

Foras Taighde Ar Oideachas
Coláiste Phádraig
Áth Cliath 9

National Surveys of English Reading and Mathematics (2010)

Parent Questionnaire: Second Class

[Leagan Gaeilge ar Chúl]

If you have more than one child, please note that all questions refer only to the child who brought this questionnaire home.

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.

All information you supply is totally confidential. Nothing you write will be seen by school staff.



AN ROINN OIDEACHAIS
AGUS EOLAÍOCHTA | DEPARTMENT OF
EDUCATION AND SCIENCE

Educational Research Centre
Foras Taighde ar Oideachas

You and Your Child

1. How often does your child get homework in these subjects?

Write "0" if he or she does not get homework.

- a) English..... *days a week*
- b) Maths *days a week*
- c) Irish..... *days a week*

2. On a typical school day, how long does he or she spend on homework in these subjects?

- a) English *minutes per day*
- b) Maths *minutes per day*
- c) Irish..... *minutes per day*

3. 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 |
| c) Irish..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

4a. Who usually helps your child with English homework?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <i>Doesn't need help</i> | <i>Mother</i> | <i>Father</i> | <i>Other</i> | <i>Nobody</i> |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

5a. Who usually helps your child with maths homework?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <i>Doesn't need help</i> | <i>Mother</i> | <i>Father</i> | <i>Other</i> | <i>Nobody</i> |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

6. 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 |
| c) Irish? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- 7. During the school year, have you or your partner discussed your child's progress with his/her teacher?**
- | | Yes | No |
|------------------|---------------------------------------|---------------------------------------|
| a) English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Maths | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

8. 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) Maths | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) Irish reading | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

9. What age was your child when s/he . . .

- | | Age (Years) |
|---|---|
| a) showed an interest in Irish reading for the first time | <input style="width: 80px; height: 20px;" type="text"/> |
| b) showed an interest in English reading for the first time | <input style="width: 80px; height: 20px;" type="text"/> |
| c) started to learn Irish reading formally at school | <input style="width: 80px; height: 20px;" type="text"/> |
| d) started to learn English reading formally at school | <input style="width: 80px; height: 20px;" type="text"/> |

- 10. Were you ever concerned about your child's progress in**
- | | Yes | No |
|--------------------------|---------------------------------------|---------------------------------------|
| a) English reading | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Maths | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Irish reading | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

About Yourself

- 11. Are you** Male ₁ Female..... ₂

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

- | | | | |
|------------------|---------------------------------------|---------------|---------------------------------------|
| Parent | <input type="checkbox"/> ₁ | Guardian..... | <input type="checkbox"/> ₂ |
| Grandparent..... | <input type="checkbox"/> ₃ | Other | <input type="checkbox"/> ₄ |

13. What is your job and, if applicable your spouse or partner's job?

Please name your job, not the employer (e.g., "electrician" instead of "works for ESB". If not currently working, write the name of your last job.

- a) You _____
- b) Your partner _____

14. Which of the following best describes the employment status of you, and, if applicable, your spouse or partner?

Please tick one box only in each column.

	<i>You</i>	<i>Your 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) Other <i>e.g., student, disabled, retired</i>).....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

You and Your Home

15. Who normally lives at your home?

Please tick *all that apply*..

Mother of this child.....	<input type="checkbox"/> ₁	Father of this child	<input type="checkbox"/> ₁
Female guardian of this child.....	<input type="checkbox"/> ₁	Male guardian of this child.....	<input type="checkbox"/> ₁

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

<input style="width: 50px; height: 20px;" type="text"/>	<i>brothers</i>	<input style="width: 50px; height: 20px;" type="text"/>	<i>sisters</i>
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17. How many people in total usually live in your home?

people

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

Please tick *all that apply* .

a) Reference books (e.g., dictionary, encyclopaedia).....	<input type="checkbox"/> ₁
b) Computer with high-speed (broadband) internet access	<input type="checkbox"/> ₁
c) Quiet place to do homework	<input type="checkbox"/> ₁
d) Educational games (including software).....	<input type="checkbox"/> ₁

