

# Child of the New Century

## Age 11 Survey

### Teacher Questionnaire - England

**CONFIDENTIAL**

**Please answer the questions about the child named below.**

The questionnaire should take around 15 minutes to complete. You can miss out any question you cannot or do not want to answer. If you require any assistance or have any questions, you can call James Bill at Ipsos MORI on 0808 238 5446 between 9:30 am and 5:30 pm (Monday to Friday).

Unless stated otherwise, please answer the questions by referring to the school term in which the study child's family were interviewed. The day, month and year when the family were interviewed is shown below. If this date falls in a school holiday, please answer the questions by referring to the term before the holiday.

PLEASE FILL IN THE INFORMATION BELOW

**Date of completion WRITE IN:**

Day	Month	Year
<input type="text"/>	<input type="text"/>	20 <input type="text"/>

**Are you the teacher named on the label to the left?**

Yes

No  Please write your name in the boxes below

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
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## PLEASE READ THIS PAGE BEFORE YOU START

### How to answer the questions

To complete the questionnaire each question should be considered separately and read carefully. Please answer the questions by:

Ticking a box, like this

Or writing a number in a box, like this

Sometimes you will find an instruction telling you which question to answer next, like this:

Yes  → Go to   
No  → Go to

If you make a mistake, fill in the box with the wrong answer and place a tick in the correct box, like this:

Yes   
No

Please try to make sure your tick is inside the box as this ensures we read your answers correctly.

Thank you very much for your help. Now please start answering the questions on the next page.

# About the Child

**1** How long has this child been in your class?

WRITE IN NUMBER OF MONTHS

**2** This question asks you to rate some aspects of this child's ability and attainment. In so far as your professional experience will allow, please rate this child in relation to all children of this age (i.e. not just their present class or, even, school).

TICK **ONE** BOX ON **EVERY** ROW

		Well above average	Above average	Average	Below average	Well below average
<b>a</b>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Art and Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b>	Information and Communication Technology (ICT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3** This question asks about this child's attitude to school. How often does this child...

TICK **ONE** BOX ON **EVERY** ROW

		Always	Usually	Sometimes	Never
<b>a</b>	...seem to enjoy school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	...seem bored by school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	...try their best at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	...misbehave or cause trouble in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	...hand their homework in late?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4** How well does this child work independently?

	Very well	Quite well	Not very well	Not at all well
TICK <b>ONE</b> BOX ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5**

Please think about this child's behaviour over the last 6 months if you can. For each of the following statements please say whether it is not true, somewhat true or certainly true of the child's behaviour.

TICK **ONE** BOX ON **EVERY** ROW

		Not true	Is somewhat true	Very true
<b>a</b>	Is considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Is restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Is rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b>	Is generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	Has many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i</b>	Is helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j</b>	Constantly fidgets or squirms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k</b>	Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l</b>	Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b>	Is often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n</b>	Is generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o</b>	Is easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b>	Is nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>q</b>	Is kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>r</b>	Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>s</b>	Is picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>t</b>	Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>u</b>	Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v</b>	Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>w</b>	Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>x</b>	Has many fears, is easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>y</b>	Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6** Overall, to summarise, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

TICK **ONE** BOX ONLY

- Yes, minor difficulties
- Yes, definite difficulties
- Yes, severe difficulties
- No

**7** During this school year has this child been temporarily suspended or temporarily excluded from school for at least one day?

TICK **ONE** BOX ONLY

- Yes  → Go to **8**
- No  → Go to **9**

**8** How many times has this happened?

WRITE IN

**9** During this school year has this child missed school without parental permission, even if only for half a day or a single lesson?

