Date of Interview: \_\_\_\_\_\_ / \_\_\_\_\_\_ / 2015

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child ID\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUESTIONNAIRE FOR CAREGIVERS**

**Instructions:**

Thank you for your time. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I work for Save the Children in the evaluation of our early childhood program. The goal of this evaluation is to improve the education that is being provided to your child. Your answers to the following questions will help us greatly in reaching this purpose. All of your answers are confidential. Again, thank you for your time.

**PART 1: General Family Information**

|  |  |
| --- | --- |
| **1. What is your child’s name?** |  |
| **2. What is the sex of your child?** | ❒ Girl ❒ Boy |
| **3. Date of Birth of child:**  | Year\_\_\_\_\_\_  | Month\_\_\_\_\_ | Day:\_\_\_\_\_ |
| **3. How old is your child?** | Years\_\_\_\_\_\_  | Months\_\_\_\_\_ |
| **4. What is the ethnicity of your child?** |  |
| **5. What is your full name?**  |  |
| **6. How are you related to the child?** | ❒ Mother (1)❒ Father (2)❒ Grandparent (3)❒ Older brother/sister (4)❒ Other caregiver (5)Specify (5A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. What is the mother’s full name?** |  |
| **2. What is the mother’s age?** |  |
| **3. What is the highest level of education that the mother has completed?** | ❒ None (0)❒ Preschool (1)❒ Primary (2)❒ Secondary (3)❒ Higher education (4)❒ Don’t know (5) |
| **4. Can the mother read?** | ❒ Yes (1) ❒ No (0❒ Don’t know (9) |
| **5. What is the father’s full name?** |  |
| **6. What is the father’s age?** |  |
| **7. What is the highest level of education that the father has completed?** | ❒ None (0)❒ Preschool (1)❒ Primary (2)❒ Secondary (3)❒ Higher education (4)❒ Don’t know (5) |
| **8. Can the father read?** | ❒ Yes (1) ❒ No (0❒ Don’t know (9) |
| **9. What is the number of children in the family?** |  |
| **7. What languages are spoken at home?** | Language 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8. What language does your child feel most comfortable speaking and understanding?** | Language 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART 2: ECCD Experience and Education aspirations**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Is your child currently enrolled at a preschool or any other early learning program?** | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know |
| Note: If the child is **not** enrolled at a preschool, ask question “2”, and then move to the next section *Family Background*; if the child **is enrolled**, ask questions “3 to 8”, and then move to the next section; if the respondent **doesn’t know** whether the child is enrolled, move to the next section. |
| **2. Why is your child NOT enrolled at a preschool?** |  |
| **3. What is the name of the ECCD center?** |  |
| **4. How long has your child been in this preschool/program?** | ❒ Less than 1 year (0)❒ For 1 year (1)❒ For 2 years (2)❒ For 3 years (3)❒ Don’t know (9) |
| **5. Why do you send your child to this preschool?*****Let parent respond freely and tick as many options as appropriate.***  | ❒ The child gets food to eat ❒ Child is kept occupied and out of mischief ❒ Child learns something ❒ Child learns to sit and listen❒ Child gets prepared for primary school ❒ Neighborhood children go to the center ❒ Child likes to go to the center ❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. How regularly does he/she attend the pre-school/ early learning program?** | ❒ Daily❒ 3 to 4 days a week❒ Once or twice a week❒ Once or twice in two weeks ❒ Once or twice in a month  |
| **7. How many hours per day does your child attend preschool?** | Hours \_\_\_\_\_ |
| **8. What kind of things is your child learning in the preschool?** ***Let parent respond freely and tick as many options as appropriate*** | ❒ Hygiene habits ❒ Letters ❒ Other early literacy skills❒ Numbers ❒ Other early math skills❒ Social skills (ex: how to get along with friends)❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_❒ Don’t know  |
| **9. Do you expect that your child will complete primary school?**  | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know (9) |
| **10. Do you expect that your child will complete secondary school?**  | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know (9) |

