

LEADERSHIP FOR LITERACY SURVEY

Dear Educator

We have very much enjoyed our previous visits to your school and appreciate you having us here. Thank you for your hospitality and your efforts as a teacher in this country.

As you know RESEP, at Stellenbosch University, is engaging in a research process 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.

While it may seem that we are asking some similar questions as when we last visited, this is a necessary part of our research process. Next year we will provide a report to the school on the project findings.

As before this questionnaire will take you at most 20 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

1. Please use a black pen to complete the following survey.
2. For all multiple choice questions, please select only ONE response unless otherwise specified.
3. To select an answer, mark an X through the box next to the answer you would like to select.
4. 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.



0.1 SCHOOL NAME:

0.2 DATE:

1 BACKGROUND

1.1 Which grades do you teach in this school? Tick all that apply.

- ☐ Grade R ☐ Foundation Phase (Gr1-3) ☐ Intermediate Phase (Gr4-6)
☐ Senior Phase (Gr 7) ☐ N.A. I don't teach in this school

1.2 Do you teach the following subjects?

- | | No | Yes | No Response |
|---|--------------------------|--------------------------|--------------------------|
| a. African language (eg. isiZulu, Xitsonga, Sepedi) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. English language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.3 Which of the following teaching qualifications do you have? Tick all that apply.

- ☐ Not yet qualified as a teacher ☐ Diploma from teacher training college ☐ Advanced Certificate in Education (ACE)
☐ Four year teaching degree ☐ Honours or higher post-graduate degree in education from university ☐ PGCE from university
☐ Other, specify:_____

1.4 Are you currently teaching the PHASE level in which you specialised in your qualification?

- ☐ No ☐ Yes ☐ N.A. Not teaching or not yet qualified

1.5 Are you currently teaching the SUBJECT in which you specialised in your qualification?

- ☐ No ☐ Yes ☐ N.A. Not teaching or not yet qualified

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

- ☐ No ☐ Yes

1.7 If you are a SMT member in this school, how well matched (or aligned) is your qualification specialisation (i.e. majors) to the...

- | | Not matched | Well matched | Perfectly matched | N.A. Not SMT |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. phase or grades you manage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. subjects you manage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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2 YOUR OWN READING FOR ENJOYMENT

2.1 How often do you read for enjoyment outside of work requirements?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Hardly ever, I am too busy | <input type="checkbox"/> Hardly ever, I don't enjoy reading | <input type="checkbox"/> Some days |
| <input type="checkbox"/> Most days | <input type="checkbox"/> Everyday | |

2.2 When was the last time you read a novel for your own enjoyment?

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Earlier this year | <input type="checkbox"/> Last month | <input type="checkbox"/> Last week |

2.3 Which of the following do you mostly read? Tick all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Novels | <input type="checkbox"/> Magazines | <input type="checkbox"/> Children's books |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Bible or religious text | <input type="checkbox"/> Online news and information |
| <input type="checkbox"/> Non-fiction book | <input type="checkbox"/> Other, specify:_____ | |

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

- | | | |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 11-25 |
| <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-100 | <input type="checkbox"/> 101-200 |
| <input type="checkbox"/> More than 200 | | |

3 LTSM

3.1 Think back to the the last time NEW textbooks or readers (excluding 'top-ups' and workbooks) were purchased for the grade you teach. What are the TWO main reasons for why the text was chosen?

- | | | |
|--|---|--|
| <input type="checkbox"/> The nice pictures or colours in the text | <input type="checkbox"/> Cheaper than other options | <input type="checkbox"/> We select from catalogue. Everything in it is good. |
| <input type="checkbox"/> Publisher advised us what to buy | <input type="checkbox"/> The content (i.e. learning material) is relevant to learners | <input type="checkbox"/> The content is matched to CAPS |
| <input type="checkbox"/> The content is matched to the ability of learners | <input type="checkbox"/> Department officials advised us what to buy | <input type="checkbox"/> Other, specify:_____ |

3.2 How many of the following resources do you have to teach your class? (Note: Graded readers are sets of books with stories that have a range of difficulty levels)

- | | Not enough at all | Not quite enough | Enough | More than enough | N.A. |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Textbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Workbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Graded readers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | Very poor | Poor | OK | Good | Very good | N.A. |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Textbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Workbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Graded readers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.4 How often do you update a list of the number of books or textbooks that are available to teach your class?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> N.A. This school does not keep lists of books we have | <input type="checkbox"/> Never | <input type="checkbox"/> Once a year |
| <input type="checkbox"/> Twice a year | <input type="checkbox"/> More than twice a year | |



4 PROFESSIONAL SUPPORT

4.1 Since you started working at this school, how much has school management guided or supported 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 | |

4.2 How often does the principal consult teachers on decisions or things in the school 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 |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 this year | <input type="checkbox"/> Term 2 this year | <input type="checkbox"/> Term 3 this year |
| <input type="checkbox"/> Term 4 this year | <input type="checkbox"/> Last week or this week | |

4.4 When was the last time that YOU observed (i.e. watched) another teacher in this school give a lesson for at least 10 minutes (for reasons other than IQMS)?

