

African Population  
and Health Research Center

**TAYARI**

**Teacher Questionnaire**



## 1.0: General Background Information

These questions are **NOT** to be asked to the teacher, please enter them by observation and some information is to be obtained from the school administration prior to beginning the interview.

1.1 Date of Interview:	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 Time Started (24 HRS)	<input type="text"/>										
1.3 County ID:	<input type="text"/>	1=Laikipia; 2=Nairobi; 3=Uasin Gishu; 4=Siaya									
1.4 School Name:	<input type="text"/>										
1.5 School ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.6 Teacher Name:	<input type="text"/>										[Optional]
1.7 Teacher ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.8 Teacher Sex:	<input type="text"/>	1=Male; 2=Female									
1.9 Interviewer ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2.0: Verbal Consent

Good morning/afternoon/evening sir/madam. My name is (NAME OF FI). I work with the African Population and Health Research Center (APHRC) which conducts research on Health, Urbanization, Wellbeing and Education. APHRC works in various parts of the country. Under the Education theme, we visit schools once in a while to collect data on school infrastructure, enrolment, staffing as well as to evaluate programs within schools. This time, we are focusing on Early Childhood Development Education (ECDE), in order to evaluate the readiness of children in math and language before joining primary level of education. We would like to collect data on school characteristics, infrastructure, enrolment, staffing and management, health and nutrition and assessment in language and math as well as social emotional.

We will be talking to the teacher in charge of the ECDE, you as an ECDE class teachers and assess selected learners. The results of this research will be made public. The responses you give will be held with utmost confidentiality and will only be available to members of the research team. The responses will not cause any disadvantage to you or the ECDE center. If you accept to participate in this research, you will be doing so professionally and voluntarily and there will not be any monetary returns. Any benefits of the research will be to the larger community and its institutions which include ECD centers. You are free to ask questions as we proceed. You are also free to refuse to respond to questions you do not feel comfortable answering. This interview will take about 20 minutes.

Would you like to participate in this research?

(1) Yes

(2) No

*[IF 1=YES, THANK THE RESPONDENT AND PROCEED TO SECTION 3.0; [IF 2=NO, THANK THE RESPONDENT, AND SKIP TO SECTION 8.0]*

FI NOTE: Same teacher interviewed in Round II

### 3.0 Teacher Background Information

3.1 What is your date of birth? Day   Month   Year

3.2 What is your position in this school? **[FI: TICK THE HIGHEST POSITION]**

<input type="checkbox"/> (1)	ECDE Teacher	<input type="checkbox"/> (2)	ECDE Head
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3.3 What ECDE classes are you currently teaching in this center? **[FI: MULTIPLE RESPONSES ALLOWED]**

a	Baby class/Day care/0-3 years	<input type="checkbox"/> (Yes)	<input type="checkbox"/> (No)
b	Middle class/PP1/Nursery/4 years	<input type="checkbox"/> (Yes)	<input type="checkbox"/> (No)
c	Pre-unit/PP2/Top class/5 Years	<input type="checkbox"/> (Yes)	<input type="checkbox"/> (No)
d	Other levels	<input type="checkbox"/> (Yes)	<input type="checkbox"/> (No)

3.3a **[FI NOTE: IF MULTIPLE ECDE CLASSES SELECTED, INDICATE IF MULTI-GRADE OR SEPARATE CLASSROOMS]**

<input type="checkbox"/>	Multi-grade classrooms	<input type="checkbox"/>	Separate classrooms
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3.4 Who is your employer? **[FI: ONLY ONE RESPONSE ALLOWED]**

(1) County government

(2) BOM/SMCs

(3) School owner

(96) Other (specify) \_\_\_\_\_

3.5 What is the **HIGHEST** level and class of academic education you have attained? **[FI: TICK ONLY ONE FOR LEVEL AND FILL CORRESPONDING GRADE COMPLETED IN THAT LEVEL]**

LEVEL	CLASS/YEARS COMPLETED
<input type="checkbox"/> (1) Primary	<input type="text"/>
<input type="checkbox"/> (2) Secondary	<input type="text"/>
<input type="checkbox"/> (3) College	<input type="text"/>
<input type="checkbox"/> (4) University (specify degree area (e.g. B.ED ECD) _____)	<input type="text"/>
<input type="checkbox"/> (99) No response	<input type="text"/>
<input type="checkbox"/> (96) Other (Specify) _____	<input type="text"/>

3.6 What is the **HIGHEST** level of professional teacher training you have completed?

- (1) No teacher training (UT)
- (2) Certificate in education (P1/P2/P3)
- (3) Diploma in education
- (4) Degree (Bachelor of Education)
- (5) Post graduate diploma in education (PGDE)
- (6) Certificate in ECDE
- (7) Diploma in ECDE
- (8) Degree in ECDE
- (96) Other (Specify) \_\_\_\_\_

3.7 What **MAIN** curriculum of ECDE training did you go through? **MULTIPLE RESPONSES**

- (1) University
- (2) KICD (NACECE/DICECE)
- (3) MONTESSORI
- (4) Kindergarten Headmistresses Association (KHA)
- (5) Not ECDE trained
- (6) Primary Sch teacher training
- (96) Other (Specify) \_\_\_\_\_

3.8 How adequately do you feel prepared to teach in ECDE?

- (1) Very adequate
- (2) Adequate
- (3) Somehow adequate
- (4) Inadequate
- (5) Very inadequate

3.9	In total, how many complete years have you actively been a teacher? [FI: CODE 0 IF TEACHER HAS ACTIVELY TAUGHT FOR LESS THAN A YEAR]		
3.10	In total, how many complete years have you actively taught as an ECD teacher? [FI: CODE 0 IF TEACHER HAS ACTIVELY TAUGHT FOR LESS THAN A YEAR]		
3.11	In total, how many complete years have you actively taught in this school? [FI: CODE 0 IF TEACHER HAS ACTIVELY TAUGHT FOR LESS THAN A YEAR]		
3.12	How many sessions of in-service training or professional development on <b>ANY TOPIC</b> have you attended in 2017? If none put a “zero” <b>IF 0 skip to 3.20</b>		
3.13	How many sessions of in-service training or professional development on teaching <b>Math</b> have you attended in 2017? If none put a “zero”		

3.14 How many sessions of in-service training or professional development on teaching **Language** have you attended in 2017? If none put a “zero”

3.16 How many sessions of in-service training or professional development on teaching **Life-skills** have you attended in 2017? If none put a “zero”

3.17 How many sessions of in-service training or professional development on teaching **Social activities** have you attended in 2017? If none put a “zero”

3.18 Who trained you? **[FI: MULTIPLE RESPONSES ALLOWED]**

(1) MoE

(5) County government

(2) RTI/Tayari

(6) Other (specify) \_\_\_\_\_

[If Teacher attended trainings in questions 3.13-3.17] What was the most useful aspect of those trainings?

3.18a \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.20 How many minutes per day do you spend preparing lessons including activities, materials and assessments?

3.21 Are the following records available in your class? **[FI: CHECK AVAILABILITY OF RECORDS]**

**[FI: TICK YES=1 AND NO=2 IN THE GRID. IF YES in 3.21, ASK Q 3.22]**

3.22 How often do you update them?

**[FI: WHERE 1= Daily 2= Weekly; 3= Monthly; 4= Termly; 5= Yearly; 6= Never]**

	3.21 Availability		Daily	Weekly	3.22 Frequency			
	Yes	No			Monthly	Termly	Yearly	Never
a) Learner progress record	(1)	(2)	(1)		(2)	(3)	(4)	
b) Schemes of work	(1)	(2)	(1)		(2)	(3)	(4)	
c) Record of work	(1)	(2)	(1)		(2)	(3)	(4)	
d) Health record	(1)	(2)	(1)		(2)	(3)	(4)	
e) Lesson plan								

**Information on TAYARI intervention [FI: NOT TO BE ASKED TO CONTROL AND AT BASELINE]**

3.23 How many TAYARI teacher training sessions have you attended so far?

3.24 Overall, how do you rate the quality of TAYARI training?

(1) Very high

(5) Poor

(2) High

(6) Very poor

3.25 How would you rate the relevance of TAYARI training?

(1) Very relevant

(5) Not relevant

(2) Relevant

3.26 How would you rate the effectiveness of your Tayari Trainer during training?

(1) Very effective

(5) Not effective

(2) Effective

3.27 How would you rate the effectiveness of your Tayari Trainer overall?

(1) Very effective

(5) Not effective

(2) Effective

3.28 If you reflect before the start of TAYARI and thereafter, would you say you spend the same amount of time, less time or more time per week on Lesson planning?  
1=Less; 2=Same; 3=More

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3.29 How would you rate the usefulness of TAYARI Lesson Plans?

(1) Very useful

(3) A little bit useful

(2) Useful

(4) Not useful

3.30 Why do you rate the usefulness of TAYARI like that?

\_\_\_\_\_

\_\_\_\_\_

3.31 What are some of the strengths of the TAYARI program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the areas of improvement for the TAYARI program?