19. About how many books are in your home?

Do not count schoolbooks, magazines or comics. As a guide, there are about 50 books per metre of shelving. (Tick one box in each column)

<u>English Books</u>	<u>Irish Books</u>		
a) None.....	<input type="checkbox"/> ₁	a) None	<input type="checkbox"/> ₁
b) 1 to 10	<input type="checkbox"/> ₂	b) 1 to 10	<input type="checkbox"/> ₂
c) 11 to 50	<input type="checkbox"/> ₃	c) 11 to 50	<input type="checkbox"/> ₃
d) 51 to 100	<input type="checkbox"/> ₄	d) 51 to 100	<input type="checkbox"/> ₄
e) 101 to 250	<input type="checkbox"/> ₅	e) 101 to 250	<input type="checkbox"/> ₅
f) 251 to 500	<input type="checkbox"/> ₆	f) 251 to 500	<input type="checkbox"/> ₆
g) More than 500	<input type="checkbox"/> ₇	g) More than 500	<input type="checkbox"/> ₇

20. 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

21. Is anyone in your house a member of a public library

Yes **No**
₁ ₂

22. Did you or your partner attend any of these schools?

Please tick all that apply

You *Your partner*

- a) An Irish-medium primary school ₁ ₁
 b) An English-medium primary school ₁ ₁
 c) A primary school teaching through a different medium ₁ ₁
 d) An Irish-medium post-primary school ₁ ₁
 e) An English-medium post-primary school ₁ ₁
 f) A post-primary school teaching through a different medium ₁ ₁

23. Spoken Irish

Tick one box in each column.

Yes **No**

- a) Can you speak Irish? ₁ ₂
 b) Can your partner speak Irish? ₁ ₂

24. What level of proficiency do you and your partner have in Irish?

Tick one box in each column.

Tusa *Do chéile/pháirtí*

- a) Very good ₁ ₁
 b) Good ₂ ₂
 c) Fairly good ₃ ₃
 d) Weak ₄ ₄

25. YOU - If you have spoken Irish, do you speak Irish. . .

Tick each box that applies.

Yes

- a) daily, in the education system? ₁
 b) daily, outside of the education system? ₁
 c) weekly? ₁
 d) less often? ₁
 e) never? ₁

26. YOUR PARTNER - If your partner has spoken Irish, does s/he speak Irish. . .

Tick each box that applies.

Yes

- a) daily, in the education system? ₁
- b) daily, outside of the education system? ₁
- c) weekly..... ₁
- d) less often ₁
- e) never ₁

27. YOU - How often do you do the following?

- | | <i>Reg-
ularly</i> | <i>Now
and
then</i> | <i>Seldom</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Read Irish language newspapers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Speak in Irish on the telephone | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) Write a text or e-mail in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d) Look at an Irish programem on television..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e) Speak with your child's teacher in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f) Speak in Irish with your children | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g) Speak to other children in the school in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h) Read a book in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i) Read a book in English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

28. YOUR PARTNER - How often does your partner do the following?

- | | <i>Reg-
ularly</i> | <i>Now
and
then</i> | <i>Seldom</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Read Irish newspapers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Speak in Irish on the telephone | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) Write a text or e-mail in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d) Look at an Irish programem on television | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e) Speak with your child's teacher in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f) Speak in Irish with your children | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g) Speak to other children in the school in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h) Read a book in Irish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i) Read a book in English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

29. Why did you/your partner select an Irish-medium school for your child?

30. Will your child attend an Irish-medium secondary school / unit/stream after leaving primary school?

Yes ₁ No ₂

31. Is there an Irish-medium post-primary school in your area?

Yes ₁ No ₂

32. Will your child continue in this primary school until the end of sixth class?

Yes ₁ No ₂ Not sure ₃

Thank you for your help.