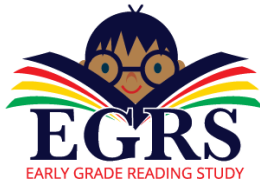




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## PARENT/GUARDIAN QUESTIONNAIRE

- This form must be completed by the parent or person caring most for the Grade 1 learner at home during the week.
- The same form is provided in English, isiZulu and SiSwati. Please fill in only one of these.
- Remember to sign the consent form on the last page

### 1. Unique Tangerine ID

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2. Learner Name: \_\_\_\_\_

3. Learner Surname: \_\_\_\_\_

4. Learner Date of Birth: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

5. Are you the one who mainly looks after the learner who brought this form home?

Yes	1	No	2
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6. How are you related to this learner? (Please mark one option with an "X")

Mother	1	Father	2	Grandfather	3	Grandmother	4
Sister	5	Brother	6	Aunt/ Uncle	7	Another person	8

7. How old are you as the main caregiver? \_\_\_\_\_ years

8. Have you completed matric/ Grade 12?

Yes	1	No	2
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9. Did your child attend Grade R?

Yes	1	No	2
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10. Where did your child attend Grade R?

	(Please mark <u>one</u> with an "X")
Same primary school as in Grade 1	1
Different primary school to Grade 1	2
Early Childhood Development Centre	3
Did not attend Grade R	4

11. How long does it take for your child to get to school?

(Please mark <u>one</u> with an "X")	Less than 15 minutes	15 – 30 minutes	31 – 60 minutes	More than an hour
	1	2	3	4

→ Please complete the second page

**12. How does your child get to school?**

	(Please mark <u>one</u> with an "X")
Walking	1
Bicycle	2
With a minibus taxi	3
A school bus/ minibus taxi provided by school/ government	4
With a vehicle hired by a group of parents	5
I drive him/her to school	6
Gets a lift with a friend	7
Other	8

**13. Is your child's school the nearest school to where you live?**

Yes	1	No	2
-----	---	----	---

**14. How often do you do read to your child? (Please mark one per row with "X")**

(Please mark <u>one</u> with an "X")	Never	Once a week	Most days	Every day
	1	2	3	4

**15. How many children story books/ booklets are there at your home?**

(Please mark <u>one</u> with an "X")	No books	1-5 books	6-10 books	11-25 books	More than 25 books
	1	2	3	4	5

**16. How often do you speak English to your child?**

(Please mark <u>one</u> with an "X")	Never	Some times	Most of the time	All the time
	1	2	3	4

**17. Has your child missed any days of school this year?**

(Please mark <u>one</u> with an "X")	None	1 day	2 to 5 days	6 to 10 days	More than 10 days
	0	1	2	3	4

**18. How many school days were disrupted because of protests/ other community activities?**

(Please mark <u>one</u> with an "X")	Never	1 day	2 to 5 days	More than a week	More than a month
	0	1	2	3	4

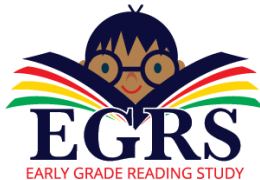
**19. Have you visited a public library?**

(Please mark <u>one</u> with an "X")	Never	In the last week	In the last month	In the last year	There is no public library close to us
	1	2	3	4	5

➔ Please complete the third page



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20. Which language would you like the school to use to teach learners in Grade 1?

(Please mark <u>one</u> with an "X")	Siswati	isiZulu	English	Other (specify)
	1	2	3	

21. Would you ever like to be on the School Governing Body?

Yes	1	No	2
-----	---	----	---

22. During the past two weeks, did you do any work for which you will receive a salary/ wage/ commission of any other form of payment?

Yes	1	No	2
-----	---	----	---

23. How would you describe your English ability?

	(Please mark <u>one</u> with an "X")
I hardly understand English	1
I can speak a little bit	2
I read and write in English fluently	3

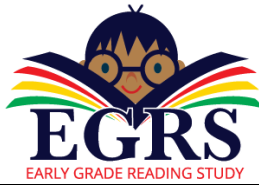
24. Do you have any of the following things in your home?

	(Please mark <u>all applicable</u> with an "X")
TV	1
Pay TV (M-Net/ DSTV/ Top TV) Subscription	2
Computer/ Laptop	3
Washing Machine	4
Electric/ Gas Stove	5
Built-in Kitchen Cupboards	6
Car/ Motor Vehicle	7
Cellphone	8
Running water in your yard/ house	9
Geyser	10
Refrigerator	11
Couches/ sofas	12

➔ Please complete the final page



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**CONSENT**

*I hereby agree to participate in the reading intervention evaluation by the DBE. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that the project to which this evaluation is tied may in 2017 and 2018 benefit the project schools and their teachers, learners and parents, but not the control schools. I understand that my participation will remain confidential.*

*I understand that the information that I provide will be stored electronically and used to evaluate the reading interventions.*

*I also understand that evaluation findings will be communicated to senior DBE managers, through articles in academic journals and other forums without making known my identity or that of my Grade 1 child.*

\_\_\_\_\_  
*Signature of Parent / Caregiver*

***Thank you for having taken time to answer these questions!!  
(Please ask the Grade 1 learner, who gave this form to you, to take it back to his/her teacher.)***