

Educational Research Centre

St Patrick's College, Dublin 9



National Assessment of Mathematics 2004

*Questionnaire for
Parents or Guardians of 4th Class Pupils*

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The Educational Research Centre (ERC) has been commissioned by the Department of Education and Science to conduct a study of mathematics among children in Primary school. As part of this study, parents/guardians of some children are being asked to complete a short questionnaire concerning themselves and their child. Your co-operation in completing this questionnaire would be greatly appreciated.

All questionnaire responses will be treated in total confidence. Your name and your child's name are not required and are not available to the ERC. Further, schools will not be identified anywhere in subsequent reports of the survey. The questionnaire may be completed by either the mother/female guardian or the father/male guardian of the child who brought it home.

*Please indicate your response by putting a tick in the appropriate box or by writing down the information.
Additional comments may be written in the space provided on page 8.*

Note: The questions below and the term 'your child' all refer to the 4th Class child who brought this questionnaire home to you.

You and Your Child

1. On how many days in a school week does your child do maths homework (e.g., sums, tables) ?

_____ days

2. On a typical school day, about how long does your child spend on maths homework (e.g., sums, tables) ?

(Please tick **one** option only.)

- a) Five minutes or less ₁
b) About 15 minutes ₂
c) About 30 minutes ₃
d) About an hour ₄
e) More than an hour ₅

3. If your child needs help with homework in maths, who usually gives the help?

(Please tick **one** option only.)

- a) Father/male guardian..... ₁
b) Mother/female guardian..... ₂
c) Brother or sister..... ₃
d) Childminder ₄
e) Grandparent ₅
f) Other person..... ₆
g) Child usually does not need help ₇

4. In which of the following areas do you or someone else provide help with your child's maths homework?

*(Please tick **all** that apply.)*

- a) Memorising tables ₁
- b) Computation (e.g., sums involving subtraction, multiplication) ₁
- c) Solving word problems in maths (i.e., reading and doing a problem) ₁
- d) Learning maths concepts (e.g., weight, distance, capacity) ₁

5. When your child has homework in maths, how much time is usually spent helping your child with this work?

*(Please tick **one** option only.)*

- a) More than one hour ₁
- b) Between 30 and 60 minutes ₂
- c) About 15 minutes ₃
- d) A few minutes ₄
- e) None ₅

6. Have you ever taken part in a parenting programme aimed at helping your child with maths at home?

Yes ₁ No ₂

7. a) Does your child's school hold formal parent-teacher meetings?

Yes ₁ No ₂

b) Since last September, have you attended one of these meetings?

Yes ₁ No ₂ No Meeting Held ₃

c) Other than formal parent-teacher meetings, how many times in the current school year did you, or a parent/guardian of your child, communicate with the school to discuss your child's progress IN MATHEMATICS with a teacher or the principal?

(Note: Contact could include a letter, phone call, written note, e-mail, or visit.)

*(Please tick **one** option only.)*

- a) No times ₁
- b) Once or twice ₂
- c) Three or four times ₃
- d) Five times or more ₄

8. Please indicate which of the following, if any, are available to your child for educational purposes AT HOME.

(Please tick all that apply.)

- a) Computer (*not including consoles like Playstation, Xbox, etc.*) ₁
- b) Internet access ₁
- c) A suitable place to study/do homework ₁
- d) Calculator ₁

9. How often do you do each of the following maths-related activities with your child?

- | | <i>Very often</i> | <i>Sometimes</i> | <i>Never</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Play games involving maths
<i>(e.g., Monopoly, card games)</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Estimate the cost of items or
change to be given..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) Read timetables | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d) Read maps | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e) Work with quantities
<i>(e.g., weighing, measuring)</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f) Other..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

If 'Other' please specify:

10. How satisfied are you with your child's progress in maths in each of these areas?

- | | <i>Very satisfied</i> | <i>Satisfied</i> | <i>Dissatisfied</i> | <i>Very dissatisfied</i> | <i>Don't Know</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Number Facts/Tables..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) Computation (<i>e.g., adding, subtracting, dividing, multiplying</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) Measures (<i>e.g., weight, time, money, capacity</i>)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d) Problem-solving (<i>e.g., solving word problems</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e) Shape/Space (<i>e.g., lines, angles, 2/3D shapes</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f) Data/Chance (<i>e.g., reading graphs, probability</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

11. From what you know about how good your child is in school at maths, and *without asking him or her*, would you say s/he is in:

(Please tick **one** option only.)

