

South-East Asia Primary Learning Metrics SEA-PLM: School Questionnaire

School name

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Stratum ID

School ID

General Instructions

Your school has been selected to participate in this regional assessment of learning called the South-East Asia Primary Learning Metrics (SEA-PLM) which is being carried out across different countries in South-East Asia. The assessment is supported by your Ministry of Education and the South-East Asia Ministers of Education Organisation (SEAMEO) and the United Nations Children's Fund (UNICEF). The survey focuses on children in <Grade 5>.

The purpose of the survey is to find out how children are doing in terms of learning. It will also help us find out how we can help improve learning in schools in your country and in South-East Asia. The survey results will not be used to rank your students or your school. The data will be treated in confidence and data on your specific school will not be shared publicly. So it is important that you respond freely to each question.

This questionnaire asks for information about different aspects of your school:

- You as a School Principal
- Your School
- Your School's Facilities and Resources
- Your Teachers

This information helps illustrate the similarities and differences between groups of schools in order to better establish the context for students' test results. For example, the information provided may help to establish what effect the availability of resources may have on student achievement.

The information provided in this questionnaire must be provided by the School Principal, or the person taking on the Principal's role (e.g. Vice Principal, Head Teacher, Supervisor) if the Principal is absent at the time of data collection.

In this questionnaire you usually tick your answers. Some questions require you to write the numbers in the boxes provided. If you find it difficult to give an exact answer, please give your best estimate.

Your answers will be kept confidential. They will be combined with answers from other principals to calculate totals and averages in which no one school can be identified.

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Please turn to the next page.

QUESTIONS ABOUT YOU

SC01

1 Are you female or male?

Please tick **one** box **only**.

Female ₀₁

Male ₀₂

SC02

2 What is your age?

Please tick **one** box **only**.

24 years or younger ₀₁

25-34 years ₀₂

35-44 years ₀₃

45-54 years ₀₄

55-64 years ₀₅

65 years or older ₀₆

3 What is the **highest level of education** you have completed?

Please tick **one** box **only**.

<u><ISCED Level 6></u> or higher	<input type="checkbox"/> ₀₁
<u><ISCED Level 4 or 5></u>	<input type="checkbox"/> ₀₂
<u><ISCED Level 3 ></u>	<input type="checkbox"/> ₀₃
<u><ISCED Level 2></u>	<input type="checkbox"/> ₀₄
<u><ISCED Level 1></u> or below	<input type="checkbox"/> ₀₅

4 How long have you been a <principal> of this school?

Please tick **one** box **only**.

2 years or less	<input type="checkbox"/> ₀₁
3-5 years	<input type="checkbox"/> ₀₂
6-10 years	<input type="checkbox"/> ₀₃
11-20 years	<input type="checkbox"/> ₀₄
21-30 years	<input type="checkbox"/> ₀₅
31 years or more	<input type="checkbox"/> ₀₆

QUESTIONS ABOUT YOUR SCHOOL

SC05

5 Which of the following best describes your school?

Please tick **one** box **only**.

Public

(<This is a school managed directly or indirectly by a public education authority, government agency, or governing board, appointed by government or elected by public franchise.>)

 01

Private

(<This is a school managed directly or indirectly by a non-government organisation; for example, a religious organisation, trade union, business, or other private institution.>)

 02

SC06

6 What is the primary language of instruction at your school?

Please tick **one** box **only**.

<Language 1>

 01

<Language 2>

 02

<Language 3>

 03

<Language 4>

 04

<Other language>

 05

School Questionnaire

SC07

- 7** What was the total number of boys and girls enrolled in **your school** on <1 December 2018>?

Please write the **numbers** in the boxes for **each** category.

Total boy enrolment

Total girl enrolment

SC08

- 8** What was the total number of boys and girls enrolled in <Grade 5> in your school on <1 December 2018>?

Please write the **numbers** in the boxes for **each** category.

Total <Grade 5> boy enrolment

Total <Grade 5> girl enrolment

SC09

- 9** Which of the following characteristics best describes the community in which your school is located?

Please tick **one** box **only**.

<A village, or rural area> (fewer than 3,000 people) ₀₁

<A small town> (3,000 to about 15,000 people) ₀₂

<A town> (15,000 to about 100,000 people) ₀₃

<A city> (100,000 to about 1,000,000 people) ₀₄

<A large city> (with over 1,000,000 people) ₀₅

10 On a **typical school day**, approximately how many hours do students receive lessons in the school?

(Please, round it to the nearest hour. Do not count any breaks.)

Please tick **one** box **only**.