3.32

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3.33

In your opinion, what are the effects of the TAYARI program? **[FI: Multiple responses allowed. Do not prompt for the answers]**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Improved learner performance in math and language      | <input type="checkbox"/> 9 Learners now more interested in learning |
| <input type="checkbox"/> 2 Improved learner performance in other subjects         | <input type="checkbox"/> 10 Improved school readiness               |
| <input type="checkbox"/> 3 Reduced levels of learner absenteeism                  | <input type="checkbox"/> 11 Other (Specify) _____                   |
| <input type="checkbox"/> 4 Improved teacher attendance                            |   |
| <input type="checkbox"/> 5 Improved parental involvement                          |   |
| <input type="checkbox"/> 6 increased hand washing                                 |   |
| <input type="checkbox"/> 7 DICECE/coaches tutors visits have become more frequent |   |
| <input type="checkbox"/> 8 More time teaching                                     |   |

33a. Is your ECDE a multi-grade or separate

- 1 Multi Grade                       2 Separate classrooms

## 4.0 Information about the class you teach

**[FI: IF THE CLASS IS COMBINED MAKE A NOTE AT THE END OF THE ASSESSMENT]**

	BOYS	GIRLS
4.1 How many boys and girls are enrolled in the class you teach?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.2 How many boys and girls are present today in the class you teach?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

4.3 In the last school term how many times did each of the following individuals observe you teach a whole lesson?

	Number
a Head teacher/ECDE Head	<input type="text"/>
b DICECE Officer/Coach/Tayari Trainer	<input type="text"/>
c Peers/Colleagues	<input type="text"/>

d	RTI staff	<input type="text"/>
e	County government officials (e.g. ECDE officer)	<input type="text"/>
f	MoE officials	<input type="text"/>
g	Other (Specify) _____	<input type="text"/>

4.4	On average, how many hours in a <b>WEEK</b> do you teach in this ECDE Center?	<input type="text"/>	<input type="text"/>
4.5	On average, how many minutes in a school <b>WEEK</b> do you spend in Math activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.6	On average, how many minutes in a school <b>WEEK</b> do you spend in language activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.7	On average, how many minutes in a school <b>WEEK</b> do you spend in social activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8	On average, how many minutes in a school <b>WEEK</b> do you spend in life-skills activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8a	On average, how many minutes in a school <b>WEEK</b> do you spend in science activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8b	On average, how many minutes in a school <b>WEEK</b> do you spend in music activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8c	On average, how many minutes in a school <b>WEEK</b> do you spend in creative activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8d	On average, how many minutes in a school <b>WEEK</b> do you spend in outdoor/physical activities in the class you teach?	<input type="text"/>	<input type="text"/>
4.8e	On average, how many minutes in a school <b>WEEK</b> do you spend in religious activities in the class you teach?	<input type="text"/>	<input type="text"/>

4.9 How often do you reinforce/demonstrate to your learners in your class the following?

	Often	Sometimes	Rarely	Never
a How to wash hands	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
b When to wash hands	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
c Types of healthy foods that they should eat	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
d About safe drinking water	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
e How to play	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
f How to handle food before eating	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)
g How to use an handkerchief	<input type="text"/> (1)	<input type="text"/> (2)	<input type="text"/> (3)	<input type="text"/> (4)

h	How to brush teeth	(1)	(2)	(3)	(4)
i	Personal grooming (e.g. combing hair, being smart)	(1)	(2)	(3)	(4)

**Master  
ed  
well**
                 
 **Somehow  
mastered**
                 
 **Not  
master  
ed at  
all**

4.9a	Overall, how do you rate the mastery of the above habits by learners?	(1)	(2)	(3)
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4.9  
II How often do you reinforce / demonstrate your learners in your class on toileting?

**(FI NOTE: EXPLAIN THE FOLLOWING TO THE TEACHER: 'REGULATION' MEANS CONTROL OF BLADDER AND BOWEL MOVEMENT AND 'MANAGING SPECIAL NEEDS AND DELAYED TOILETING' MEANS MANAGING THE NEEDS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR DEVELOPMENTAL DELAYS)**

		Often	Sometimes	Rarely	Never
a	How to use toilets	(1)	(2)	(3)	(4)
b	Regulation	(1)	(2)	(3)	(4)
c	Managing special needs and delayed toileting	(1)	(2)	(3)	(4)

4.10 What is the main language that you use to teach learners in your class?

(1)	Kalenjin	(5)	Luo
(2)	Kikuyu	(6)	Kiswahili
(3)	Samburu	(7)	English
(4)	Turkana	(96)	Others (Specify) _____

