

International Early Learning Study (IELS) Field Test Data Collection

OMB# 1850-0936 v.3

**National Center for Education Statistics (NCES)
U.S. Department of Education
Institute of Education Sciences
Washington, DC**

These draft field test instruments include the final international field test versions and proposed additional U.S. adaptation items (revised July 2017). The final field test instruments, including all internationally approved U.S. adaptations will be submitted to OMB as a change request upon approval of this request in August 2017.

April 2017

revised July 2017

Appendix C: Draft Field Test Instruments

Instructions for School Coordinators to E-file student lists – Field Test

Instructions for School Coordinators to E-file student lists - Main
Study
Draft IELS Parent Questionnaire
Draft IELS Teacher Questionnaire

Instructions for School Coordinators to E-file Student Lists - Field Test

1. Prepare Electronic Student File (E-File)

Steps for preparing an Electronic Student File (E-File)

Step 1: Identify ALL students at your school who meet the eligibility criteria

Criteria for the IELS student eligibility are:

- Born between **Date and Date**.

NCES needs accurate information about all students at your school who meet the above criteria for IELS student eligibility. Include all students, even those students who typically may be excluded from other testing programs, such as students with IEPs or 504 plans (SD), English language learners (ELL), or students with limited English proficiency (LEP). A small number of these students may be unable to complete the IELS assessment. Do not include on your list students who are known to be withdrawn. All other eligible students **must** be added to your list of students.

Step 2: List each of the eligible students along with their grade and demographic information (see Figure 1 below for an example)

Using the electronic listing form template provided on the MyIELSUSA.com website (www.MyIELSUSA.com), list students in your school who are eligible for the IELS along with their demographic information.

- Student first name
- Student middle name (not required)
- Student last name
- Month of birth (M or MM; must be submitted in numeric format, not text)
- Year of birth (YYYY: 2012)
- Grade
- Sex (1 = Female; 2 = Male)
- Primary Teacher's first name
- Primary Teacher's last name
- Primary Teacher's email address

Figure 1: Example of Electronic Student File

Student First Name	Student Middle Name	Student Last Name	Month of Birth	Year of Birth	Grade	Sex	Primary Teacher First Name	Primary Teacher Last Name	Primary Teacher Email Address
Te	Bri	Broo	5	201	K	2	An	L	Le@bates.e
Jeffrey		Jenki	3	201	K	2	An	L	Le@bates
Ro	Ann	Matthews	9	201	K	1	Ge	Ott	Otter@bate
Jennifer	Ly	Trad	4	201	K	1	An	L	Le@bates
Jo		Rodriguez	5	201	K	2	Ge	Ott	Otter@ba
Ro	Joh	Zastr	8	201	K	2	Ge	Ott	Otter@ba
Sa		Walk	3	201	K	2	Ge	Ott	Otter@ba
Jul		Walt	6	201	K	1	An	L	Le@bates

Submitting Your Electronic Student File

After you have created and saved your E-File, proceed to MYIELSUSA. Once you have logged in, click the "Submit Student List" link on the left side of the page. Then click the START E-FILE button at the bottom of the page.

IMPORTANT! If at any point you have any difficulties with this process, please do not hesitate to contact the IELS Help Desk for assistance at 1-888-xxxx.

Please Note: You must submit both your student lists before your school's sample is processed.

Instructions for School Coordinators to E-file student lists - Main Study

1. Prepare Electronic Student File (E-File)

Steps for preparing an Electronic Student File (E-File)

Step 1: Identify ALL students at your school who meet the eligibility criteria

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IEL

International Early Learning Study

PARENT QUESTIONNAIRE

FIELD TEST DRAFT: PAPER VERSION

The National Center for Education Statistics (NCES) is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may only be used for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Individuals are never identified in any reports. All reported statistics refer to the U.S. as a whole or to national subgroups.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0936. The time required to complete this survey is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: International Early Learning Study (IELS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Washington, DC 20202.

OMB No. 1850-0936, Approval Expires 04/30/2020.



The International Early Learning Study

PARENT QUESTIONNAIRE

Your child's school has agreed to participate in the International Early Learning Study (IELS), an educational research project sponsored by the Organization for Economic Cooperation and Development (OECD) and conducted in the United States by the National Center for Education Statistics (NCES) of the U.S.