- a) The top third of his/her 4th class ₁
- b) The middle third of his/her 4th class ₂
- c) The bottom third of his/her 4th class ₃
- d) Don't know ₄

You and Your Home

12. a) Are you... ...male? ₁ ...female? ₂

b) What is your relationship to this child?

- Parent ₁ Guardian ₂
- Grandparent ₃ Other ₄

If 'Other' please specify: _____

13. Please indicate the educational qualification(s), if any, obtained by you **AND, if applicable, your spouse or partner.**

(Please tick **all** that apply.)

- | | <i>Male parent
or guardian</i> | <i>Female parent
or guardian</i> |
|---|---------------------------------------|---------------------------------------|
| a) Primary Certificate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| b) Group Certificate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| c) Intermediate or Junior Certificate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| d) Leaving Certificate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| e) Third-Level Certificate or Diploma (e.g.,
<i>Diploma in Computer Science, Secretarial
Courses</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| f) Third-Level Undergraduate Degree
Qualification(s) (e.g., <i>B.A., Nursing,
Accountancy</i>) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| g) Third-Level Postgraduate Degree
Qualification(s) (e.g., <i>Master of Arts, PhD.</i>)... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| h) Other..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |

If 'Other' please specify:

Father/Male guardian: _____

Mother/Female Guardian: _____

14. Who normally lives in your home?

(Please tick all that apply.)

- Mother of this child ₁ Father of this child ₁
Female guardian of this child ₁ Male guardian of this child ₁

15. How many brothers and sisters does your child have?

(Please tick one option in each row.)

- | | <i>None</i> | <i>One</i> | <i>Two</i> | <i>Three</i> | <i>Four or more</i> |
|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Older Brothers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) Older Sisters | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) Younger Brothers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d) Younger Sisters | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

16. How many people in total usually live in your household?

_____ people

17. Which of the following best describe the employment status of you and, *if applicable*, your spouse or partner.

(Please tick one box only in each column.)

- | | <i>Male parent
or guardian</i> | <i>Female parent
or guardian</i> |
|---|---------------------------------------|---------------------------------------|
| | <i>Tick one</i> | <i>Tick one</i> |
| a) Working full-time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| b) Working part-time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| c) Not working, but looking for a job | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| d) On full-time home duties | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| e) Other (<i>e.g., studying, disabled, retired.</i>)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |

18. Please write the name of the job done by you and, *if applicable*, your spouse or partner.

Please name the job, not the employer (e.g., write “electrician” instead of “works for ESB”). If not currently working but worked previously, please write the name of the last job.

- a) Male parent or guardian _____
b) Female parent or guardian _____

19. a) Which languages do you speak to your child at home?

*(Please tick **all** that apply.)*

- 1) English ₁
- 2) Gaeilge (Irish) ₁
- 3) Another language ₁

b) Which language do you speak to your child MOST OFTEN at home?

*(Please tick **one** box only.)*

- a) English ₁
- b) Gaeilge (Irish) ₂
- c) Another language ₃

20. Do you have a medical card?

Yes ₁ No ₂

21. Please indicate your child's date of birth:

_____ _____ _____
Day Month Year

22. Please comment on any of the issues raised in the questionnaire in relation to your child's mathematical progress in school and at home.

Many thanks for taking the time and effort to complete this questionnaire.

Please put the questionnaire in the envelope supplied, seal it and return it to the child who gave it to you to bring back to the school. It will be collected from the school in the near future and delivered to the Educational Research Centre. All information will be treated in total confidence.