4.11 PLEASE TELL ME THE NUMBER OF TEXTBOOKS AVAILABLE TO THE LEARNERS FOR USE IN THE CLASSROOM [IF NO BOOKS AVAILABLE RECORD '000'; IF NOT APPLICABLE, RECORD 999]

a	Math activities			
b	Language activities			
d	Life-skills activities			
e	Social activities			
d	Science activities			
e	Music activities			

f	Creative activities			
g	Religious activities			
h	Physical and outdoor activities			

4.12 Instructions: Only complete the column for the subjects the teacher teaches. (Math, Language, Life skills or Social activities).					
		Math (a)	Language (b)	Lifeskill (c)	Social activities (d)
4.12.1	Do you have the main textbook used for Math/Language/Life skills/Social/Science/Music/Creative and Religious activities	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to 4.19</b> Yes .....1
4.12.2	Write the title of the main textbook used for each activity area:	..... .....	..... .....	..... .....	..... .....
4.13	How often do you use the textbook mentioned in Q4.12.2 during the lessons?	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5
4.14	How helpful do you find this textbook?	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5
4.15	Do you have the teacher's guide for the textbook above?	No .....0 <b>Skip to 4.17</b> Yes .....1			
4.16	How helpful do you find this guide/handbook?	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5
4.17	Please show me the scheme of work for this activity area	Yes, seen.....1  Available, but not seen.....2  Not available .....3	Yes, seen.....1  Available, but not seen.....2  Not available .....3	Yes, seen.....1  Available, but not seen.....2  Not available .....3	Yes, seen.....  Available, but not seen.....2  Not available .....3
4.18	Please show me the lesson plan for this activity area	Yes, seen.....1  Available, but not seen.....2  Not available .....3			

Instructions: Only complete the column for the subjects the teacher teaches. ( <i>Science, Music, Creative or religious</i> ). CONTINUED					
		Science (e)	Music (f)	Creative (g)	Religious (h)
4.12.1	Do you have the main textbook used for Math/Language/Life skills/Social/Science/Music/Creative and Religious activities	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to next subject</b> Yes .....1	No .....0 <b>Skip to 4.19</b> Yes .....1
4.12.2	Write the title of the main textbook used for each activity area:	..... .....	..... .....	..... .....	..... .....
4.13	How often do you use the textbook mentioned in Q4.12.2 during the lessons?	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5	Never.....0 One day per week .....1 Two days per week .....2 Three days per week .....3 Four days per week.....4 Five days per week ..... 5
4.14	How helpful do you find this textbook?	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5
4.15	Do you have the teacher's guide for the textbook above?	No .....0 <b>Skip to 4.17</b> Yes .....1			
4.16	How helpful do you find this guide/handbook?	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5	Not helpful ..... 1 A little bit helpful ..... 2 Somewhat helpful ..... 3 Helpful ..... 4 Very helpful.....5
4.17	Please show me the scheme of work for this activity area	Yes, seen.....1  Available, but not seen.....2  Not available .....3			

4.18	Please show me the lesson plan for this activity area	Yes, seen.....1 Available, but not seen.....2 Not available .....3			
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4.19 What do you think is the **MAIN** reason why your learners are usually absent from school?

- (1) Illness
- (2) Household work
- (3) Paid labour
- (4) Lack of school fees
- (5) Lack of food at home
- (6) Disciplinary action by the school
- (7) ECDE Center is distant from the home
- (96) Other (Specify) \_\_\_\_\_

4.20 In the last school week, were you away, for whatever reason, for at least one day?  (1) Yes  (2) No

4.21 How many lessons did you miss to teach while away in the last school week?  (1)

4.22 How many parents/guardians of the learners you teach have you met to discuss education matters in the last school term?

## 5.0 Learner assessment and feedback

5.1 Do you assess your learners in math and language activities?  (1) Yes  (2) No

5.2 What methods do you use to track/measure learners' progress? [**DO NOT PROMPT**] How many days in a school week do you use the mentioned methods?

