

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 G210\_SCH1\_S
- 1 Single sex

Q2. Which category best describes this school?

- 0 Government School G210\_SCH2\_S
- 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 G210\_SCH3\_S
- 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 G210\_ENR1\_S
- Pre-Primary G210\_ENR2\_S
- Primary (Years 1 to 7) G210\_ENR3\_S
- Secondary (Years 8 to 12) G210\_ENR4\_S
- Total G210\_ENR5\_S\_TOT

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

- Full-Time Teaching Staff G210\_STF1\_S
- Part-Time Teaching Staff G210\_STF2\_S

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) G210\_AIM\_S

Inadequate         Fully adequate

0 1 2 3 4 5 6



**G210\_BRD2\_S** Q11. Is the boarding facility co-educational?

0 No  
1 Yes

**G210\_RPT1\_S** Q12. Has this child ever repeated a year/grade in this school?

0 No Go to Q14  
1 Yes  
↓

**G210\_RPT2\_S** Q13. Which year/grade was repeated?

year/grade .....

**G210\_SUS1\_S** Q14. Has this student received an out of school suspension from this school during this school year?

0 No Go to Q17  
1 Yes  
↓

**G210\_SUS2\_S** Q15. On how many occasions? .....

Q16. For a total of how many days? ..... **G210\_SUS3\_S\_TOT**

Q17. Is this student currently receiving support or assistance for:

**G210\_SED5\_S** a. the gifted and talented? 0 No

1 Yes

**G210\_SED7\_S** b. a learning difficulty? 0 No

1 Yes

**G210\_SED4\_S** c. an emotional or behavioural disturbance? 0 No

1 Yes

**G210\_SP50\_S** Q18. Does this student require speech therapy services?

0 No  
1 Yes  
2 Don't know

**G210\_SP51\_S** Q19. Is this student being seen by a speech therapist?

0 No  
1 Yes  
2 Don't know

**G210\_CH19\_S** Q20. Does this student have a visual, hearing, intellectual, physical or other disability?

0 No **STOP HERE**

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)*

		G210_SU[#]A_S		G210_SU[#]B_S		G210_SU[#]C_S				
		Is support needed?		Is support available?		Is support being used?				
		No	Yes	No	Yes	No	Yes			
#1	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"/>
#2	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"/>
#3	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"/>
#4	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"/>
#5	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)*

		G210_SU[#]D_S	G210_SU[#]E_S	G210_SU[#]F_S	G210_SU[#]G_S	G210_SU[#]H_S
		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
#1	a. visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	b. deaf or hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	c. intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4	d. physical disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5	e. other special needs? (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G210\_SU6\_S 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**