

**YEAR 10 FOLLOW UP**

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**TVW TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH**

**WESTERN AUSTRALIAN  
PREGNANCY COHORT (RAINE) STUDY**

**Part A: School Principal's Questionnaire**

**School details:**

**Name of school**

Name of principal \_\_\_\_\_

Contact person for any follow-up information which may be needed

School address \_\_\_\_\_ Telephone

\_\_\_\_\_ Fax

Postcode \_\_\_\_\_ Email

**Student details:**

**Name of student**

Date of birth

Year of student

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**These are questions about the characteristics of your school, its enrolment and staffing.**  
*Please fill in the spaces provided or circle the option that is most appropriate.*

Q1. Is this school co-educational or single sex?

- 0 Co-educational
- 1 Single sex

Q2. Which category best describes this school?

- 0 Government School
- 1 Catholic School
- 2 Other Independent School

Q3. Which category best describes your school enrolment?

- 0 Kindergarten to Year 7
- 1 Kindergarten to Year 10
- 2 Kindergarten to Year 12
- 3 Pre-Primary to Year 7
- 4 Pre-Primary to Year 10
- 5 Pre-Primary to Year 12
- 6 Year 1 to Year 7
- 7 Year 1 to Year 10
- 8 Year 1 to Year 12
- 9 Other *please specify* .....

Q4. What is the composition of the school's student enrolment?

Kindergarten .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Primary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary (Years 1 to 7) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary (Years 8 to 12) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. How many teaching staff are there in your school?

Full-Time Teaching Staff .....	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time Teaching Staff .....	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are designed to identify aspects of schools which facilitate student's educational, vocational and social competency. All information is strictly confidential and findings will not identify any individual school, or staff member.

Q6. How would you rate your school's overall capacity to fulfil its educational mission.  
*(Please circle the appropriate number)*

Inadequate Fully adequate

0            1            2            3            4            5            6

Q7. The following school, social and community problems may affect your school environment. To what extent do these problems occur in your school or community? *(Please circle the appropriate number)*

	None		Moderate amount				Extreme	
a. Degree of overall absenteeism in school.	0	1	2	3	4	5	6	
b. Degree of overall truancy.	0	1	2	3	4	5	6	
c. Degree of overall school vandalism.	0	1	2	3	4	5	6	
d. Degree of graffiti on school property.	0	1	2	3	4	5	6	
e. Degree of physical violence occurring at school.	0	1	2	3	4	5	6	
f. Degree of racism at the school.	0	1	2	3	4	5	6	
g. Degree that poverty affects children attending this school.	0	1	2	3	4	5	6	
h. Degree of student drug and alcohol abuse.	0	1	2	3	4	5	6	
i. Degree of physical violence occurring in the community.	0	1	2	3	4	5	6	

Q8. The following questions concern school morale and pastoral care arrangements. How do you rate your school in these areas? *(Please circle the appropriate number)*

	Inadequate				Fully adequate			
a. Adequacy of the school's learning and teaching programs for all students.	0	1	2	3	4	5	6	
b. Adequacy of the school's behaviour management program.	0	1	2	3	4	5	6	
c. Adequacy of the school's arrangements for students at educational risk.	0	1	2	3	4	5	6	
d. Adequacy of parents' involvement in school activities and their children's learning.	0	1	2	3	4	5	6	
e. Adequacy of the school's pastoral care for students.	0	1	2	3	4	5	6	
f. Adequacy of school's support to parents.	0	1	2	3	4	5	6	
g. Adequacy of the support provided for teachers.	0	1	2	3	4	5	6	
h. Adequacy of staff morale	0	1	2	3	4	5	6	

**The following questions concern this student.** *Please fill in the spaces provided or circle the option that is most appropriate.*

Q9. What is the length of this student's current enrolment in your school?

Years .....

and Terms .....

Q10. Which best describes this student?

- 0 Day student Go to Q12
- 1 Boarding at this school
- 2 Boarding at an associated hostel
- 3 Other *please specify* .....



1 Yes Go to Q21

Q21. Does this student need support because of any of the following disabilities or other special needs: *(Please tick the appropriate boxes)*

	Is support needed?		Is support available?		Is support being used?		
	No	Yes	No	Yes	No	Yes	
a. visual impairment?	<input type="checkbox"/>	<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. deaf or hard of hearing?	<input type="checkbox"/>	<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. intellectual disability?	<input type="checkbox"/>	<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. physical disability?	<input type="checkbox"/>	<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. other special need? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q22. What level of support do you think is required to address these needs?  
*(Please tick all boxes that apply)*

	None required	Support delivered by teachers	Use of services in the school (student services)	Special services (Teachers aides, visiting health services)	Special therapy focused school
a. visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. deaf or hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. physical disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. other special needs? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23. In your opinion, how would you describe the support actually provided to address this student's level of disability? *(Please circle the appropriate answer)*

Not appropriate Most appropriate

0            1            2            3            4            5            6

**Thank you for your co-operation**