	1=Yes;2=No	Days in a week
a Written assessment	<input type="checkbox"/>	<input type="checkbox"/>
b Oral assessment	<input type="checkbox"/>	<input type="checkbox"/>
c Observation	<input type="checkbox"/>	<input type="checkbox"/>
d Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
e Checking of homework	<input type="checkbox"/>	<input type="checkbox"/>
f Checking exercise books	<input type="checkbox"/>	<input type="checkbox"/>
g Others (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

### 5.3 How often do you give homework for your learners per week?

- |                                  |                               |                                  |             |
|----------------------------------|-------------------------------|----------------------------------|-------------|
| <input type="text" value="(1)"/> | Does not give homework (none) | <input type="text" value="4"/>   | Three times |
| <input type="text" value="(2)"/> | Once                          | <input type="text" value="(5)"/> | Four times  |
| <input type="text" value="(3)"/> | Twice                         | <input type="text" value="(6)"/> | Five times  |

## 6.0 Classroom facilities and teaching materials

### 6.1 Do you have the following facilities in the class that you teach?

a	A usable chalk board/white board	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
b	Chalk/other markers	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
c	A wall chart of any kind	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
d	A cupboard or locker	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
e	One or more bookshelves/table	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
f	A classroom library, book corner or book box	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
g	A teacher's table	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
h	A teachers chair	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
i	Age appropriate chairs/benches	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
j	Age appropriate desks/tables	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
k	Running water	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>

### 6.2 Do you have the following learning and play materials for use by learners in your classroom?

a	Number wall charts	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
b	Letter/Alphabet/Sound wall charts	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
c	Colouring materials (e.g. pencil colours, colour books, crayons)	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
d	Painting materials (e.g. Paint, Pellets, Paint powder)	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
e	Indoor play materials (e.g. Toys, blocks, etc.)	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
f	Outdoor play materials (swings, see-saws, tyres, balls, etc.)	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
g	Real objects (Realia) like fruits	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>
h	Flash cards	<input type="text" value="(Yes)"/>	<input type="text" value="(No)"/>

i	Cut outs	(Yes)	(No)
j	Manipulatives (e.g. sticks, stones, soda tops, etc.)	(Yes)	(No)
k	Moulding materials	(Yes)	(No)
l	Fixed play equipment (e.g. swings, see-saws, climbing bars, etc.)	(Yes)	(No)
m	Portable play equipment (e.g. skipping ropes, tyres, balls, hoops, etc.)	(Yes)	(No)
n	Big books	(Yes)	(No)
o	Tippy taps/leaky tins	(Yes)	(No)

6.3 On average how often do you change the learning materials mentioned in 6.2?

	Often	Sometimes	Rarely	Never
	(1)	(2)	(3)	(4)

6.4 How many of the following do you have in your classroom or teaching area?

a	Seating places for learners (spaces, chairs or benches)			
b	Writing places for learners (Desks or tables)			

6.5 Do you have the following facilities in the class that you teach?

a	Brooms and cleaning equipment in good working condition	(Yes)	(No)
b	Waste paper basket	(Yes)	(No)
c	Paper recycling box	(Yes)	(No)
d	Board eraser	(Yes)	(No)
e	Charts on environment care	(Yes)	(No)

## 7.0 Questions about teacher place of abode/home

7.1 What is your **main means** of transport from your residence to this school?

(1)	Walking	(4)	Public transport
(2)	Bicycle	(5)	Private vehicle
(3)	Motor-cycle	(6)	Others (specify) _____

7.2 Using this means (in 7.1), how long does it take you to get to school? [In minutes]

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7.3 Which of the following things do you have **access** to in the place (home) where you stay **during the school week**? [FI: INCLUDE ITEMS THAT ARE BROKEN BUT CAN BE REPAIRED]

a	Radio	(Yes)	(No)
b	TV set	(Yes)	(No)
c	Video player (VCR)/DVD, etc.)	(Yes)	(No)
d	Audio player (mp3, cassette etc.)	(Yes)	(No)
e	Telephone/mobile phone	(Yes)	(No)
f	Refrigerator/freezer	(Yes)	(No)
g	Car	(Yes)	(No)
h	Motorcycle	(Yes)	(No)
i	Bicycle	(Yes)	(No)
j	Piped water	(Yes)	(No)
k	Electricity, generator, solar	(Yes)	(No)
l	Toilet in the house	(Yes)	(No)
m	Computers/laptop/tablet	(Yes)	(No)
n	Access to internet	(Yes)	(No)

7.4 What is the **main source of lighting** by which you can read in the place (home) where you stay **during the school week**?

<input type="text" value="(1)"/>	Fire	<input type="text" value="(5)"/>	Electric lighting/solar/generator
<input type="text" value="(2)"/>	Candle	<input type="text" value="(6)"/>	There is no lighting
<input type="text" value="(3)"/>	Paraffin or Oil lamp	<input type="text" value="(96)"/>	Other (Specify)_____
<input type="text" value="(4)"/>	Gas lamp		

8.0 Time Finished [24 HRS]

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