3 hours or less	<input type="checkbox"/> 01
4 hours	<input type="checkbox"/> 02
5 hours	<input type="checkbox"/> 03
6 hours	<input type="checkbox"/> 04
7 hours	<input type="checkbox"/> 05
8 hours or more	<input type="checkbox"/> 06

SC11

11 How is the attendance of students monitored?

Please tick **one** box on **each line**.

	Yes	No
a) Student attendance is recorded every day	<input type="checkbox"/> 01	<input type="checkbox"/> 02
b) Student attendance is recorded for every lesson	<input type="checkbox"/> 01	<input type="checkbox"/> 02
c) Students or their parents report their absences to the school	<input type="checkbox"/> 01	<input type="checkbox"/> 02
d) The <u>Principal</u> personally monitors students' attendance	<input type="checkbox"/> 01	<input type="checkbox"/> 02

12 Are the following resources available in the local area where your school is located?

Please consider as 'local area' an area of a radius of approximately 5 kilometres.

Please tick **one** box on **each line**.

	Yes	No
a) Public libraries	<input type="checkbox"/> 01	<input type="checkbox"/> 02
b) Cinema	<input type="checkbox"/> 01	<input type="checkbox"/> 02
c) Theatre / Music hall	<input type="checkbox"/> 01	<input type="checkbox"/> 02
d) Foreign language schools	<input type="checkbox"/> 01	<input type="checkbox"/> 02
e) Museum or Art Gallery	<input type="checkbox"/> 01	<input type="checkbox"/> 02
f) Playgrounds	<input type="checkbox"/> 01	<input type="checkbox"/> 02
g) Public gardens / Parks	<input type="checkbox"/> 01	<input type="checkbox"/> 02
h) Religious centres (<u><e.g. church, mosque, temple></u>)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
i) Sports facilities (<u><e.g. swimming pool, tennis courts, basketball, football field></u> , etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02
j) Shopping centres or market place	<input type="checkbox"/> 01	<input type="checkbox"/> 02
k) Youth cultural centres	<input type="checkbox"/> 01	<input type="checkbox"/> 02
l) Hospital or clinic	<input type="checkbox"/> 01	<input type="checkbox"/> 02

QUESTIONS ABOUT YOUR SCHOOL'S FACILITIES AND RESOURCES

SC13

13 Do you have the following types of classrooms in your school?

NOTE: **Permanent** classrooms are <completed classrooms that have been built using materials in compliance with approved specifications>; **temporary** classrooms include, for example, <temporary / thatch roof, roof only, walls only>; **open-air** teaching areas are <areas that have no floors, walls, or roofs and are usually located outside>.

Please tick **one** box on **each** line.

	Yes	No
a) Permanent classrooms	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
b) Temporary classrooms	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
c) Open-air teaching areas	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

SC14

14 To what extent is your school's capacity to provide instruction hindered by any of the following issues?

Please tick **one** box on **each** line.

	<i>To a large extent</i>	<i>To a moderate extent</i>	<i>To a little extent</i>	<i>Not at all</i>
a) Shortage or inadequacy of classrooms	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
b) Shortage or inadequacy of toilets	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
c) Shortage or inadequacy of instructional materials (e.g. textbooks)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
d) Shortage or inadequacy of computers for instruction	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
e) A lack of qualified teachers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

15 Which of the following facilities does your school have?

Please tick **one** box on **each line**. Only tick 'Yes' if the facility is in a usable condition.

	Yes	No
a) Canteen	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
b) <u><Prayer room></u>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
c) School or community hall	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
d) Sports area / playground	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
e) Electricity	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
f) Piped water / spring	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
g) Water tank	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
h) Safe drinking water	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
i) Hand washing station	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
j) Facilities for students with disabilities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
k) First aid kit	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
l) Sick bay	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
m) Landline telephone	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
n) Television	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
o) Digital video disc (DVD) player	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
p) Overhead / LCD projector	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
q) Photocopier	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
r) Computer	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
s) Internet access	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

16 How many textbooks for each student does your school have for <Grade 5> mathematics and <test language> classes?

Textbooks refer to the books that students have for learning in class **not** to books available in a school or classroom library. Please select the most appropriate response for each subject.

Please tick **one** box in **each** column.

	<i>Mathematics</i>	<u><Test Language></u>
No text books are available for students	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁
One text book for each student	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₂
Two students share one textbook	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₃
More than two students share a textbook	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₄

17 Does your school have a school library?

NOTE: A school library is a collection of books external to a classroom.

Please tick **one** box **only**. (If 'No', go to Q20.)

