

Institute for Child Health Research
PO Box 855, West Perth 6872

**WA ABORIGINAL CHILD
HEALTH SURVEY**

Assignment No. | | | | | | | |
File No. | | | | | | | |
CD | | | | | | | |
Dwelling | | | | | | | |
Household | | | | | | | |
Family | | | | | | | |
Person no.- child | | | | | | | |
Age | | | | | | | |

Sex - male
|
female

School Code | | | | | | | |

CONFIDENTIAL

**PART B: Primary School Principal's Questionnaire –
Student Details**

Name of
Student: _____

Current Year Level: _____ Date of Birth: ____/____/____
dd mm yy

Tick here if in ungraded class

Help available
If you or your staff have any questions or need some help with these materials please contact the Child Health Survey Team at no charge on 1800-000-153 for assistance during normal office hours.

The following questions concern the student identified on the cover page

MAIN LANGUAGE

1. What is the main language this child speaks

a) In the classroom (tick one)

- English
 - Aboriginal English
 - Kriol/Creole
 - Aboriginal Language
 - Other (specify)
-

b) In the playground (tick one)

- English
 - Aboriginal English
 - Kriol/Creole
 - Aboriginal Language
 - Other (specify)
-

c) At home (tick one)

- English
 - Aboriginal English
 - Kriol/Creole
 - Aboriginal Language
 - Other (specify)
-
- Don't know

ACADEMIC ATTAINMENTS

2. Compared to *all* students of the same age how would you describe this student's overall academic performance? (tick one)

- Far below age
- Somewhat below age
- At age level
- Somewhat above age
- Far above age
- Don't know

3. Compared to *all* students of the same age how would you describe this student's achievement in . . .

a) Literacy (tick one)

- Far below age
- Somewhat below age
- At age level
- Somewhat above age
- Far above age
- Don't know

b) Numeracy (tick one)

- Far below age
- Somewhat below age
- At age level
- Somewhat above age
- Far above age
- Don't know

ABOUT THIS STUDENT'S ENROLMENT

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

Years

Terms

If less than one term tick this box

SCHOOL ATTENDANCE

5. About this student's attendance:

a) So far this school year, what is the total possible days of attendance for this student?

Possible days of attendance so far:
days

b) For how many of the days above (5a) was this student absent?

Total days' absent so far:
*(*round total up to whole days)*

c) Of the total absences above (5b) how many of these days were:

i. days explained satisfactorily

ii. days explained but questionable

iii. days unexplained

6. Has this student ever repeated a year/grade in this school?

No (go to Q8)

Yes

7. Which year/grade was repeated?

Year/grade

8. Which best describes this student? (tick one)

Day student (go to Q10)

Boarding at this school

Boarding at an associated hostel

Other boarding arrangement

9. Is the boarding facility co-educational? (tick one)

No

Yes

10. This year, how often has this student been removed from formal instruction (but not from school) owing to his or her behaviour? (tick one)

Never

Rarely

Sometimes

Frequently

11.a) Has this student received an out of school suspension from this school during this year? (tick one)

No (go to Q12)

Yes

b) On how many occasions?

c) For a total of how many days?

12. Has this student ever been the subject of a school exclusion procedure?

No
Yes
Don't know

USE OF SUPPORT SERVICES

13. For this school year, is this student receiving any of the following types of support services whether within or out of the classroom -

Support services for:

a) Children with vision impairments

Yes, uses this service
No, but does need this service
No, does not require this service

b) Children with hearing impairments

Yes, uses this service
No, but does need this service
No, does not require this service

c) Children with an intellectual disability

Yes, uses this service
No, but does need this service
No, does not require this service

d) Children with an emotional or behavioural disturbance

Yes, uses this service
No, but does need this service
No, does not require this service

e) Children with learning difficulties

Yes, uses this service
No, but does need this service
No, does not require this service

f) Talented and gifted children

Yes, uses this service
No, but does need this service
No, does not require this service

g) Children with physical disabilities

Yes, uses this service
No, but does need this service
No, does not require this service

14. If Yes to any of Q13a-g please describe:

a) The nature of the service:

b) The level of the service (eg is the service provided from the district/central office level or within the school):

c) The frequency of the service:

15. Is this child receiving speech therapy or therapy for a language disability/disorder?

Yes
No, but does need this
No
Don't know

Thank you.