

TEACHER CLASSROOM QUESTIONNAIRE PROBIT II STUDY

1.1 School no: _____ **Tsm002** 1.2. Class no: _____ **Tsm003**

1.3. Class 200|_| **Tsm004**- 200|_| y **Tsm005**

1.4 Teacher's family name, first name, patronymic _____

1.5 ID teacher: |_|_|_|_| **Tsm006**

2. Currently, how many students are enrolled in your class? |_|_| **Tsm007**

3. Including those who have not been officially identified as having the following long-term problems, how many students in your class have:

3.1 A speech, hearing, vision, mobility, or other health impairment that affects their learning?

|_|_| students **Tsm008**

3.2 An emotional, or behavioural problem? |_|_| students **Tsm009**

3.3 A learning problem (e.g., a problem with attention, memory, reasoning, reading, writing, writing, spelling, or calculation which interferes with learning)? |_|_| students **Tsm010**

4. Compared with other teachers in your school who are teaching the same grade(s), do you feel that your class has (check one of the choices below): **Tsm011**

4.1 |_|₁ lower overall academic ability than their classes?

4.2 |_|₂ similar overall academic ability to their classes?

4.3 |_|₃ higher overall academic ability than their classes?

4.4 |_|₄ a greater diversity of academic abilities than their classes?

4.5 |_|₅ There are no other classes at the same grade(s)

5. The following statements describe various attributes about yourself and the students in your classroom. Please indicate the extent to which you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
5.1. Many of students I teach are not capable of mastering the curriculum at their grade	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm012
5.2. The emphasis in my classroom is on the development of academic skills	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm013
5.3. I have a strong effect on the academic achievement of the students I teach	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm014
5.4. I feel competent in dealing with students' behavioural problems	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm015
5.5. I feel students' success at school is determined mainly by their home environment	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm016
5.6. I have high expectation for the academic success of my students	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm017
5.7. I push students to achieve their full academic potential	_ ₁	_ ₂	_ ₃	_ ₄	_ ₅ Tsm018

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6. Overall, with the exception of a few individual students, the class as a whole (check one response for each question):

Never Rarely Sometimes Usually Always

6.1. moves smoothly from one classroom activity to another ||₁ ||₂ ||₃ ||₄ ||₅ **Tsm019**

6.2. is easily distracted by the disruptive behaviour of a few ||₁ ||₂ ||₃ ||₄ ||₅ **Tsm020**

6.3. works well together on group activities ||₁ ||₂ ||₃ ||₄ ||₅ **Tsm021**

6.4. misbehaves when I am called to the door or must attend to other interruptions ||₁ ||₂ ||₃ ||₄ ||₅ **Tsm022**

7. Are you: female ||₁ male ||₂ **Tsm023**

8. How old are you? (completed years) ||₁ **Tsm024**

9. How much experience do you have as:

9.1 a teacher? ||₁ years **Tsm025** and ||₂ months **Tsm026**

9.2 a teacher at this grade? ||₁ years **Tsm027** and ||₂ months **Tsm028**

9.3 a teacher at this school? ||₁ years **Tsm029** and ||₂ months **Tsm030**

Date form completed: ||_{dd} ||_{mm} 200||_y **Tsm031**

CHILD BEHAVIOUR QUESTIONNAIRE - Teacher Version

PROBIT II STUDY

1. Identifying information

1.1 Hospital no.:|_|_| **Tea002** 1.2 Subject no.:|_|_|_|_| **Tea003**
 1.3 School no: _____ **Tea004** 1.4 Class No: _____ **Tea005**
 1.5 Child's last & first name _____ **Tea006**
 1.6 Teacher's family name, first name, patronymic _____ **Tea007**
 1.7 ID teacher : |_|_|_|_|_| **Tea008**

2. Strengths and Difficulties Questionnaire (SDQ)

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months of this school year.

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
2.1 Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea009
2.2 Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea010
2.3 Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea011
2.4 Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea012
2.5 Often loses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea013
2.6 Rather solitary, prefers to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea014
2.7 Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea015
2.8 Many worries or often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea016
2.9 Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea017
2.10 Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea018
2.11 Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea019
2.12 Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea020
2.13 Often unhappy, depressed or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea021
2.14 Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea022
2.15 Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea023
2.16 Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea024
2.17 Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea025
2.18 Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea026
2.19 Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea027
2.20 Often offers to help other (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea028
2.21 Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea029
2.22 Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea030
2.23 Gets along better with adults than children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea031
2.24 Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea032
2.25 Good attention span, sees work through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Tea033

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2.26 Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people ?

No	Yes - minor difficulties	Yes - definite difficulties	Yes- severe difficulties
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea034

If you answered 'YES' to question 2.26, please answer the following questions about these difficulties:

2.27 How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea035

2.28 Do the difficulties upset or distress the child?

Not at all	A little	A medium amount deal	A great
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea036

2.29. Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
2.29.1. PEER RELATIONSHIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea037
2.29.2. CLASSROOM LEARNING	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea038

2.30 Do the difficulties put a burden on you or the class as a whole?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄ Tea039

3. Supplemental questions

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
3.1 Hits, bites or kicks other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea040
3.2 Has no energy, feels tired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea041
3.3 Is impulsive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea042
3.4 When mad at someone, says bad things behind the other's back	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea043
3.5 Is shy with children he/she does not know	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea044
3.6 Is nervous, high-strung, or tense	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea045
3.7 Reacts in an aggressive manner when contradicted or teased	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea046
3.8 Is not as happy as other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea047
3.9 Clings to adults or is too dependent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea048
3.10 Scares other children to get what he/she wants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea049
3.11 Gets very upset when separated from parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea050
3.12 Does not seem to feel guilty after misbehaving	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea051
3.13 Punishment does not change his/her behaviour	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃ Tea052

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3.14 Has difficulty waiting for his/her turn in games

☐1

☐2

☐3 **Tea053**

4. Academic performance

	FAR BELOW GRADE	SOMEWHAT BELOW GRADE	AT GRADE LEVEL	SOMEWHAT ABOVE GRADE	FAR ABOVE GRADE
4.1 Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Tea054
4.2 Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Tea055
4.3 Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Tea056
4.4 Other subjects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Tea057

Date form completed: |__|__|dd |__|__|mm 200|__|y **Tea058**