- Yes ₀₁
- No ₀₂

18 Which of the following features does your library have?

Please tick **one** box on **each** line.

	Yes	No
a) Newspapers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
b) Magazines	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
c) Reading room for students	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
d) Issuing of books to students	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
e) Issuing of books to teachers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
f) A librarian	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
g) Reference books	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
h) Computer available for use of students	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
i) Disability access	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

19 How many books does your library have?

Please tick **one** box **only**.

Less than 100 books	<input type="checkbox"/> ₀₁
Between 100 and 200 books	<input type="checkbox"/> ₀₂
Between 200 and 500 books	<input type="checkbox"/> ₀₃
Between 500 and 1000 books	<input type="checkbox"/> ₀₄
1000 books or more	<input type="checkbox"/> ₀₅

20 Does your school have the following types of toilets?

Please tick **one** box on **each** line.

	Yes	No	Not applicable
a) All students of either gender (unisex) toilets	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
b) Separate boys toilets	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
c) Separate girls toilets	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
d) Separate staff toilets	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
e) Flush toilets	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
f) Pit toilets (including non-flushable)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03

School Questionnaire

SC21

21 In your opinion, to what extent do the following statements describe the current situation at your school?

Please tick **one** box on **each** line.

	<i>To a large extent</i>	<i>To a moderate extent</i>	<i>To a little extent</i>	<i>Not at all</i>
a) Teachers have a positive attitude towards the school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
b) Teachers feel they belong to the school community	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
c) The morale of teachers in this school is high	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
d) Teachers work with enthusiasm	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
e) Teachers take pride in this school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
f) Students have a positive attitude towards the school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
g) Students work with enthusiasm	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
h) Students take pride in this school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
i) Students feel part of the school community	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
j) The morale of students in this school is high	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
k) Parents have a positive attitude towards the school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
l) Parents care about their child's academic achievement	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
m) Parents meet with teachers to discuss their child's academic achievement	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
n) Parents feel part of the school community	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

22 Please indicate how frequently each of the following issues occurs at your school among students?

Please tick **one** box on **each** line.

	<i>Never or hardly ever</i>	<i>Monthly (at least once a month)</i>	<i>Weekly (at least once a week)</i>	<i>Daily or almost daily</i>
a) Coming late for class	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
b) Truancy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
c) Classroom disturbance	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
d) Cheating	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
e) Vandalism	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
f) Aggression between students from different <u><ethnic groups></u>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
g) Aggression between students due to religious differences	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
h) Bullying	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
i) Violence	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
j) Offensive behaviours towards girls	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
k) Offensive behaviours towards students with disabilities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
l) Offensive behaviours towards teachers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

23 For students in <Grade 5> and below, does your school make provisions (e.g. extra classes, tutoring) for reading instruction in <test language> for students whose mother tongue is not <test language>?

Please tick **one** box **only**.

- Yes, for free 01
- Yes, partially or fully paid by parents 02
- No 03

QUESTIONS ABOUT TEACHERS AT YOUR SCHOOL

SC24

24 How many teachers taught in your school on <1 December 2018>?

Please write the **numbers** in the boxes for **each** category. Please include yourself if you teach.

- a) <Permanent> full-time teachers
- b) <Permanent> part-time teachers
- c) <Non-permanent> full-time teachers
- d) <Non-permanent> part-time teachers

SC25

25 What percentages of teachers in your school have **completed** the following qualification types?

Please tick **one** box on **each** line.

	<i>Less than 30%</i>	<i>Between 30% and 60%</i>	<i>More than 60%</i>
a) An <u><ISCED level 6></u> degree (or higher)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
b) A formal pre-teaching qualification	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

SC26

26 During last year, approximately what percentage of teaching staff in your school attended a programme of professional development / in-service training?

Please tick **one** box **only**.

- Less than 30% ₀₁
- Between 30 and 60% ₀₂
- More than 60% ₀₃

27 In your school, are any of the following activities used to evaluate the performance of **<Grade 5>** teachers?

Please tick **one** box on **each line**.

	Yes	No
a) Observations by the principal or senior staff	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
b) Observations by inspectors or other persons external to the school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
c) Assessments of student achievement	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
d) Observation by other teachers (peer reviews)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

28 How many times has an inspector, a teacher educator or an inspection team visited your school in the **last two years**?

Please tick **one** box on **each line**.

	No times	Once	Twice	Three-five times	More than five times
a) An inspector / a supervisor has visited my school:	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
b) A teacher educator has visited my school:	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
c) An inspection team has visited my school:	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Thank you for completing this questionnaire.