TICK **ONE** BOX ONLY

- Yes
- No

**10** Does he/she receive English as an Additional Language support?

TICK **ONE** BOX ONLY

- Yes
- No

**11** Does this child have Special Educational Needs (SEN)?

TICK **ONE** BOX ONLY

- Yes  → Go to **12**
- No  → Go to **14**

**12** Does this child have a full statement of SEN?

TICK **ONE** BOX ONLY

- Yes
- No

**13** Are any of the following the reason or reasons for this child's Special Educational Needs (SEN)?

TICK **ONE** BOX ON **EVERY** ROW

		Yes	No
<b>a</b>	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Learning difficulties (including dyspraxia / dyscalculia)	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Attention Deficit and Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Autism, Asperger's syndrome or autistic spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Behavioural problems / hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Problem with speech or language	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b>	Problem with sight	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	Problem with hearing	<input type="checkbox"/>	<input type="checkbox"/>
<b>i</b>	Other physical disability	<input type="checkbox"/>	<input type="checkbox"/>
<b>j</b>	Medical or health problem	<input type="checkbox"/>	<input type="checkbox"/>
<b>k</b>	Mental illness / depression	<input type="checkbox"/>	<input type="checkbox"/>
<b>l</b>	Gifted/High IQ/More able and talented/Highly able	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b>	Other reason(s) (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>

**14** Does this child get any of the following types of help or support at school due to a health or behavioural problem or disability?

TICK **ALL** THAT APPLY

- Individual support in class from teacher / assistant
- Individual support in class from a family member
- Special classes
- Adaptations have been made to physical environment
- Equipment has been provided
- Attends a special school
- Other (please describe below)

No help/No such problems

**15** Thinking about this child's friends in their class, are these friends...

TICK **ONE** BOX ONLY

- ...more likely than most children in the class to misbehave or cause trouble?
- ...as likely as most children in the class to misbehave or cause trouble?
- ...less likely than most children in the class to misbehave or cause trouble?

**16** Thinking about this child's friends in their class, are these friends...

TICK **ONE** BOX ONLY

- ...more able academically than most children in the class?
- ...of a similar academic ability to most children in the class?
- ...less able academically than most children in the class?

**17** During this school year how often, if at all...

TICK **ONE** BOX ON **EVERY** ROW

	Most days	About once a week	About once a month	Every few months	Less often	Never
<b>a</b> ...have other children at school hurt or picked on this child on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> ...has this child hurt or picked on other children at school on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** How well prepared do you think this child is for secondary school?

	Very well prepared	Quite well prepared	Not very well prepared	Not at all prepared	Not moving to secondary school next year
TICK <b>ONE</b> BOX ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19** How likely do you think it is that this child will...

TICK **ONE** BOX ON **EVERY** ROW

	Very likely	Fairly likely	Not very likely	Not at all likely
<b>a</b> ... stay on in full-time education after age 16?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> ... go to university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Child's Parents

**20** How interested would you say this child's parents or parent figures appear to be in his or her education?

TICK **ONE** BOX ON **EVERY** ROW

	Very interested	Fairly interested	Neither interested or uninterested	Fairly uninterested	Very uninterested	Cannot say	No mother or father figure
<b>a</b> Mother or Mother-figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Father or Father-figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Streaming and Setting

We are interested to know about class groupings in this child's year.

Some schools group children from different classes in the same year by general ability and children are taught in these groups for most or all lessons. We refer to this as **streaming**.

Questions **21** to **23** ask about streaming.

Some schools group children from different classes in the same year by ability for certain subjects only and children may be taught in different ability groups for different subjects. We refer to this as **setting**.

Questions **24** to **32** ask about setting.

Some schools may not use any general or subject specific ability groupings.

Please answer the questions on streaming **and** the questions on setting.

### Streaming: grouping children by general ability

**21** In this child's year, is there streaming?

TICK **ONE** BOX ONLY

Yes  → Go to **22**

No  → Go to **24**

**22** How many streams are there in this child's year?

WRITE IN

**23** Which stream is this child in?

TICK **ONE** BOX ONLY

Highest	Middle	Lowest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Setting: grouping children by ability for certain subjects