Department of Education. IELS measures a range of early learning skills and competencies in children who are 5 years old. IELS is working across several countries in order to help improve the educational outcomes of children at this critical developmental stage of life.

Your child has been randomly selected along with several other children in the school. The children will directly participate by completing fun activities on a tablet.

We are asking parents or legal guardians of participating students to also complete a questionnaire. This is the person who lives with the child and knows about his/her behavior, personality, and daily care arrangements. If two people equally consider themselves the main caregiver, please jointly complete this questionnaire.

The information being collected will provide valuable insight into the factors that influence the development of cognitive skills and competencies. We ask that you respond to all of the questions you feel comfortable answering.

Your responses will be combined with responses from other parents to calculate totals and averages. All of the information you provide may only be used for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

This questionnaire should be completed by the child's parent or current legal guardian or jointly by both parents, or legal guardians.

PLEASE READ THESE INSTRUCTIONS

Use **black** pen when completing this form.

If a mistake is made, correct it this way: Yes No

Leave answer circles blank where you have no response.

There are no "right" or "wrong" answers. Please answer each question as best as you can.

Please return your form to your child's teacher or return in the pre-paid envelope.

Please fill out this form with regard to yourself and the child named on the front page of this questionnaire.

Section A:

About your child

1 Is your child female or male? Please check **one** circle. Female ₁ Male ₂

P01

2 On what day was your child born? (DD/MM/YY).....

--	--	--	--	--	--

P02

3 Does your child engage in any of these activities?

P03 Please check **one** circle for each line, in response to the child's capacity in English.

	Yes	No
a) Shows interest in books or e-books.....	<input type="radio"/> ₁	<input type="radio"/> ₂
b) Respond to questions about the story they have listened to.....	<input type="radio"/> ₁	<input type="radio"/> ₂
c) Speaks using simple, complete sentences.....	<input type="radio"/> ₁	<input type="radio"/> ₂
d) Recognize the sounds of words that rhyme.....	<input type="radio"/> ₁	<input type="radio"/> ₂
e) Classify objects (e.g. blocks) by shape or color or both.....	<input type="radio"/> ₁	<input type="radio"/> ₂
f) Group objects by size or length or both.....	<input type="radio"/> ₁	<input type="radio"/> ₂
g) Count to 10 out loud correctly.....	<input type="radio"/> ₁	<input type="radio"/> ₂
h) Count to 20 out loud correctly.....	<input type="radio"/> ₁	<input type="radio"/> ₂
i) Recognize simple written numbers (e.g. 3, 10).....	<input type="radio"/> ₁	<input type="radio"/> ₂
j) Able to do simple addition using objects.....	<input type="radio"/> ₁	<input type="radio"/> ₂

4 How often does your child use a desktop or laptop computer, tablet device, or a smartphone?

P04 Please check **one** circle only.

a) Never or hardly ever.....	<input type="radio"/> ₁
b) At least once a month, but not every week.....	<input type="radio"/> ₂
c) At least once a week, but not every day	<input type="radio"/> ₃
d) Every day.....	<input type="radio"/> ₄

5 How is your child developing in these areas?

P05 Please check **one** circle for each line.

	Much less than average	Somewhat less than average	Average	Somewhat more than average	Much more than average
a) Social skills (e.g. adapts, cooperates, is responsible).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

- b) Emotional skills (e.g. controls emotions)..... ₁..... ₂..... ₃..... ₄ ₅
- c) Trust (e.g. trusts others, asks for help) ₁..... ₂..... ₃..... ₄ ₅
- d) Empathy (e.g. considerate, helpful, caring) ₁..... ₂..... ₃..... ₄ ₅
- e) Self-regulation (e.g. attentive, organized) ₁..... ₂..... ₃..... ₄ ₅
- f) Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance)..... ₁ ₂ ₃ ₄ ₅
- g) Fine motor skills (e.g. manual dexterity, uses writing and drawing tools) ₁ ₂ ₃ ₄ ₅
- h) Expressive language skills (e.g. uses language effectively, can communicate ideas)..... ₁ ₂ ₃ ₄ ₅
- i) Receptive language skills (e.g. understands, interprets, listens)..... ₁ ₂ ₃ ₄ ₅
- j) Numeracy skills (e.g. sort shapes, recognize numbers, count, add objects)..... ₁ ₂ ₃ ₄ ₅

6 What has your child experienced?

P06 Please check **one** circle for each line.