- | | | |
|---|---|---|
| <input type="checkbox"/> I've never observed another teacher in this school | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 this year | <input type="checkbox"/> Term 2 this year | <input type="checkbox"/> Term 3 this year |
| <input type="checkbox"/> Term 4 this year | <input type="checkbox"/> Last week or this week | |

4.5 If you did observe a lesson, which best describes the type of feedback you gave to the teacher you observed?

- | | | |
|---|--|--|
| <input type="checkbox"/> N.A. No teacher observed. | <input type="checkbox"/> I didn't give any feedback. Just observed. | <input type="checkbox"/> I praised the teacher's strengths. |
| <input type="checkbox"/> I pointed out how the teacher could improve. | <input type="checkbox"/> I suggested teaching methods that could help the teacher. | <input type="checkbox"/> I suggested assessment methods that could help the teacher. |

4.6 If you ever need expert support with teaching a learner who is struggling to read, is there someone in this school that can help you?

- | | | |
|--|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, many people in this school could give me expert support. | <input type="checkbox"/> Yes, a few people in this school could give me expert support. |
| <input type="checkbox"/> Yes, one or two people in this school could give me expert support. | <input type="checkbox"/> Yes, my HOD or another SMT member could give me expert support. | <input type="checkbox"/> N.A. I am a reading specialist or expert. |

4.7 If yes, how often do you approach this person (or people) for advice on teaching reading?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once a year | <input type="checkbox"/> Termly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> N.A. No reading specialist |
| <input type="checkbox"/> N.A. I am a reading specialist | | |

4.8 When was the last time you attended a formal meeting in this school where someone discussed how to improve reading instruction (i.e. methods or approaches to teach reading)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 or 2 this year | <input type="checkbox"/> Term 3 or 4 this year | <input type="checkbox"/> Last week or this week |



4.9 When was the last time you had a conversation with any colleague in your school about why some learners are struggling to read in the African language taught in this school?

- | | | |
|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 or 2 this year | <input type="checkbox"/> Term 3 or 4 this year | <input type="checkbox"/> Last week or this week |

4.10 When was the last time you had a conversation with any colleague in your school about why some learners are struggling to read in English?

- | | | |
|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 or 2 this year | <input type="checkbox"/> Term 3 or 4 this year | <input type="checkbox"/> Last week or this week |

4.11 When was the last time that YOU were visited in your classroom by a subject or curriculum advisor from the district?

- | | | |
|---|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 this year | <input type="checkbox"/> Term 2 this year | <input type="checkbox"/> Term 3 this year |
| <input type="checkbox"/> Term 4 this year | <input type="checkbox"/> Last week or this week | |

5 STRATEGY

5.1 How clear to you is the strategy (i.e. methods or ideas) that your school management have communicated to improve school results in...

- | | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | No strategy exists | Not clear | Somewhat clear | Very clear | Extremely clear |
| a. reading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. mathematics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.2 What would you PREFER (or like) the language of learning and teaching to be in the foundation phase in this school?

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> isiZulu | <input type="checkbox"/> Sepedi | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> TshiVenda | <input type="checkbox"/> SeSotho | <input type="checkbox"/> English |
| <input type="checkbox"/> Other, specify: _____ | | |

5.3 How would you rate your principal at using networks or links to the community to get support or donations for this school?

- | | | |
|------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Not good | <input type="checkbox"/> Quite good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Excellent | |

5.4 How would you rate your principal at using networks or links to the community to get more LITERACY OR READING resources (i.e. LTSM, libraries) for this school?

- | | | |
|------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Not good | <input type="checkbox"/> Quite good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Excellent | |

6 LEARNER SUPPORT

6.1 During the school term, how often do YOU give extra lessons (outside of normal class teaching time) to learners in this school? (Note: Extra lessons include lessons that are paid or not paid for.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Yearly | <input type="checkbox"/> Once a term |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 2 weeks | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 2-4 times a week | <input type="checkbox"/> 5 times a week | <input type="checkbox"/> More than 5 times a week |



6.2 How much improvement does there need to be in the way that teachers currently teach reading in THIS school?

- | | | |
|---|--|---|
| <input type="checkbox"/> None, our teachers are very good at this already | <input type="checkbox"/> Some of our teachers could improve a little | <input type="checkbox"/> Some of our teachers could improve a lot |
| <input type="checkbox"/> All of our teachers could improve a little | <input type="checkbox"/> All of our teachers could improve a lot | |

6.3 At which grade SHOULD the following reading skills be INTRODUCED to learners? (Note: Choose ONE response per line)

- | | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading words | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Identifying the main idea in the text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reading connected text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Determining the author's perspective or intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Describing the style or structure of a text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7 LIBRARY

7.1 How often do learners in your class visit the school library? (Note: Do not include visits to the mobile or truck library.)

