part-time paid classroom assistant working 3 half-days per week = 0.3

i.e. For this scenario the total full-time-equivalent = 1 • 3

Example 2:

1 part-time teacher (e.g. you) working 3 days or 6 half-days per week = 0.6

1 part-time teacher working 2 days or 4 half-days per week = 0.4

1 part-time classroom assistant working 5 half-days per week = 0.5

i.e. Total full-time-equivalent for the class = 1 • 5

a) The full-time-equivalent staff total for your class is: •

b) How many unpaid adult assistants help with your class?

	No. of male	No. of female
(i) parents	<input type="text"/>	<input type="text"/>
(ii) volunteers	<input type="text"/>	<input type="text"/>

C3. How many sessions in the last 3 months has temporary staff cover been used?

- never
- 1-10 sessions
- 11-20 sessions
- 21-30 sessions
- 31 or more sessions

C4. a) How long have you been a teacher at this school?

- < 1 year
- 1-2 years
- 3-9 years
- 10 or more years

b) Are you:

- Male Female

c) How long have you taught altogether?

- < 1 year
- 1-2 years
- 3-9 years
- 10 or more years

d) Please give the year in which you qualified for teaching (If none, write NONE and go to D1).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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e) Please list your teaching qualifications.

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SECTION D: STRESSES AND STRAINS

Often teachers nowadays are under considerable stress. The following questions will enable us to assess your well-being, and have been used in many studies.

Please indicate the way you feel.

	Very Often	Often	Not very often	Never
D1. Do you feel upset for no obvious reason?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D2. Do you get troubled by dizziness or shortness of breath?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D3. Have you felt as though you might faint?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D4. Do you feel sick or have indigestion?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D5. Do you feel that life is too much effort?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D6. Do you feel uneasy and restless?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D7. Do you feel tingling or prickling sensations in your body, arms or legs?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D8. Do you regret much of your past behaviour?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D9. Do you sometimes feel panicky?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D10. Do you find that you have little or no appetite?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D11. Do you wake unusually early in the morning even when you haven't been woken by any children you may have?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	Very Often	Often	Not very often	Never
D12. Do you worry a lot?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D13. Do you feel tired or exhausted?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D14. Do you experience long periods of sadness?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D15. Do you feel strung-up inside?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D16. Can you go to sleep all right?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D17. Do you ever have the feeling you are going to pieces?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D18. Do you often have excessive sweating or fluttering of the heart?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D19. Do you find yourself needing to cry?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D20. Do you have bad dreams which upset you when you wake up?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D21. Do you lose the ability to feel sympathy for others?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D22. Can you think as quickly as you used to?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
D23. Do you have to make a special effort to face up to a crisis or difficulty?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

SECTION E: YOUR OPINION OF YOURSELF

Below are some statements. Please say how true they are of you.

	Almost always true	Often true	Sometimes true	Seldom true	Never true
E1. I feel that I am a person of worth, at least equal to others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E2. I feel I have a number of good qualities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E3. I am able to do things as well as most other people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E4. I feel I do not have much to be proud of	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E5. I take a positive attitude towards myself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E6. Sometimes I think I am no good at all	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E7. I am a useful person to have around	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E8. I feel I cannot do anything right	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E9. When I do a job I do it well	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

	Almost always true	Often true	Sometimes true	Seldom true	Never true
E10. I feel that my life is not very useful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
E11. I am unlucky	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

SECTION F: YOUR ATTITUDE TOWARDS TEACHING

	Strongly agree	Mildly agree	Can't say	Mildly disagree	Strongly disagree
F1. I really enjoy teaching	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
F2. I would prefer to get out of teaching	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
F3. I like the challenge of making children understand	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
F4. I really enjoy teaching numeracy skills	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
F5. Changes in the curriculum are an exciting challenge	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
F6. Being a teacher is really worthwhile	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

SECTION G:

G1. This questionnaire was completed by:

- a) The class teacher

- b) Other
(please describe)

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G2. Date of completion of this questionnaire

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THANK YOU VERY MUCH FOR YOUR HELP

Space for any comments you might like to make. Remember for confidentiality reasons we will not be able to reply to these.

For office use only

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