- | | Yes | No |
|---|------------------------------------|------------------------------------|
| a) Low birth weight | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| b) Hearing difficulties (that can't be corrected by a hearing aid)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| c) Vision difficulties (that can't be corrected by glasses) | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| d) Mobility difficulties..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| e) Intellectual difficulties..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| f) Social, emotional and/or behavioral difficulties | <input type="radio"/> ₁ | <input type="radio"/> ₂ |

P07

Please check **one** circle for each line.

	Never	Rarely	Sometimes	Often	Always
1) Understands others' feelings, like when they are happy, sad or angry.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
2) Is helpful to other children (e.g. if someone is hurt or upset).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
3) Obeys instructions or requests.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
4) Dislikes it when asked to play in a different way (frowns, stamps foot).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
5) Follows rules in games.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
6) Gets upset when you don't give him/her enough attention.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
7) Tries to comfort others when they are upset	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
8) Waits his/her turn in games or other activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
9) Is confident around adults.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
10) Is curious, likes to explore or try new things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
11) Considers other people's feelings.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
12) Says nice or friendly things to other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
13) Joins in with other children playing.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
14) Prefers watching others instead of joining activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
15) Is friendly towards others.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
16) Is calm and relaxed.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
17) Plays games and talks with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
18) Shares toys or possessions with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
19) Teases other children, calls them names.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
20) Is confident with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
21) Prevents other children from doing their own activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
22) Is proud of things she/he does.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
23) Has trouble adjusting to change (e.g. becomes upset).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
24) Bullies or fights with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
25) Is interested in many different things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
26) Is worried about missing-out (e.g. on attention, access to toys, food/drink).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
27) Is controlling, needs to have his/her way.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
28) Enjoys talking or being with you.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
29) Likes to visit new places and learn new things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Section B: Activities outside of the home

8 Which of the following are available in your local community (e.g. in your neighborhood area)?

P08 Please check **one** circle for each line.

	Yes	No, not available
a) Public library.....	<input type="radio"/> ₁	<input type="radio"/> ₂
b) Theater, movie theater, or music hall.....	<input type="radio"/> ₁	<input type="radio"/> ₂
c) Museum or cultural center.....	<input type="radio"/> ₁	<input type="radio"/> ₂
d) Local playground or sports center.....	<input type="radio"/> ₁	<input type="radio"/> ₂

9 In the last six months, how often has your child participated in the following family activities that are in addition to school activities?

P09 Please check **one** circle for each line.

	Never	Once	2 to 4 times	5 times or more
a) Visited a public library.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b) Participated in an organized sports or dance lesson.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c) Attended the theater or a musical performance.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d) Visited a museum or cultural center.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e) Went to the local playground.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f) Attended a community cultural event	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h) Visited a zoo, aquarium, or petting farm.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

10 Is your child attending a language school or receiving tuition to learn a second language?

P10 Please check **one** circle only.

Yes	<input type="radio"/> ₁
No	<input type="radio"/> ₂

11 In the past, did your child regularly attend any of the following early education and care programs at each of the following age ranges?

P11 Please check **at least one** box in each row. Select as many as apply.

	Did not attend	Birth to 1 year old	1 year old	2 years old	3 years old	4 years old	5 years or older
a) Child care or day care in someone's home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Child care or day care in a center.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Pre-primary education in a public, private, or religious institution (e.g. preschool, preK or TK in a public school, private preschool or place of worship, etc.)							
c) or place of worship, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) Kindergarten	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) 1 st grade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

We are interested in your child's normal routine in most weeks (e.g. not school holidays). We call this a 'typical week'. Please do not count things that happen sometimes or that are not part of your child's regular routine. If your child attends services, programs or activities on a schedule where each week is different, please use a weekly average.

12 In a typical week during the last six months, how often is your child cared for by the following people, inside or outside of the home?

P12 Please check **one** circle for each line.

	Not at all	1 day	2 days	3 days	4 days	5 days or more
a) Nanny, babysitter, or au pair.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b) Grandparent or other relative.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c) Family friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d) Before- or after- care provider in a paid program	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e) Playgroup	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Section C:

Activities in the home

13 In a typical week during the last six months, how often do you or another person in your home do the following activities with your child?