- | | | |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> N.A. There is NO school library with books | <input type="checkbox"/> Never | <input type="checkbox"/> Termly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |

7.2 How often are learners in your class allowed to borrow books from the school library?

- | | | |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> N.A. There is NO school library with books | <input type="checkbox"/> Never | <input type="checkbox"/> Termly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |

7.3 In your CLASSROOM is there a library or book corner?

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

8 HOW YOU FEEL ABOUT YOUR WORK

8.1 How satisfied are you working as a teacher in THIS school?

- | | | |
|---|--|---|
| <input type="checkbox"/> Always dissatisfied | <input type="checkbox"/> Mostly dissatisfied | <input type="checkbox"/> More dissatisfied than satisfied |
| <input type="checkbox"/> More satisfied than dissatisfied | <input type="checkbox"/> Mostly satisfied | <input type="checkbox"/> Always satisfied |

8.2 How often do you feel stressed in this school?

- | | | |
|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely or seldom | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Always unhappy | <input type="checkbox"/> Mostly unhappy | <input type="checkbox"/> More unhappy than happy |
| <input type="checkbox"/> More happy than unhappy | <input type="checkbox"/> Mostly happy | <input type="checkbox"/> Always happy |



8.4 How happy are you with this school's SMT (i.e. School Management Team)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Always unhappy | <input type="checkbox"/> Mostly unhappy | <input type="checkbox"/> More unhappy than happy |
| <input type="checkbox"/> More happy than unhappy | <input type="checkbox"/> Mostly happy | <input type="checkbox"/> Always happy |

8.5 How much do you feel appreciated or valued as a teacher in this school?

- | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Very little | <input type="checkbox"/> A little |
| <input type="checkbox"/> Quite a lot | <input type="checkbox"/> A lot | <input type="checkbox"/> Not sure |

8.6 How often do you feel unsafe in this school?

- | | | |
|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely or seldom | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Almost always | <input type="checkbox"/> Always |

8.7 How long have you been teaching in total?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> 6-10 years | <input type="checkbox"/> 11-15 years |
| <input type="checkbox"/> 16-25 years | <input type="checkbox"/> More than 25 years | |

8.8 How many days last term were you absent from school?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 3-4 days |
| <input type="checkbox"/> 5-9 days | <input type="checkbox"/> 10-15 days | <input type="checkbox"/> More than 15 days |

9 LANGUAGE AND READING TEACHERS ONLY

9.1 Which of the following best describes the specialisation or training qualification you received in teaching language or reading?

- | | | |
|--|--|--|
| <input type="checkbox"/> I have NO specialist training in teaching reading or language | <input type="checkbox"/> Training as part of general training for primary teachers (i.e not a specific specialisation) | <input type="checkbox"/> Completed ACE or short course in teaching language or reading |
| <input type="checkbox"/> English or African language was one of my subject majors | <input type="checkbox"/> Other, specify: _____ | |

9.2 When was the last time YOU attended training (other than for your own studies) on how to teach reading or how to develop learners' language skills?

- | | | |
|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 or 2 this year | <input type="checkbox"/> Term 3 this year | <input type="checkbox"/> Term 4 this year |

9.3 When was the last time that an SMT member in this school observed (i.e watched) you give a LANGUAGE OR READING lesson for at least 10 minutes (for reasons other than IQMS)?

- | | | |
|--|---|---|
| <input type="checkbox"/> No SMT member has observed my language lesson | <input type="checkbox"/> More than 2 years ago | <input type="checkbox"/> Last year |
| <input type="checkbox"/> Term 1 this year | <input type="checkbox"/> Term 2 this year | <input type="checkbox"/> Term 3 this year |
| <input type="checkbox"/> Term 4 this year | <input type="checkbox"/> Last week or this week | |



9.4 If your language or reading lesson was observed, what type of feedback did you receive (or get) from the SMT member?

- | | | |
|--|--|--|
| <input type="checkbox"/> N.A. No SMT member has observed my language lesson. | <input type="checkbox"/> I didn't get any feedback. I was just observed. | <input type="checkbox"/> SMT member praised my strengths. |
| <input type="checkbox"/> SMT member pointed out how I could improve. | <input type="checkbox"/> SMT member suggested teaching methods that could help me. | <input type="checkbox"/> SMT member suggested assessment methods that could help me. |

9.5 How much do you agree with the following statements about your school management team (SMT)?

- | | Disagree a lot | Disagree a little | Agree a little | Agree a lot |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Our SMT find ways of encouraging learners in this school to read. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Our SMT motivate teachers to find ways of making reading enjoyable for learners. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Our SMT organise useful programs or workshops to improve how we teach reading. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9.6 What do you mostly do if a learner in your class is struggling with reading? Tick all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Not much. I teach too many learners to support individuals | <input type="checkbox"/> Help the learner with reading during break or after school | <input type="checkbox"/> Give them easier material to read |
| <input type="checkbox"/> Give them easier graded readers | <input type="checkbox"/> Refer them to a remedial teacher from the department | <input type="checkbox"/> Refer them to a remedial teacher within our school |
| <input type="checkbox"/> Involve parents | <input type="checkbox"/> Create an individual development plan | <input type="checkbox"/> Other, specify:_____ |

