

Educational Research Centre
St Patrick's College
Dublin 9

National Assessments of English Reading and Mathematics (2014)

Questionnaire for Parents and Guardians of Children in Second Class

If you have more than one child, please note that all questions refer only to your child in Second class.

When you have completed the questionnaire, please put it in the envelope supplied, seal it and give it to your child to bring back to the school by **March 28th**.

Only staff at the Educational Research Centre will see completed questionnaires. All information you supply is totally confidential. Nothing you write will be seen by school staff.

An online version of this questionnaire is available. Please refer to the cover letter you received from the ERC.



AN ROINN | DEPARTMENT OF
OIDEACHAIS | EDUCATION
AGUS SCILEANNA | AND SKILLS

Educational Research Centre
Foras Taighde ar Oideachas

You and Your Child

Note: In the questions below, unless otherwise stated, English refers to English reading, spelling and writing. Maths refers to sums, word problems and/or tables.

1. How many minutes does your child spend on homework on an ordinary day, in...

- a) English? minutes per day
- b) Maths? minutes per day

2. How confident do you feel at helping your child with homework in these subjects?

- | | <i>Very confident</i> | <i>Fairly confident</i> | <i>Not very confident</i> | <i>Not at all confident</i> |
|-----------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) English..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Maths | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

3. How often does your child need help with English homework?

- | <i>Never or hardly ever</i> | <i>Once or twice a month</i> | <i>Once or twice a week</i> | <i>Almost every day</i> |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

4. How often does your child need help with maths homework?

- | <i>Never or hardly ever</i> | <i>Once or twice a month</i> | <i>Once or twice a week</i> | <i>Almost every day</i> |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

5. Have you ever attended a course or information evening aimed at helping your child with. . .

- | | Yes | No |
|-------------------|---------------------------------------|---------------------------------------|
| a) English? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Maths? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

6. If your child's school organises a course or information evening for parents in the future, on the areas below, would you attend?

- | | Yes | No |
|------------------|---------------------------------------|---------------------------------------|
| a) English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Maths | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

7. In the past three months, have you or your partner used the Internet to help your child with homework in. . .

- | | Yes | No |
|-------------------|---------------------------------------|---------------------------------------|
| a) English? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Maths?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

8. How confident do you feel in relation to finding, on the Internet, the information you need to help your child with homework in...

	<i>Very confident</i>	<i>Fairly confident</i>	<i>Not very confident</i>	<i>Not at all confident</i>
a) English?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Maths?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

9. During the school year, have you or your partner discussed your child's progress with his or her teacher, relating to . . .

	Yes	No
a) English reading?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Maths?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

10. How would you describe your child on each of the following?

	<i>Very good</i>	<i>Good</i>	<i>A bit weak</i>	<i>Very weak</i>	<i>Don't know</i>
a) English reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) English spelling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) English writing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) English oral skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Maths – tables/facts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) Maths – sums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) Maths – word problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11. If there are any aspects of your child's English about which you are currently concerned, please write them below.

1. _____
2. _____
3. _____

12. Do you think your child gets too much homework, about the right amount of homework, or too little homework in English reading and maths?

Tick one box in each row.

	<i>Too much homework</i>	<i>About the right amount</i>	<i>Too little homework</i>
a) English reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Maths.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

13. Please show your level of agreement with each statement about your child.

Tick one box in each row.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Don't know</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a) I expect my child to do well in English reading this year.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) I set aside time for my child to read for fun or enjoyment on most days. . .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) I agree rules with my child for his or her behaviour at home.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) I agree rules with my child in respect of completing homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

About Yourself

14. Are you Male? ₁ Female?..... ₂

15. How are you related to this child? *Please tick one box only.*

Parent ₁ Guardian..... ₂
 Grandparent..... ₃ Other ₄

16. Please show the highest level of education completed by you and by your spouse or partner, if you have one.

Please tick one box for yourself, and one for your spouse or partner.

	<i>You</i>	<i>Your spouse or partner</i>
a) Primary school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b) Inter or Group or Junior Cert.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
c) Leaving Cert (General or Vocational).....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
d) Leaving Cert (Applied).....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
e) Apprenticeship or Post-Leaving Cert (PLC) course	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
f) Third-level Certificate or Diploma (not degree)	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
g) University Degree or post-graduate diploma.....	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
h) Masters degree or Doctorate	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
i) Other (please specify) _____	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉

17. Which of the following best describes your employment status and that of your spouse or partner, if you have one?

Please tick one box for yourself, and one for your spouse or partner.

	<i>You</i>	<i>Your spouse or partner</i>
a) Working full-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b) Working part-time	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
c) Not working, but looking for a job.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
d) On full-time home duties	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
e) On long-term sick leave, disability	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
f) Other (for example, student, retired).....	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

18. When you are at home, how often do you or your partner read for your own enjoyment?

Please tick **one box** for yourself, and **one** for your spouse or partner.

	<i>You</i>	<i>Your spouse or partner</i>
Every day or almost every day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Once or twice a week	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Once or twice a month.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Never or hardly ever.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄

Your Child's School

19. Please show your level of agreement with each of the statements below.

Tick one box in each row.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Don't know</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a) Discipline is good in the school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) The school is well run.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Overall, I am happy with the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Teaching is good in the school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) My child is doing well in school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) My child likes school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) My child is safe in school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) Facilities are good in the school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) I am happy with the size of classes in the school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) There is a good atmosphere in the school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k) The school is welcoming to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l) Parents are invited to contribute their views about school policies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

20. Are you currently, or have you ever been, a member of the following in your child's school?

Tick one box in each row.

	<i>Yes, currently</i>	<i>Yes, in the past</i>	<i>No</i>
a) Board of Management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Parents' Association	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Other committee	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

21. Please show your level of agreement with each statement below.

Tick one box in each row.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Don't know</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a) The school is helping my child to progress with reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) The school is helping my child to progress with maths.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) The school keeps me informed about my child's progress in English reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) The school keeps me informed about my child's progress in Maths.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) The school supports me if my child has a difficulty.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) The school supports my child if he or she has a difficulty.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) The school makes me feel welcome if I need help.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) The school has good communication with parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) I feel involved in my child's schooling.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) I feel that my child's school provides a supportive environment for parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

You and Your Home

22. Who normally lives at your home?

Please tick all that apply.

Mother or female guardian of this child.....

₁

Father or male guardian of this child.....

₁

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

 brothers
 sisters

24. Which of these can your child use or access at home?

Please tick all that apply.

- a) Educational games (including software) ₁
- b) Electronic books (e-books)..... ₁
- c) Broadband Internet..... ₁
- d) Quiet place to do homework ₁
- e) Reference books (for example, dictionary, encyclopaedia) ₁

25. Which language do you speak most often with your child at home?

Tick one box only

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

26. About how many print books are in your home?

Do not count schoolbooks. As a guide, there are about 50 books per metre of shelving.

Tick one box only.

- a) None..... ₁
b) 1 to 10..... ₂
c) 11 to 50..... ₃
d) 51 to 100..... ₄
e) 101 to 250..... ₅
f) 251 to 500..... ₆
g) More than 500 ₇

27. Which persons in your household are members of a public library?

Please tick all that apply.

- Mother or female guardian..... ₁
Father or male guardian..... ₁
Your child in Second class..... ₁
An older or younger sibling..... ₁

28. How would you rate your family financially?

Tick one box only.

- a) Very poor ₁
b) Poor ₂
c) Average ₃
d) Well off ₄
e) Very well off ₅

29. Do you or your spouse or partner have a medical card?

- Yes ₁ No ₂

Thank you for taking the time to complete this questionnaire.