

TEACHER QUESTIONNAIRE

THIRD ETHIOPIA SCHOOL SURVEY WAVE: 1 LANGUAGE: ENGLISH

0.1	YL SCHOOL ID	[ET ____ ____ ____ ____]
0.2	TEACHER ID (from TEACHER ROSTER)	[T ____ ____]
0.3	If this protocol is not completed, what is the reason? 88 = Completed. 01 = Not present. 02 = Refused.	[____ ____]
0.4	Date protocol completed by teacher (dd/mm/yy). Use E.C.	____ ____ / ____ ____ / ____ ____

	Fieldworker	Data entry clerk
Name		
Code	[____ ____ ____]	[____ ____ ____]
Signature		
Date of check or entry (dd/mm/yy). Use E.C.	____ ____ / ____ ____ / ____ ____	____ ____ / ____ ____ / ____ ____

1. What age are you? (Write number in box)		Years
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2. By the end of this school year (2009 E.C.), how many years of experience working as a teacher will you have? (Write number in box)		Years
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3. By the end of this school year (2009 E.C.), how many years of experience will you have working as a teacher <u>at this school</u> ? (Write number in box)		Years
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4. By the end of this school year (2009 E.C.), how many years of experience will you have <u>teaching this grade</u> ? (Write number in box)		Years
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5. What is your gender? (Tick one box)	Male	01	<input type="checkbox"/>
	Female	02	<input type="checkbox"/>

6. What language do you <u>mainly</u> speak at home? (Tick one box)	Afarigna	01	<input type="checkbox"/>
	Amarigna	02	<input type="checkbox"/>
	Guraghigna	03	<input type="checkbox"/>
	Hadiyigna	04	<input type="checkbox"/>
	Af-Oromo	05	<input type="checkbox"/>
	Sidamigna	06	<input type="checkbox"/>
	Silitigna	07	<input type="checkbox"/>
	Af-Somali	08	<input type="checkbox"/>
	Tigrigna	09	<input type="checkbox"/>
	Welaytigna	10	<input type="checkbox"/>
	English	11	<input type="checkbox"/>
	Other	12	<input type="checkbox"/>

7. What is the highest level of general education you have completed, <u>excluding any teacher training</u> ? (Tick one box)	None	01	<input type="checkbox"/>
	Grade 4	02	<input type="checkbox"/>
	Grade 8	03	<input type="checkbox"/>
	Grade 10	04	<input type="checkbox"/>
	Grade 12	05	<input type="checkbox"/>
	Post-G10 certificate	06	<input type="checkbox"/>
	Post-G10 diploma	07	<input type="checkbox"/>
	University degree	08	<input type="checkbox"/>

8. What is the highest level of teacher training qualification you have received? (Tick one box)	I am not trained	01	<input type="checkbox"/>
	Certificate	02	<input type="checkbox"/>
	Diploma	03	<input type="checkbox"/>
	University degree	04	<input type="checkbox"/>

9. Have you started or completed the English Language Improvement Program (ELIP)? (Tick one box)	No, I have not done the ELIP	01	<input type="checkbox"/>
	Yes, I have started but not completed the ELIP	02	<input type="checkbox"/>
	Yes, I have completed the ELIP	03	<input type="checkbox"/>

		Yes 01	No 02
10. Which of these languages can you have a conversation in? (Tick 'Yes' or 'No' for each option)	Afarigna A	<input type="checkbox"/>	<input type="checkbox"/>
	Amarigna B	<input type="checkbox"/>	<input type="checkbox"/>
	Guraghigna C	<input type="checkbox"/>	<input type="checkbox"/>
	Hadiyigna D	<input type="checkbox"/>	<input type="checkbox"/>
	Af-Oromo E	<input type="checkbox"/>	<input type="checkbox"/>
	Sidamigna F	<input type="checkbox"/>	<input type="checkbox"/>
	Silitigna G	<input type="checkbox"/>	<input type="checkbox"/>
	Af-Somali H	<input type="checkbox"/>	<input type="checkbox"/>
	Tigrigna J	<input type="checkbox"/>	<input type="checkbox"/>
	Welaytigna K	<input type="checkbox"/>	<input type="checkbox"/>
	English L	<input type="checkbox"/>	<input type="checkbox"/>

		Yes 01	No 02
11. In your education, have you specialised in any of the following? (Tick 'Yes' or 'No' for each option)	Maths A	<input type="checkbox"/>	<input type="checkbox"/>
	English B	<input type="checkbox"/>	<input type="checkbox"/>
	Any Ethiopian Language C	<input type="checkbox"/>	<input type="checkbox"/>