**24** In this child's year are there sets for English?

TICK ONE BOX ONLY

Yes  → Go to **25**

No  → Go to **27**

**25** How many sets are there in this child's year for English?

WRITE IN

**26** Which set is this child in for English?

Highest

Middle

Lowest

TICK ONE BOX ONLY

**27** In this child's year are there sets for maths?

TICK ONE BOX ONLY

Yes  → Go to **28**

No  → Go to **30**

**28** How many sets are there in this child's year for maths?

WRITE IN

**29** Which set is this child in for maths?

Highest

Middle

Lowest

TICK ONE BOX ONLY

**30** In this child's year are there sets for science?

TICK ONE BOX ONLY

Yes  → Go to **31**

No  → Go to **33**

**31** How many sets are there in this child's year for science?

WRITE IN

**32** Which set is this child in for science?

Highest

Middle

Lowest

TICK ONE BOX ONLY

## The Child's Class

**33** How many children are there on this child's class register?

WRITE IN

**34** Does this child's class contain mixed year groups?

TICK **ONE** BOX ONLY

Yes

No

**35** How many classes are there in this child's year?

WRITE IN

**36** How many children in this child's class have SEN statements?

WRITE IN (IF **NONE** WRITE **0** IN BOX)

**37** How many children in this child's class have been excluded from school since the beginning of the school year?

WRITE IN (IF **NONE** WRITE **0** IN BOX)

**38** How many children in this child's class come from homes where English is an additional language?

WRITE IN (IF **NONE** WRITE **0** IN BOX)

**39** Are there any children in this child's class whose behaviour in class prevents other children from learning?

TICK **ONE** BOX ONLY

Yes

No

**40** How many days in this term has supply cover been used for this child's class?

WRITE IN (IF **NONE** WRITE **0** IN BOX)

**41** In an average week, how many hours a week are spent teaching this child's class...

**a** ...English? WRITE IN

**b** ...Maths? WRITE IN

**c** ...Science? WRITE IN

**42** How long are children in this child's class expected to spend on homework in an average week?

WRITE IN NUMBER OF MINUTES  
E.G. ONE HOUR = 60  
(IF **NONE** WRITE **0** IN BOX)

**43** This term, did this child's class get regular support from any of these? (By regular we mean at least once a week for most of the term)

TICK ALL THAT APPLY

Another teacher (specialist)

Special needs teacher

Teaching assistant/Higher level  
teaching assistant

Student teacher

Volunteer

Parents

Any other (please describe below)

None

## About You

**44** Are you male or female?

TICK ONE BOX ONLY

Male

Female

**45** Are you this child's...

TICK ONE BOX ONLY

- |  |                          |                   |
|--|--------------------------|-------------------|
| ...Class teacher   | <input type="checkbox"/> | } Go to <b>46</b> |
| ...Head teacher  | <input type="checkbox"/> |                   |
| ...Other teacher   | <input type="checkbox"/> |                   |
| ...Teaching assistant/Higher level<br>teaching assistant | <input type="checkbox"/> | } END             |
| ...School administrative assistant                       | <input type="checkbox"/> |                   |
| ...Other   | <input type="checkbox"/> |                   |

**46** In total, how many years have you been teaching?

WRITE IN NUMBER IN YEARS

**47** How many years have you taught at this school?

WRITE IN NUMBER IN YEARS

**48** Which of the qualifications listed below do you have?

TICK ALL THAT APPLY

- |   |                          |
|---|--------------------------|
| Higher degree mainly by research<br>(e.g. PhD, DPhil)   | <input type="checkbox"/> |
| Higher degree mainly by taught<br>course (e.g. MA, MSc) | <input type="checkbox"/> |
| Postgraduate Certificate in Education<br>(PGCE)         | <input type="checkbox"/> |
| Other postgraduate diploma or<br>certificate            | <input type="checkbox"/> |
| Bachelor of Education (BEd)                             | <input type="checkbox"/> |
| Other first degree (e.g. BA, BSc)                       | <input type="checkbox"/> |
| Teaching diploma or certificate                         | <input type="checkbox"/> |
| Professional qualification (e.g.<br>Accountancy)        | <input type="checkbox"/> |
| None of these   | <input type="checkbox"/> |
| Do not wish to answer                                   | <input type="checkbox"/> |

**THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.**

**PLEASE RETURN THE QUESTIONNAIRE, ALONG WITH ANY OTHERS YOU MAY HAVE COMPLETED, IN THE ENVELOPE PROVIDED. PLEASE CHECK THAT YOUR DETAILS ARE FILLED IN ON THE FRONT OF THE FORM AND THAT YOU HAVE DATED IT.**