P13

Please check **one** circle for each line.

	Never	No-longer do this	Less than once a week	1-4 days in a week	5-7 days in a week
a) Read to this child from a book	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Tell this child a story, not from a book	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Draw pictures or color	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Play music or dance with this child	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Sing songs or nursery rhymes with this child.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f) Play with toys or games inside like board or card games with this child.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g) Involve this child in everyday activities like cooking or caring for a pet	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h) Do things outside together like walking, ball games, swimming or biking	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
i) Do activities with this child that help them to learn letters of the alphabet.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
j) Do activities with this child that help them to learn numbers, measurement and shapes.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
k) Do educational activities on a computer, tablet or smartphone (e.g. use an educational app).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
l) Play games on a computer, tablet or smartphone.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
m) Do craft activities (e.g. painting, sculpting, building models)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
n) Take this child to a special or extra-cost activity outside of the home like sports activity, ballet, scouts, swimming lessons, language lessons, etc.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

14 About how many children's books are there in your home, including from a public library or a school library?

P14 Please check **one** circle only.

- None..... 1
- Fewer than 5 books..... 2
- 5-10 books..... 3
- 11-20 books..... 4
- More than 20 books..... 5

15 Which of the following are in your home?

P15 Please check **one** circle for each line.

Yes No

- a) Computer, laptop, tablet device or smartphone..... 1 2
- b) Internet access..... 1 2
- c) Educational software or apps 1 2
- d) Reading material for older children or adults..... 1 2
- e) Children's books to help this child with their learning 1 2
- f) Reference books about parenting or child development..... 1 2

Section D:

About you and your family

For the purposes of this questionnaire, 'Parent 1' is the main person who lives with the study child and is most knowledgeable about their behavior, personality and daily care arrangements. We also use the term 'Parent 2', who may not necessarily live with the child.

Please only choose one person for *Parent 1* and one person for *Parent 2* and apply these consistently throughout this section.

16 Please indicate Parent 1 and Parent 2.

P16 Please check **one** circle in each column.

a) Parent 1

b) Parent 2

- | | | |
|----------------------|-------------------------------|--------------------------|
| Mother..... | <input type="radio"/> 1..... | <input type="radio"/> 1 |
| Father..... | <input type="radio"/> 2..... | <input type="radio"/> 2 |
| Stepmother..... | <input type="radio"/> 3..... | <input type="radio"/> 3 |
| Stepfather..... | <input type="radio"/> 4..... | <input type="radio"/> 4 |
| Grandmother..... | <input type="radio"/> 5..... | <input type="radio"/> 5 |
| Grandfather..... | <input type="radio"/> 6..... | <input type="radio"/> 6 |
| Aunt..... | <input type="radio"/> 7..... | <input type="radio"/> 7 |
| Uncle..... | <input type="radio"/> 8..... | <input type="radio"/> 8 |
| Female guardian..... | <input type="radio"/> 9..... | <input type="radio"/> 9 |
| Male guardian..... | <input type="radio"/> 10..... | <input type="radio"/> 10 |
| Other..... | <input type="radio"/> 11..... | <input type="radio"/> 11 |

16a Are you Parent1, Parent2, or someone else?

P16a Please check **one** circle in each column.

- | | |
|-------------------|------------------------------|
| Parent1..... | <input type="radio"/> 1..... |
| Parent2..... | <input type="radio"/> 2..... |
| Someone else..... | <input type="radio"/> 3..... |

17 How many of the following people usually live at home with your child?

P17 *This is the home where the child mainly lives but could include living in more than one home if it is an equal share arrangement. Please check one circle for each line.*

	None	One	Two	Three	Four or more
a) Mother(s) (including stepmother or foster mother)	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
b) Father(s) (including stepfather or foster father)	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
c) Brothers (including stepbrothers)	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
d) Sisters (including stepsisters)	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
e) Grandparents	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
f) Aunts or uncles	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5
g) Others (e.g. cousin, friend)	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5

18 How many younger or older siblings does your child have?

P18 *This could include other children permanently living in the home (e.g. cousins). Please check one circle for each line.*

	None	One	Two	Three	Four	Five	More than five
a) Younger	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5	<input type="radio"/> .6	<input type="radio"/> .7
b) Older	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5	<input type="radio"/> .6	<input type="radio"/> .7

