


STUDENT INTERVIEW QUESTIONS

Instructions:

- Please note that all instructions related to the interviewer are in bold and capital letters.
- Do not read the answers options unless you are clearly advised to do so.
- The icon  indicates that there is a stimulus sheet for this question

Now I will ask you some questions about your school and your home.

1.	Is the pupil a boy or a girl?	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
2.	How old are you?	Years: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
3.	Who do you live with?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother and Father: <input type="checkbox"/> Other (Guardian, Specify) <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
4.	Is your classroom teacher at school today?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
5.	How long have you attended this school?	Less than three months <input type="checkbox"/> Three – six months <input type="checkbox"/> Six months to twelve months..... <input type="checkbox"/> More than a year <input type="checkbox"/>
6.	In what class were you last year? [Don't verify if the pupil is repeating]	Grade 1: <input type="checkbox"/> Grade 2: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
7.	Did you go to Koranic school/pre-school/KG before starting Grade 1?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
8.	Did you eat before coming to school today?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>

9.	Were you absent from school on any days last week?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>			
	10. How many days have you missed school this month? 11. Why did you miss school? 12. How far did you travel to school today? 13. Is there a road that you travel to come to school? 14. What is your favorite game to play?	10. (fill in the blank) _____ 11. (fill in the blank) _____ 12. a) More than 1 kilometer b) Less than 1 kilometer c) 2-4 kilometer d) More than 4 kilometers e) I don't know/No response 13. No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/> 14. (fill in the blank) _____			
15.	I would like to see what school books you have with you today. Please show me your [.....]. [Ask the child to show you each item and indicate if they could do so]		No	Yes	Do not know/No response
	Somali reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Somali exercise book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English exercise book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mathematics textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mathematics exercise book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	[Record how many pages the teacher has marked or corrected mistakes on in the child's reading exercise book]	No pages: <input type="checkbox"/> One quarter of the pages: <input type="checkbox"/> Half of the pages: <input type="checkbox"/> Three quarters of the pages: <input type="checkbox"/> All pages: <input type="checkbox"/> Reading exercise book not available: <input type="checkbox"/>			

17.	[Record how many pages the teacher has marked or corrected mistakes on in the pupil's mathematics exercise book.]	No pages: <input type="checkbox"/> One quarter of the pages: <input type="checkbox"/> Half of the pages: <input type="checkbox"/> Three quarters of the pages: <input type="checkbox"/> All pages: <input type="checkbox"/> Mathematics exercise book not available: <input type="checkbox"/>
18.	What does the teacher do when you do well on a test or during a lesson? Do NOT read the responses to the pupil. Tick ALL responses.	Nothing: <input type="checkbox"/> Praises me: <input type="checkbox"/> Gives me a prize: <input type="checkbox"/> Other: <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>
19.	What does the teacher normally do when you are unable to answer a question or you answer a question incorrectly? Do NOT read the responses to the pupil. Tick ALL responses.	Teacher rephrases/explains the question: <input type="checkbox"/> Teacher encourages the student to try again: <input type="checkbox"/> Teacher asks another student: <input type="checkbox"/> Teacher asks again: <input type="checkbox"/> Teacher corrects the student: <input type="checkbox"/> Teacher hits student: <input type="checkbox"/> Other: <input type="checkbox"/> Other (specify) <input type="text"/> Don't know/Refuse: <input type="checkbox"/>
20.	Did you read books on your own during school yesterday (or on the most recent school day)?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
21.	Did you bring home reading books from your classroom or from the school library last week?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
22.	Does your teacher remind you to use your finger to point to words when you read?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
23.	When you learn new words, does your teacher bring in objects or draw pictures on the chalkboard that represent the words?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
24.	When you learn a letter does your teacher tell you the letter name and letter sounds?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>

25.	When you read a word incorrectly, does your teacher tell you to look at all of the letters?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
26.	During your reading lessons, does your teacher use stories, songs or activities?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>
27.	How often does your teacher use a winding radio during your reading classes?	Never.....0 Rarely.....1 Once a month.....2 Once a week.....3 Everyday4 Other (specify)..... Don't know/refuse.....888 Do not know/No response: <input type="checkbox"/>
28.	How often to attend a child-to-child club?	Never.....0 Rarely.....1 Once a month.....2 Once a week.....3 Everyday4 Other (specify)..... Don't know/refuse.....888 Do not know/No response: <input type="checkbox"/>
Now I'm going to ask you a few questions about your home.		
29.	What language do you speak <i>most</i> frequently at home? [Do NOT read the responses to the child. Tick only ONE response.]	Somali <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>
30.	What other languages do you speak at home? [Do NOT read the responses to the child. Tick ALL responses.]	Somali <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>

31.	Q1 Where do you normally get your drinking water from at home? [Read the responses to the child. Tick only ONE response.]	River, lake or stream: <input type="checkbox"/> Well or borehole: <input type="checkbox"/> Communal tap: <input type="checkbox"/> Water truck / tank: <input type="checkbox"/> Waterpipe / tap in the home: <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>		
32.	Does your home have electricity?	No: <input type="checkbox"/> Yes: <input type="checkbox"/> Do not know/No response: <input type="checkbox"/>		
33.	Q2 Where is food normally cooked at your home? [Read the responses to the child. Tick only ONE response.]	Outside the house: <input type="checkbox"/> In a shed: <input type="checkbox"/> Inside the house: <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>		
34.	Q3 How is food most often cooked at your home? [Read the responses to the child. Tick only ONE response.]	Using firewood: <input type="checkbox"/> Using a charcoal burner: <input type="checkbox"/> Using a kerosene stove: <input type="checkbox"/> Using a gas stove: <input type="checkbox"/> Using an electric stove/cooker: <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>		
35.	Q4 When you are at home, what type of toilet do you use? [Read the responses to the child. Tick only ONE response.]	No toilet..... <input type="checkbox"/> A pit toilet..... <input type="checkbox"/> A shared toilet: <input type="checkbox"/> A communal toilet: <input type="checkbox"/> A flush toilet outside your house: <input type="checkbox"/> A flush toilet in your house: <input type="checkbox"/> Other (specify) <input type="text"/> Do not know/No response: <input type="checkbox"/>		
36.	Q5 Does your family have the following items in your home?	No	Yes	Do not know/No response
a	Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Motorbike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Car/truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Cattle/livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Apart from your school books, are there books, newspapers or other materials for you to read at your home?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
38.	How often do you read out loud to someone at home? Never, sometimes, or every day? [Read the responses to the child. Tick only ONE response.]	Never:	<input type="checkbox"/>	
		Sometimes:	<input type="checkbox"/>	
		Everyday:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
39.	How often does someone read to you at home? Never, sometimes, or every day? [Read the responses to the child. Tick only ONE response.]	Never:	<input type="checkbox"/>	
		Sometimes:	<input type="checkbox"/>	
		Everyday:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
40.	Did you have any homework last week?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
41.	Does someone at home help you with your homework when you need it?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
	41a. If yes, then ask, who?	41a. (fill in the blank response):		
42.	Does your mother/guardian know how to read?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
43.	Does your father/guardian know how to read?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	
44.	Is there a peer that reads with you at home?	No:	<input type="checkbox"/>	
		Yes:	<input type="checkbox"/>	
		Do not know/No response:	<input type="checkbox"/>	

Thank you very much for your help. You may now return to class.

Time the survey ended

H	H	M	M	AM/PM	

Administrators initials: