

LEADERSHIP FOR LITERACY SURVEY

Dear Educator

Thank you for allowing us to visit your school today. We value your time and what you do as an educator in this country.

The Research on Socioeconomic Policy Group (ReSEP), based in the Economics Department at Stellenbosch University, has begun a research project to understand how schools are doing in challenging contexts. The aim of the project is to develop a new survey instrument that captures the practices of educators and SMTs in challenging contexts. The project also involves understanding how children are reading.

We would like to gather some information from you today on your experiences as an educator in this school. Please answer about how things actually are, not how they are should be. Your responses are treated with confidentiality and are anonymous. In our reporting the names of schools are removed. For example, we refer to school A or school B in a province. If there are questions you do not want to answer you don't have to.

This questionnaire will take you 30 minutes to complete. When you have completed it, please place it in the envelope provided and place into the RESEP box or give it to a visiting fieldworker. If you have any further queries, please don't hesitate to speak to the fieldwork team leader or contact Marie-Louise Shreve at the University of Stellenbosch, 021 8084443.

Thank you,

The ReSEP team

Instructions

Please use a black pen to complete the following survey.

For all multiple choice questions, please select only ONE response unless otherwise specified.

To select an answer, mark an X through the box next to the answer you would like to select.



If you accidentally mark a box with an X and would like to correct it, fill in that box entirely before marking the correct answer with an X.



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1 BACKGROUND

1.1 What is the name of this school?

1.2 Date

1.3 If you are a teacher, which grades do you teach? Tick all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Grade R | <input type="checkbox"/> Foundation Phase (Gr1-3) | <input type="checkbox"/> Intermediate Phase (Gr4-6) |
| <input type="checkbox"/> Senior phase (Gr 7) | | |

1.4 Are you a teacher in this school?

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|

1.5 Are you a SMT (School Management Team) member in this school?

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|

1.6 Do you teach the following subjects?

- | | Yes | No |
|-------------------|--------------------------|--------------------------|
| a. home language? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. English? | <input type="checkbox"/> | <input type="checkbox"/> |

1.7 How did you hear about your current teaching post? Tick all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Government gazette | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> The principal informed me about the post |
| <input type="checkbox"/> A teacher at the school told me about the post | <input type="checkbox"/> An SGB member at the school told me about the post | <input type="checkbox"/> Other, specify: |

2 LEADERSHIP, VISION AND EXPECTATIONS

2.1 Are you currently responsible as a teacher in this school for leading any school task or project?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|------------------------------|-----------------------------|---------------------------------------|

2.2 Have you ever been involved in a process of setting the vision or mission of this school?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|------------------------------|-----------------------------|---------------------------------------|

2.3 Has the management team in this school defined clear targets for school performance?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|------------------------------|-----------------------------|---------------------------------------|



NONE



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2.4 Which of the following factors are mostly used by the school management team (SMT) to track overall school performance? Tick all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Learners' end of year examinations results | <input type="checkbox"/> Learners' quarterly assessments/tests | <input type="checkbox"/> Learners' ability to read |
| <input type="checkbox"/> Repetition and dropout | <input type="checkbox"/> Teacher absenteeism | <input type="checkbox"/> Learner absenteeism |
| <input type="checkbox"/> Measures of student behaviour | <input type="checkbox"/> Other, specify: | |

2.5 To what extent do you agree with the following statements:

- | | Strongly Disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Our principal leads our staff to work towards a clear common purpose. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Our principal makes me feel that I play an important role in this school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I know exactly what is expected of me from management in this school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2.6 If you had a child of primary school age, would you be happy to enroll your child in this school?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I already have a child at this school. |
|------------------------------|-----------------------------|---|

2.7 What percentage of learners in this school do you think will go on to university?

- | | | |
|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-20% | <input type="checkbox"/> 21%-40% | <input type="checkbox"/> 41%-60% |
| <input type="checkbox"/> 61%-80% | <input type="checkbox"/> 81%-100% | <input type="checkbox"/> I don't know |

3 READING, TEACHING AND RESOURCES

3.1 In your opinion, which factor is most to blame for why some learners in this school cannot read well and with understanding? Choose at most TWO.

- | | | |
|---|---|--|
| <input type="checkbox"/> Lack of parental involvement | <input type="checkbox"/> Poor teaching in this school | <input type="checkbox"/> The learner's themselves who don't try enough |
| <input type="checkbox"/> Lack of resources at school | <input type="checkbox"/> School management | <input type="checkbox"/> Problems at home |
| <input type="checkbox"/> Problems in the community | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Other, specify: |

3.2 How many LTSM (i.e. Learner and Teacher Support Materials) resources do you have to teach your class?

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Not enough at all | <input type="checkbox"/> Not quite enough | <input type="checkbox"/> Enough |
| <input type="checkbox"/> More than enough | | |

3.3 How good or poor are the quality of the LTSM resources you have to teach your class?

- | | | |
|------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> Very poor | <input type="checkbox"/> Poor | <input type="checkbox"/> OK |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very good | |

3.4 How often do you alter or change what you planned to teach to match the ability level of learners in the class?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once a term | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 4 times a week |
| <input type="checkbox"/> Everyday | | |



NONE



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3.5 How often do you separate learners in your class into ability groups?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once a term | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 4 times a week |
| <input type="checkbox"/> Everyday | | |

3.6 How often do you give easier work to those learners that are doing badly in class or cannot keep up with others?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once a term | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 4 times a week |
| <input type="checkbox"/> Everyday | | |

3.7 Approximately, how many books are there in your home?

- | | | |
|--|---|---|
| <input type="checkbox"/> None or very few (0-10) | <input type="checkbox"/> Enough to fill a shelf (11-25) | <input type="checkbox"/> Enough to fill a bookcase (25-100) |
| <input type="checkbox"/> Enough to fill more than one bookcase (more than 100) | | |

4 ABSENTEEISM AND TIME

4.1 What percentage of learners in your classes are absent on an average day?

- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-5% | <input type="checkbox"/> 6-10% |
| <input type="checkbox"/> 11-25% | <input type="checkbox"/> 26-50% | <input type="checkbox"/> More than 50% |
| <input type="checkbox"/> I don't know | | |

4.2 Generally, how many free periods do teachers in this school get per day?

- | | | |
|---------------------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> More than 4 |
| <input type="checkbox"/> I don't know | | |

4.3 How many free periods do you get per day?

- | | | |
|---------------------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> More than 4 |
| <input type="checkbox"/> I don't know | | |

4.4 How many days in the past month have you been absent from school?

- | | | |
|---------------------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> More than 4 |
| <input type="checkbox"/> I don't know | | |

5 SUPPORT AND ACCOUNTABILITY

5.1 How often do you use a written plan, schedule or tool to know how much of the curriculum you have taught?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once a term | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 4 times a week | <input type="checkbox"/> Everyday |



NONE



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5.2 How often does your HOD (i.e head of department) in this school check to see how much of the curriculum you have taught?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once a term | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 4 times a week | <input type="checkbox"/> Everyday |
| <input type="checkbox"/> Not applicable. I am an HOD. | | |

5.3 How often do SMT members encourage you to adopt or use new teaching practices in the classroom?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Quarterly (termly) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| <input type="checkbox"/> I don't know | | |

5.4 How often does the principal come to your class to observe you teaching (for at least 10 minutes of a lesson)?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Quarterly (termly) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| <input type="checkbox"/> I don't know | | |

5.5 How often does your HOD (i.e. head of department) in this school come to your class to observe you teaching (for at least 10 minutes of a lesson)?

- | | | |
|---|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Quarterly (termly) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| <input type="checkbox"/> I don't know | | |
| <input type="checkbox"/> Not applicable. I am an HOD. | | |

5.6 Which response best describes the type of feedback you received the last time an SMT member observed you teaching a lesson?

- | | | |
|--|---|---|
| <input type="checkbox"/> I didn't get any feedback. | <input type="checkbox"/> Mostly positive but no advice for improvement given | <input type="checkbox"/> Mostly positive with some advice for improvement given |
| <input type="checkbox"/> Mostly negative but no advice for improvement given | <input type="checkbox"/> Mostly negative with some advice for improvement given | |

5.7 If teachers don't do their job properly in this school, how likely are they to face disciplinary action?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Not likely at all | <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> Very likely |
|--|--|--------------------------------------|

5.8 When was the last time you noticed that other teachers in this school were failing to do their job properly?

- | | | |
|---|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Terms 1-3, 2016 |
| <input type="checkbox"/> Last term, Q4 2016 | <input type="checkbox"/> This term | <input type="checkbox"/> Last week |
| <input type="checkbox"/> This week | | |

5.9 When was the last time you reported misconduct or poor performance of another teacher in this school to the SMT or principal?

- | | | |
|---|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Terms 1-3, 2016 |
| <input type="checkbox"/> Last term, Q4 2016 | <input type="checkbox"/> This term | <input type="checkbox"/> Last week |
| <input type="checkbox"/> This week | | |

5.10 When was the last time you received recognition or praise from school management for doing good work?

- | | | |
|---|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Terms 1-3, 2016 |
| <input type="checkbox"/> Last term, Q4 2016 | <input type="checkbox"/> This term | <input type="checkbox"/> Last week |
| <input type="checkbox"/> This week | | |



NONE



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6 CONSULTATION AND COMMUNICATION

6.1 How much does the principal of this school listen to teachers' ideas and opinions about curriculum?

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Quite a lot |
| <input type="checkbox"/> A lot | <input type="checkbox"/> A huge amount | <input type="checkbox"/> No response |

6.2 Since you started working at this school, how much has school management guided you to improve as a teacher?

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Quite a lot |
| <input type="checkbox"/> A lot | <input type="checkbox"/> A huge amount | <input type="checkbox"/> No response |

6.3 How often does the principal consult teachers on decisions or any developments that affect them?

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |
| <input type="checkbox"/> No response | | |

6.4 How often is there conflict between teachers and school management?

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |
| <input type="checkbox"/> No response | | |

6.5 If a teacher in this school does not do his/her job properly, how often does management take action to address this problem?

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |
| <input type="checkbox"/> No response | | |

6.6 How good or bad is school management at resolving conflicts with staff when they arise?

- | | | |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Very bad | <input type="checkbox"/> Bad | <input type="checkbox"/> OK |
| <input type="checkbox"/> Good | <input type="checkbox"/> Excellent | <input type="checkbox"/> No response |

7 MEETINGS

7.1 Last year, how many times did you meet one-on-one with the principal to talk about your class results?

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once | <input type="checkbox"/> 2 times |
| <input type="checkbox"/> 3 times | <input type="checkbox"/> 4 times | <input type="checkbox"/> More than 4 times |

7.2 How often do you have staff meetings where the principal reviews and discusses the overall performance of the school?

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once a year | <input type="checkbox"/> Twice a year |
| <input type="checkbox"/> Each term (quarterly) | <input type="checkbox"/> Every month | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> I don't know | |



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7.3 In staff meetings in the past six months, how often has the principal

| | Not at all | A little | Quite a lot | A lot | A huge amount |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. talked about staff failures in meeting goals for improved learning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. talked about staff successes in meeting goals for improved learning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. assigned key tasks or projects to specific individuals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7.4 When was the last time new teaching strategies to support learners who are not doing well were discussed in staff meetings?

- | | | |
|---|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Terms 1-3, 2016 |
| <input type="checkbox"/> Last term, Q4 2016 | <input type="checkbox"/> This term | <input type="checkbox"/> Last week |
| <input type="checkbox"/> This week | | |

7.5 When was the last time you had a meeting or discussion with a parent of a learner in your class about their child's academic progress?

- | | | |
|---|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Terms 1-3, 2016 |
| <input type="checkbox"/> Last term, Q4 2016 | <input type="checkbox"/> This term | <input type="checkbox"/> Last week |
| <input type="checkbox"/> This week | | |

8 UNIONS

8.1 How good or bad are unions for the quality of education at this school?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Very bad | <input type="checkbox"/> Bad | <input type="checkbox"/> Good |
| <input type="checkbox"/> Very good | <input type="checkbox"/> I don't know | |

8.2 How would you describe the principal's relationship with the unions?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Very bad | <input type="checkbox"/> Bad | <input type="checkbox"/> Good |
| <input type="checkbox"/> Very good | <input type="checkbox"/> I don't know | |

8.3 How often does the principal consult the unions on school decisions or any developments that affect teachers?

- | | | |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| <input type="checkbox"/> Almost always | <input type="checkbox"/> I don't know | |

8.4 How do unions affect your work in this school?

- | | | |
|---|--|---|
| <input type="checkbox"/> Unions make my job much more difficult | <input type="checkbox"/> Unions make my job a little difficult | <input type="checkbox"/> Unions make my job a little easier |
| <input type="checkbox"/> Unions make my job much easier | <input type="checkbox"/> I don't know | |

8.5 How many days this term have teachers been taken out from class for union-related events (including union meetings or any union supported gatherings including memorial services)?

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 day | <input type="checkbox"/> 2 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 4 days | <input type="checkbox"/> More than 4 days |



NONE



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9 PARENTS

9.1 To what extent do you agree with the following statements:

| | Strongly Disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Teachers at this school keep parents informed about their children's progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents of learners in this school are interested in their children's academic progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9.2 How often do teachers communicate with the parents of frequently absent learners?

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |
| <input type="checkbox"/> No response | | |

10 HOW YOU FEEL ABOUT YOUR WORK

10.1 How much do you like teaching in this school?

- | | | |
|---|---|--|
| <input type="checkbox"/> I like it a lot | <input type="checkbox"/> I like it a little | <input type="checkbox"/> I don't like it |
| <input type="checkbox"/> I don't like it at all | | |

10.2 How much do you like teaching your subject?

- | | | |
|---|---|--|
| <input type="checkbox"/> I like it a lot | <input type="checkbox"/> I like it a little | <input type="checkbox"/> I don't like it |
| <input type="checkbox"/> I don't like it at all | | |

10.3 How much do you like the learners you teach?

- | | | |
|---|---|--|
| <input type="checkbox"/> I like them a lot | <input type="checkbox"/> I like them a little | <input type="checkbox"/> I don't like them |
| <input type="checkbox"/> I don't like them at all | | |

10.4 When you wake up on a Monday morning, how do you feel about going to work?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Very unhappy | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Neither happy nor unhappy |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Very happy | |

10.5 How happy are you with this school's SMT?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Very unhappy | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Neither happy nor unhappy |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Very happy | |

10.6 How safe do you feel in this school?

- | | | |
|--------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Very unsafe | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Safe |
| <input type="checkbox"/> Very safe | | |

10.7 How stressed do you feel in this school?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Very stressed | <input type="checkbox"/> A little stressed | <input type="checkbox"/> Not stressed |
|--|--|---------------------------------------|



NONE



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