19 How old are the child's parents?

P18 *Please check one circle for each line, where applicable.*

	24 years or younger	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50 or older
a) Parent 1.....	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5	<input type="radio"/> .6	<input type="radio"/> .7
b) Parent 2	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5	<input type="radio"/> .6	<input type="radio"/> .7

20 Were the following family members born in the United States?

P20 *Please check one circle for each line.*

	Yes	No
a) Your child.....	<input type="radio"/> .1	<input type="radio"/> .2
b) Parent 1.....	<input type="radio"/> .1	<input type="radio"/> .2
c) Parent 2.....	<input type="radio"/> .1	<input type="radio"/> .2

21 If your child was not born in the United States, how old was your child when he/she arrived?

P21 *Please check one circle.*

	Age 0-1	Age 1	Age 2	Age 3	Age 4	Age 5
Your child.....	<input type="radio"/> .1	<input type="radio"/> .2	<input type="radio"/> .3	<input type="radio"/> .4	<input type="radio"/> .5	<input type="radio"/> .6

22 What is the language most often spoken at home by the following family members?

- P22 Please check **one** circle for each line.
- | | English | Spanish | Chinese | Another language |
|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| a) Your child..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 6..... |
| b) Parent 1 | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 6..... |
| c) Parent 2 | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 6..... |

23 What is the highest level of formal education completed by the child's parents?

- P23 Please check **one** circle for each line.
- | | Primary education (any of grades 1-6) | Lower secondary education (any of grades 7-9) | Upper secondary education (any of grades 10-12) general education programs | Associate's degree (2-year college program) | Bachelor's degree (4-year college program) | Master's degree, professional degree, or doctorate |
|------------------|---------------------------------------|---|--|---|--|--|
| a) Parent 1..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 5..... | <input type="radio"/> 6..... | <input type="radio"/> 7 |
| b) Parent 2..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 5..... | <input type="radio"/> 6..... | <input type="radio"/> 7 |

24 What is your annual household income?

- P24 Add together the total income, before tax, from all members of your household. Please check **one** circle only.
- Less than \$20,000 1
 - \$20,000 or more but less than \$35,000 2
 - \$35,000 or more but less than \$55,000 3
 - \$55,000 or more but less than \$85,000 4
 - \$85,000 or more but less than \$150,000 5
 - \$150,000 or more..... 6

25 Which best describes the current employment situation of this child's parents?

- P25 Please check **one** circle for each line.
- | | Not working for pay | Part-time (less than 50% of full-time hours) | Part-time (50-70% of full-time hours) | Part-time (71-90% of full-time hours) | Full-time (more than 90% of full-time hours) |
|-------------------|------------------------------|--|---------------------------------------|---------------------------------------|--|
| a) Parent 1 | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b) Parent 2 | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 4..... | <input type="radio"/> 4 | <input type="radio"/> 5 |

26 What are the main jobs of the child's parents?

P26 Please write in the job title (e.g. school teacher, kitchen-hand, sales manager). If he/she is not currently working, please tell us the last main job.

- a) Parent 1.....
-

b) Parent 2.....

27 What do the child's parents do in their main jobs?

P27 Please write a sentence to describe the kind of work he/she does or did in that job (e.g. teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team).

a) Parent 1.....

b) Parent 2.....

Thank you for taking the time to fill in this form
Please return this form to your child's teacher or in the pre-paid envelope provided.

Site Identification Label



IEL

International Early Learning Study

TEACHER QUESTIONNAIRE

FIELD TEST DRAFT: PAPER VERSION

The National Center for Education Statistics is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may only be used for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Individuals are never identified in any reports. All reported statistics refer to the U.S. as a whole or to national subgroups.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0936. The time required to complete this information collection is estimated to average approximately 3 minutes for the teacher-level information and 5 minutes per study student, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: International Early Learning Study (IELS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Washington, DC 20202.

OMB No. 1850-0936, Approval Expires 04/30/2020.

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The International Early Learning Study

TEACHER QUESTIONNAIRE

Your school has agreed to participate in the International Early Learning Study (IELS), an educational research project sponsored by the Organization for Economic Cooperation and Development (OECD) and conducted in the United States by the National Center for Education Statistics (NCES) of the U.S. Department of Education (NCES). IELS measures a range of early learning skills and competencies in 5 year old children. IELS is working within schools, preschool, and child care settings across several countries in order to help improve the educational outcomes of children at this critical developmental stage of life.

