

2014 Ontario Child Health Study

Teacher Questionnaire

Instructions

We appreciate your time and willingness to participate by completing this brief survey.

Please write in your answers or tick the box or circle corresponding to your answer.

ABOUT YOUR BACKGROUND

1. How long have you been teaching this student?

<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	4-6 months
<input type="checkbox"/>	7 months or more

2. How well do you know this student?

<input type="checkbox"/>	Very well
<input type="checkbox"/>	Moderately well
<input type="checkbox"/>	Not well

3. What grade is this student in?

<input type="checkbox"/>	This student is not assigned to a grade
<input type="checkbox"/>	Junior kindergarten/pre-school (generally 2 years before grade 1)
<input type="checkbox"/>	Senior kindergarten/primary (generally 1 year before grade 1)
<input type="checkbox"/>	Grade 1
<input type="checkbox"/>	Grade 2
<input type="checkbox"/>	Grade 3
<input type="checkbox"/>	Grade 4
<input type="checkbox"/>	Grade 5
<input type="checkbox"/>	Grade 6
<input type="checkbox"/>	Grade 7
<input type="checkbox"/>	Grade 8

4. What is the **main** language of instruction in this student's class? (Check the box corresponding to the predominant language of instruction in this student's regular class.)

<input type="checkbox"/>	French
<input type="checkbox"/>	English
<input type="checkbox"/>	Other

ENGLISH LANGUAGE LEARNING

1. Does this student currently receive English as a Second Language Instruction (ESL) or English Literacy Development Instruction (ELD)?

	Yes, English as a Second Language Instruction
	Yes, English Literacy Development Instruction
	No → please skip to next section SCHOOL ACHIEVEMENT

2. How much ESL/ELD instruction does this student receive each day?

	0 to 30 minutes
	31 minutes to less than one hour
	1 to less than 2 hours
	2 to less than 3 hours
	3 hours or more

3. Now we would like you to think about this student’s knowledge of the **English** language.

	Not at all	Not well	Well	Very well
How well does [he/she] spea k English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well does [he/she] understand English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well does [he/she] read English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well does [he/she] write English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL ACHIEVEMENT

1. Based on your knowledge of <<student’s name>> schoolwork, including his/her report cards, what was his/her most recent grade in...

	A (80 – 100%)	B (70 – 79%)	C (60 – 69%)	D or lower (<60%)	I don’t know
Language (including reading, writing and oral communication)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On average across all subjects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. These statements describe work habits. Please indicate how often this student demonstrates each of these work habits:

	Never	Rarely	Sometimes	Often	Always
Listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes care of materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works neatly and carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts a lot of effort into work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EMOTIONAL AND BEHAVIOURAL PROBLEMS

1. Below is a list of statements that describe some of the feelings and behaviours of students. For each statement, please mark the circle that best describes this student in the past 6 months. Please mark only one of the three circles for each statement.

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can't stay seated when required to do so	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't sit still, restless or hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Moody or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cruelty, bullying or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Doesn't like to be with people he/she doesn't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cruelty to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gets no pleasure from usual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroys things belonging to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fails to finish things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Uses weapons when fighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When anxious, his/her mind goes blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive or acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gets anxious about meeting new people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Has difficulty making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous, high-strung or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blames others for own mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feels he/she has to be perfect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Repeats certain actions over and over; compulsions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runs away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Afraid of doing things in front of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Defiant, talks back to staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too concerned with neatness or cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can't get his/her mind off certain thoughts, obsessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truancy or unexplained absences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Argues a lot with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhappy, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worries about doing better at things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not as happy as other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is nervous with people he/she doesn't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distractible, has trouble sticking to any activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Avoids social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has trouble enjoying self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gets back at people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has difficulty awaiting turn in games or groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shy or timid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Afraid of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has been physically cruel to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Makes careless mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry and resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Finds it hard to stop worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Overtired or lacks energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPECIAL NEEDS AND SERVICES

1. Does this student receive enhanced or extra instruction at school because of exceptionally advanced intellectual, athletic or artistic abilities?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → please skip to Question 3

2. Where does this student receive this enhanced or extra instruction?

<input type="checkbox"/>	Exclusively within a regular classroom with existing resources
<input type="checkbox"/>	Exclusively within a regular classroom with a special aide/assistant teacher
<input type="checkbox"/>	Primarily within a regular classroom, but with some time spent in a special education class or resource room
<input type="checkbox"/>	Exclusively or primarily within a special education class or resource room within a regular school
<input type="checkbox"/>	Exclusively or primarily within a specialized school
<input type="checkbox"/>	Other

3. Does this student receive additional or remedial help because of a learning disability or a physical, emotional, behavioural or other problem, which limits the kind or amount of school work, and activities he/she can do?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → please skip to Question 6

4. What type of problem limits this student's ability to do school work in a regular classroom? **MARK ALL THAT APPLY.**

<input type="checkbox"/>	Behaviour or emotional problem
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Deaf and hard of hearing
<input type="checkbox"/>	Language impairment or speech impairment
<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	Mild intellectual disability or developmental disability
<input type="checkbox"/>	Physical disability or blind/low vision
<input type="checkbox"/>	Other <i>please specify:</i> _____

5. Where does this student receive this special/resource help (e.g., special education)?

<input type="checkbox"/>	Exclusively within a regular classroom with existing resources
<input type="checkbox"/>	Exclusively within a regular classroom with a special aide/assistant teacher
<input type="checkbox"/>	Primarily within a regular classroom, but with some time spent in a special education class or resource room
<input type="checkbox"/>	Exclusively or primarily within a special education class or resource room within a regular school
<input type="checkbox"/>	Exclusively or primarily within a specialized school
<input type="checkbox"/>	Other

6. Does this student currently have an Individual Education Plan (IEP)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → please skip to Question 8
<input type="checkbox"/>	Don't know → please skip to Question 8

7. What category of IEP exceptionality does this student currently have? **MARK ALL THAT APPLY.**

<input type="checkbox"/>	Behaviour or emotional problem
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Deaf and hard of hearing
<input type="checkbox"/>	Language impairment or speech impairment
<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	Mild intellectual disability or developmental disability
<input type="checkbox"/>	Physical disability or blind/low vision
<input type="checkbox"/>	Other <i>please specify:</i> _____

8. During the past 6 months, how well has this student gotten along with other kids such as friends or classmates?

	Very well, no problems
	Quite well, hardly any problems
	Pretty well, occasional problems
	Not too well, frequent problems
	Not well at all, constant problems
	Don't know

9. During the past 6 months, how well has this student gotten along with his/her teacher(s) at school?

	Very well, no problems
	Quite well, hardly any problems
	Pretty well, occasional problems
	Not too well, frequent problems
	Not well at all, constant problems
	Don't know

10. During the past 6 months, do you think that this student has had any emotional or behavioural problems?

	Yes
	No → please skip to next section <i>Your Class and You</i>

11. During that time, did this student tend to have more emotional or behavioural problems than other boys/girls his/her age?

	Yes
	No

12. Do you think the student needs or needed any professional help with these problems?

	Yes
	No

YOUR CLASS AND YOU

1. How many students are enrolled in your class?

	1-5
	6-10
	11-15
	16-20
	21-25
	26-30
	31-35
	36-40
	Over 41

2. Do you identify as female or male?

	Female
	Male
	Other

3. In what country were you born?

4. You may belong to one or more racial or cultural groups on the following list. Are you... ?

	White
	South Asian (e.g., East Indian, Pakistani, Sri Lankan)
	Chinese
	Black
	Filipino
	Latin American
	Arab
	Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
	West Asian (e.g., Iranian, Afghan)
	Korean
	Japanese
	Aboriginal (First Nations, Métis or Inuk(Inuit))
	Other <i>please specify</i> : _____

4. What is the **highest** level of education you have attained?

	Some course work towards a bachelor's degree
	Ontario Teaching Certificate
	A bachelor's degree
	A bachelor of Education degree
	Some post-baccalaureate diploma or certificate
	A post-baccalaureate diploma or certificate
	Some course work towards a master's degree
	A master's degree
	Some course work towards a doctorate
	A doctorate
	Other, Specify: _____

5. How much experience do you have in the following capacities?

a) As a teacher:

	Less than 1 year
	1-3 years
	3-5 years
	6-10 years
	Over 10 years

b) As a teacher at this school:

	Less than 1 year
	1-3 years
	3-5 years
	6-10 years
	Over 10 years

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE!