



Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE

School ID

School Roll No.

Study Child's ID within School

Roll Number of Study Child _____

Teacher's ID within School

Date: _____ day _____ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify 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 will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. 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.

1. Study Child's date of birth _____ day _____ mth _____ year
2. Study Child's gender Male ₁ Female ₂
3. What class (school year) is the study child in? _____ class
4. For how many school years (including the 2006/2007 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. What was the single most important reason for the Study Child being absent from school? [Tick 1 box only].

a. Health reasons (illness or injuries)..... <input type="checkbox"/> ₁	f. A fear of school (school phobia)..... <input type="checkbox"/> ₆
b. Family holidays..... <input type="checkbox"/> ₂	g. Other [please specify]..... <input type="checkbox"/> ₇
c. Other family reasons..... <input type="checkbox"/> ₃	h. Don't know the reason..... <input type="checkbox"/> ₈
d. Truancy..... <input type="checkbox"/> ₄	i. N.A, Study Child not absent in current year <input type="checkbox"/> ₉
e. Bullying..... <input type="checkbox"/> ₅	
7. 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
8. How often does the Study Child arrive at school with homework not completed?

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

9. 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
	True	True	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

10. How would you rate the Study Child's academic performance in the following areas relative to children in his / her age group. [Please tick one box on each line]

	Below average	Average	Above Average
a. Reading.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Writing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Comprehension.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Mathematics.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Imagination / Creativity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Oral communications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Problem solving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

11. Does the Study Child's parent(s) / guardian(s) attend parent / teacher meetings? Yes...1 No.....2

12. 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. Learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Home environment / problems at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Have a limited knowledge of the main language of instruction.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Discipline problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Poor attendance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Other (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

13. If 'yes' to any of the questions at Q.12 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

Yes1 No.....2 Don't know.....3

14. 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	Behavioural management programmes	<input type="checkbox"/> 3
Psychological assessment.....	<input type="checkbox"/> 2	Learning support / resource teaching.....	<input type="checkbox"/> 4
Other [please specify]			<input type="checkbox"/> 5