This study focuses on a small number of randomly selected children in your school. The children will directly participate by completing fun activities on a tablet, and we are asking their parents or legal guardians to complete a questionnaire. We are also asking the classroom teacher of each sampled child similar questions. These perspectives provide valuable information for the study.

Ideally, you should have known each participating child for **at least one month** and be able to provide responses about their behaviour and learning, whilst in your care.

This questionnaire should be completed by the staff member who best knows the child.

PLEASE READ THESE INSTRUCTIONS

Please complete SECTION A (about you) only once, and then as many of the SECTION B forms (about a child) assigned to you.

- Use **black** pen when completing this form.
- If a mistake is made, correct it this way! Yes No
- Leave answer boxes blank where you have no response.
- There are no "right" or "wrong" answers. Please answer each question as best as you can.
- When you have finished, please staple your Section A form and your Section B forms together.
- **Please return all forms** to your IELS school coordinator or return in the pre-paid envelope.

Section A: About you

1 Are you female or male? Please check **one** circle.

SA01

Female ₁ Male ₂

2 How old are you?

SA02 Please check **one** circle only.

- 19 years or younger..... ₁
- 20-24..... ₂
- 25-29..... ₃
- 30-39..... ₄
- 40-49..... ₅
- 50-59..... ₆
- 60 years or older..... ₇

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

SA03 Please check **one** circle only.

- Master's degree, professional degree (MD, DDS, lawyer, minister), or doctorate (Ph.D., or Ed.D.)..... ₁
- Bachelor's degree (4-year college program)..... ₂
- Associate's degree (2-year college program)..... ₃
- High school..... ₅
- I did not complete high school..... ₆

4 What is the major field of study in your educational qualification?

SA04 *If you have more than one area of specialization, please indicate the most recent. Please check **one** circle only.*

- Pre-primary education (pre-kindergarten, preschool)..... 1
- Kindergarten..... 2
- Primary education (any of grades 1-6)..... 3
- Other education-related major (such as secondary education,
Educational psychology, education administration, music education, etc.)
..... 4
- Child development or psychology..... 5
- Social work 6
- Special Education..... 8
- None of the above..... 7

5 How many years of work experience do you have?

SA05 *Please check **one** circle only in each row.*

- | | Fewer
than 2
years | 2 to 5
years | 6 to 10
years | 11 to 20
years | More
than 20
years |
|---|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| a) Years working as a teacher at this school..... | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b) Years working as a teacher, in total..... | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

6 What is your current employment status as a teacher?

SA06 *Please consider your employment status at this school and for all your teaching employments together. Please check **one** circle only in each row.*

- | | Part-time
(less than 50%
of full-time
hours) | Part-time
(50-70%
of full-time
hours) | Part-time
(71-90% of
full-time hours) | Full-time
(more than 90%
of full-time
hours) |
|---|---|--|---|---|
| a) My employment at this school..... | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| b) All my work as teacher in total..... | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Section B: About this child

Please fill out this form with regard to the named child. It is important that you are the staff person who best knows this child. If this is not you, then please let the IELS School Coordinator know.

Identification Label

Childs name
<First name> <Last name>
<Site-Student ID number>

1 How long have you known this child?

- SB01 *Please check **one** circle only.*
- 1 month or less 1
 - 2 to 6 months 2
 - More than 6 months up to 1 year..... 3
 - More than 1 year 4

2 In your opinion, how involved are this child's parents/legal guardians in his/her learning?

- SB02 *Please check **one** circle only.*
- Strongly involved 1
 - Moderately involved 2
 - Slightly involved..... 3
 - Not involved at all 4
 - I do not know the parents/legal guardians of this child well enough to make a judgement 5

3 To your knowledge, which of the following extra services has this child received?

- SB03 *Please check **one** circle for each line.*
- | | Yes | No |
|---|-------------------------|-------------------------|
| a) Speech therapy | <input type="radio"/> 1 | <input type="radio"/> 2 |
| b) Physical therapy..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| c) Individual Family Service Plan (IFSP)..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| d) Occupational therapy | <input type="radio"/> 1 | <input type="radio"/> 2 |
| e) Psychological assessment..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| f) Learning support (private tutoring)..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| g) English as a second language or bilingual program..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| h) Behavioral management program..... | <input type="radio"/> 1 | <input type="radio"/> 2 |

4

Does this child engage in any of these activities?

SB04

Please check **one** circle for each line, in response to the child's capacity in English.

	Yes	No	Not sure
a) Shows interest in books or e-books.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
b) Respond to questions about a story they have listened to.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
c) Speaks using simple, complete sentences.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
d) Recognize the sounds of words that rhyme.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
e) Classify objects (e.g. blocks) by shape or color or both.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
f) Group objects by size or length or both.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
g) Count to 10 out loud correctly.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
h) Count to 20 out loud correctly.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
i) Recognize simple written numbers (e.g. 3, 10).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
j) Do simple addition using objects.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

5

How is this child developing for their age?

SB05

Please check **one** circle for each line.

	Much less than average	Somewhat less than average	Average	Somewhat more than average	Much more than average
a) Social skills (e.g. adapts, cooperates, is responsible).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Emotional skills (e.g. controls emotions).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Trust (e.g. trusts others, asks for help)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Empathy (e.g. considerate, helpful, caring)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Self-regulation (e.g. attentive, organized).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f) Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g) Fine motor skills (e.g. manual dexterity, uses writing and drawing tools)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h) Expressive language skills (e.g. uses language effectively, can communicate ideas).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
i) Receptive language skills (e.g. understands, interprets, listens).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
j) Numeracy skills (e.g. sort shapes, recognize numbers, count, add objects).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Please check **one** circle for each line.

	Never	Rarely	Sometimes	Often	Always
1) Understands others' feelings, like when they are happy, sad or angry.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
2) Is helpful to other children (e.g. if someone is hurt or upset).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
3) Obeys instructions or requests.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
4) Dislikes it when asked to play in a different way (frowns, stamps foot).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
5) Follows rules in games.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
6) Gets upset when you don't give him/her enough attention.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
7) Tries to comfort others when they are upset	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
8) Waits his/her turn in games or other activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
9) Is confident around adults.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
10) Is curious, likes to explore or try new things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
11) Considers other people's feelings.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
12) Says nice or friendly things to other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
13) Joins in with other children playing.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
14) Prefers watching others instead of joining activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
15) Is friendly towards others.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
16) Is calm and relaxed.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
17) Plays games and talks with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
18) Shares toys or possessions with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
19) Teases other children, calls them names.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
20) Is confident with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
21) Prevents other children from doing their own activities.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
22) Is proud of things she/he does.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
23) Has trouble adjusting to change (e.g. becomes upset).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
24) Bullies or fights with other children.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
25) Is interested in many different things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
26) Is worried about missing out (e.g. on attention, access to toys, food/drink).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
27) Is controlling, needs to have his/her way.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
28) Enjoys talking or being with you.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
29) Likes to visit new places and learn new things.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Thank you for taking the time to fill in this form

Please return this form to the IELTS school coordinator or in the pre-paid envelope provided.

Additional Questions for Parents (U.S. Only)

Category	Which best describes you?
	(Please select one response.)

1	I am Hispanic or Latino
2	I am <u>not</u> Hispanic or Latino
	Which of these categories best describes your race?
	<i>(Please select one or more responses.)</i>
	White
	Black or African American
	Asian
	American Indian or Alaska Native
	Native Hawaiian or Other Pacific Islander
1	Selected
2	Not Selected
Category	Which best describes your child?
	<i>(Please select one response.)</i>
1	I am Hispanic or Latino
2	I am <u>not</u> Hispanic or Latino
	Which of these categories best describes your child's race?
	<i>(Please select one or more responses.)</i>
	White
	Black or African American
	Asian
	American Indian or Alaska Native
	Native Hawaiian or Other Pacific Islander
1	Selected
2	Not Selected

Additional Questions for Teachers (U.S. Only)

Category	Which best describes you?
	<i>(Please select one response.)</i>
1	I am Hispanic or Latino
2	I am <u>not</u> Hispanic or Latino
	Which of these categories best describes your race?
	<i>(Please select one or more responses.)</i>
	White
	Black or African American
	Asian
	American Indian or Alaska Native
	Native Hawaiian or Other Pacific Islander
1	Selected
2	Not Selected