

Supplementary Material 5: Case report form for teacher related outcomes

Office Use only:
ID:.....
TO

Supporting Teachers And childRen in Schools



Teacher Baseline Questionnaire

Instructions

Thank you for taking part in the STARS study. On the following pages we will ask some questions about you, your relationship with work, everyday feelings and sense of self-efficacy.

Please read the instructions for all sections of the questionnaire and answer all the questions. Your answers will be treated with **complete confidence** and used for the purposes of this study only.

If you need any assistance, please call the STARS team on 01392 726596 or STARS@exeter.ac.uk

Name: _____

School: _____

Please indicate your gender and age

Male Female

Age _____

Do you work ... ? (please select appropriate box)

Full time

Part time Please specify how many hours/week _____

Please select one or more categories to indicate your initial teacher training qualification. If none apply, please add details below.

PGCE (following BA/BSc)

BA, BSc, BEd including QTS

Cert.Ed

Dip.Ed.

Any other teacher training _____

Year of initial teacher qualification _____

Please state the approximate length of time you have spent working as a teacher.

(Estimate to the nearest whole number) _____ years

Do you currently hold any of the following roles (permanently or acting) in school?

(Please select all that apply)

Leadership / Management

Behaviour / learning support

Special educational needs

Pastoral care / personal support

Other promoted role (please specify) _____

On average, how many hours of contact time do you have with your class/es per week?

(Include time spent during a registration class)

(Please select)

Under 5 hours

Between 6 and 10 hours

Between 11 and 20 hours

More than 21 hours

Which year group(s) do you currently teach? *(Please select all classes that apply)*

Nursery/Pre-school

Reception

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

What classroom support do you have *(Please select all that apply)*

Full time – for whole class

Part time - for whole class Please specify hours per week _____

Do any children in your class have 1:1 support? Yes No

If **Yes**, please state below how many hours support per week each child receives:

(Please add any further children as necessary)

Child 1 _____ hours/week support

Child 2 _____ hours/week support

Child 3 _____ hours/week support

Child 4 _____ hours/week support

Child 5 _____ hours/week support

1. Relationship With Work Survey*

Instructions

Please read each item on the next page. **Put a cross in the box** to indicate how often, if ever, you have experienced these thoughts or feelings. If you have never experienced this thought or feeling, put a cross in the 0 box. If you ever have this thought or feeling, please fill in the best fitting answer. There are no right or wrong answers.

Please put a **cross** in one of the seven boxes for **every item**, even if it does not totally fit how you feel. Choose the one that is nearest. **Answer all questions and please place your cross in the box and not in between boxes.**

Think about how you **CURRENTLY FEEL** when answering.

How often do you experience these thoughts and feelings (below)?	0 Never	1 Sporadic A few times a year or less	2 Now and Then Once a month or less	3 Regular A few times a month	4 Often Once a week	5 Very Often A few times a week	6 Daily	Office Use only
1. I feel emotionally drained from my work.								
2. I feel used up at the end of the workday.								
3. I feel tired in the morning and have to face another day on the job.								
4. Working all day is really a strain for me.								
5. I can effectively solve the problems that arise in my work.								
6. I feel burned out from my work.								
7. I feel I'm making an effective contribution to what this school does.								
8. I have become less interested in my work since I started this job.								
9. I have become less enthusiastic about my work.								
10. In my opinion, I am good at my job.								
11. I feel exhilarated when I accomplish something at work.								
12. I have accomplished many worthwhile things in this job.								
13. I just want to do my job and not be bothered.								
14. I doubt the significance of my work.								
15. I have become cynical about whether my work contributes anything.								
16. At my work, I feel confident that I am effective at getting things done.								

2. Everyday Feeling Questionnaire

Instructions

This questionnaire asks about how **you feel in general**, not just how you feel when you are at school.

There are no right or wrong answers. **Answer all questions and please place your cross in the box and not in between boxes.**

Think about how you have felt over the last **FOUR WEEKS** when answering.

Please **put a cross in the box** that best says how you feel about each statement. For example, if you did *feel positive about the future* some of the time, you would put a cross under the box saying *Some of the time*, like this.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Positive about the future			X		

Please put **one cross** in one of the five boxes for **every statement**, even if it does not totally fit how you feel. Please choose the one that is nearest.

Feelings come and go. Over the last FOUR WEEKS, have you felt the following?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Positive about the future					
Worried or tense					
Able to enjoy life					
Tired or lacking in energy					
Stressed					
Positive about yourself					
Less interested in things you used to enjoy					
Calm and relaxed					
Very unhappy					
Able to cope with what life brings					

3. Teachers' Sense of Efficacy Scale*

Instructions

This questionnaire is designed to help us gain a better understanding of the kinds of things that create difficulties for teachers in their school activities. Please indicate your opinion about each of the statements overleaf by **circling an answer**. There are no right or wrong answers.

Answer all questions and please circle a specific number and not in between numbers.

Think about how you **CURRENTLY FEEL** when answering. Please indicate how you feel about yourself and not teachers in general.

	How much can you do?								
	Nothing		Very little		Some influence		Quite a bit		A great deal
1. How much can you do to control disruptive behaviour in the classroom?	1	2	3	4	5	6	7	8	9
2. How much can you do to motivate students who show low interest in school work?	1	2	3	4	5	6	7	8	9
3. How much can you do to get students to believe they can do well in school work?	1	2	3	4	5	6	7	8	9
4. How much can you do to help your students value learning?	1	2	3	4	5	6	7	8	9
5. To what extent can you craft good questions for your students?	1	2	3	4	5	6	7	8	9
6. How much can you do to get children to follow classroom rules?	1	2	3	4	5	6	7	8	9
7. How much can you do to calm a student who is disruptive or noisy?	1	2	3	4	5	6	7	8	9
8. How well can you establish a classroom management system with each group of students?	1	2	3	4	5	6	7	8	9
9. How much can you use a variety of assessment strategies?	1	2	3	4	5	6	7	8	9
10. To what extent can you provide an alternative explanation or example when students are confused?	1	2	3	4	5	6	7	8	9
11. How much can you assist families in helping their children do well in school?	1	2	3	4	5	6	7	8	9
12. How well can you implement alternative strategies in your classroom? (This could relate to behaviour or learning)	1	2	3	4	5	6	7	8	9