**PART 3: Home Environment / Parenting Practices**

|  |
| --- |
| **1. Do you have any of the following types of other reading materials at home?** |
|  | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know (9) |
| 1. Storybooks / picture books for young children?
 |  |  |  |
| If yes, how many books? |  |
| b. Textbooks? |  |  |  |
| c. Magazines? |  |  |  |
| d. Newspapers? |  |  |  |
| e. Religious books? |  |  |  |
| f. Coloring books? |  |  |  |
| g. Comics? |  |  |  |
| **2. I am interested in learning about the things that your child plays with when s/he is at home. Does she play with:** |
| a. Homemade toys, such as stuffed dolls, cars, or other toys made at home? |  |  |  |
| b. Toys from a shop or manufactured toys? |  |  |  |
| c. Household objects, such as bowls, cups or pots? |  |  |  |
| d. Objects found outside, such as sticks, rocks, animal shells or leaves? |  |  |  |
| e. Does your child have any drawing or writing materials? |  |  |  |
| f. Does child have any puzzles (even a two piece puzzle counts)? |  |  |  |
| g. Does your child have any two or three piece toys that require hand-eye coordination? |  |  |  |
| h. Does child have toys that teach about colors, sizes or shapes? |  |  |  |
| i. Does child have toys or games that help teach about numbers/counting? |  |  |  |
| j. Others |  |  |  |
| **3. In the past 3 days, did you or any other family member older than 15 years engage in these activities with <<insert child’s name>>? Note: ask “Who?” if the answer is “yes”. – *tick as many as appropriate*** | **Yes(1)** | **No(0)** | **Mother (2)** | **Father (3)** | **Other caregiver (4)** |
| a. Read books or look at pictures books with child?  |  |  |  |  |  |
| b. Tell stories to the child? |  |  |  |  |  |
| c. Sing songs to or with the child, including lullabies? |  |  |  |  |  |
| d. Take the child outside the home? For example, to the market, visit relatives.  |  |  |  |  |  |
| e. Play with the child any simple games? |  |  |  |  |  |
| f. Name objects or draw things to or with the child? |  |  |  |  |  |
| g. Show or teach your child something new, like teach a new word, or teach how to do something? |  |  |  |  |  |
| h. Teach alphabet or encourage to learn letters to the child? |  |  |  |  |  |
| i. Play a counting game or teach numbers to the child? |  |  |  |  |  |
| j. Hug or show affection to your child? |  |  |  |  |  |
| k. Spank your child for misbehaving? |  |  |  |  |  |
| l. Hit your child for misbehaving? |  |  |  |  |  |
| m. Criticize or yell at your child? |  |  |  |  |  |
| **4. I would like to know about how your child spends his/her day.** |
| a. On a regular day, how many hours does the mother spend time talking, walking, and/or playing with the child? |  |
| b. On a regular day, how many hours does the father spend time talking, walking, and/or playing with the child? |  |
| 1. On a regular day, how many hours the child spend in the care of another child who is less than 10 years old?
 |  |
| 1. On a regular day, how many hours does the child spend alone?
 |  |

**PART 4: Socio-economic background**

|  |  |  |
| --- | --- | --- |
| **1. What kind of roof does your house have?** | ❒ Cement❒ Thatch | ❒ Iron sheets❒ Other |

|  |  |  |
| --- | --- | --- |
| **2. What kind of walls does your house have?** | ❒ Mud❒ Bricks❒ Cement | ❒ Wood/thatch❒ Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Does your house have a:** | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know (9) |
| a. Bedroom? |  |  |  |
| b. Kitchen? |  |  |  |
| c. Living room? |  |  |  |
| d. Washroom? |  |  |  |
| e. Inside toilet? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Does your home have:** | ❒ Yes (1) | ❒ No (0) | ❒ Don’t know (9) |
| a. Radio? |  |  |  |
| b. Television? |  |  |  |
| c. Refrigerator? |  |  |  |
| d. Bicycle? |  |  |  |
| e. Motorcycle? |  |  |  |
| f. Mobile phone? |  |  |  |
| g. Electricity? |  |  |  |
| h. Land for crops? |  |  |  |
| i. Livestock, family animals, or poultry? |  |  |  |

|  |  |
| --- | --- |
| 5a.Does child*do household chores or work outside the household?*  | ❒ Yes ❒ No |
| 5b. How much time (in minutes) does (CHILD) spend doing chores or work each day? | \_\_\_\_\_\_\_\_\_\_hours |

# PART 5: Optional

|  |
| --- |
| **Ask parents to rate how they feel about each of these statements**  |
| I play a crucial role in my child’s physical and cognitive development. | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| It is important to take a good care of children at an early age. | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| Even when I am busy with my work, I can make time for my child in order to take care of him/her. | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| Knowing how to read and write is important for my child to have a good/productive life. | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| I will encourage my child to complete at least secondary school (i.e., SSC). | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| I think I can teach my child important school readiness skills at home  | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| I think my child can learn a lot of skills by playing games | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| I find ways to talk with or engage my child in games while I am doing my daily work  | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |
| I think praising children whenever he/she tries to do something new is important | ❒ I strongly agree❒ I agree❒ I disagree❒ I strongly disagree |