

**Are Our Children Learning?**

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**UWEZO WRITING ASSESSMENT SURVEY TOOL, 2022**

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| **District:** |  |
| **Sub-County:** |  |
| **Parish:** |  |
| **Enumeration Area:** |  |
| **Assessors:** | **Sex: (Tick one)** | **Telephone number** |
| **Male** | **Female** |
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| **EA Code**: FILLED BY DC/EAC |  |  |  |  |  |

**SURVEY BOOKLET**

**CHILD DATA SHEET**

***1. Background Information (Household-based – to be answered by the parent apart from attendance and language questions)***

1. Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **102** Start Time\_\_\_\_\_\_\_: \_\_\_\_\_\_\_
2. Name of Household Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **104** Sex: 1) Male 2) Female
3. Household’s Head Level of Education (***Tick one***)

1)None 2) Started primary 3) Started O-level 4) Started A-level 5) Completed Primary

6) Completed O-level 7) Completed A-level 8) Completed tertiary (e.g. Certificate or Diploma) 9) Completed University degree 10) Do not know

1. Who is the respondent? 1) Household head 2) Spouse 3) Other adult
2. What is the **main** source of income for the household? 1) Farming 2) Fishing 3) Remittances from relatives 4) Mining 5) Salary earner 6) Trading 7) Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Main language spoken in the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. No. of Household members: 1) No. of males 2) No. of females
5. Total number of children below 18 years
6. Number of children aged 8-12 years

**112** Assessed child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **113** Child’s unique code (e.g. H0101, to be generated by the assessor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**114** Sex (Tick one) 1) Boy 2) Girl

**115** Child’s age (Tick one): a) 8yrs b) 9yrs c) 10yrs d) 11yrs e) 12yrs

**116** If still in school, which class? (write P1-P7 or S1-S4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**117** Type of school: 1) Government 2) Private

**118** Years of pre-school attended (***Tick one***): a) 0 b) 1 c) 2 d) 3 or more

**119** Did you attend school yesterday (**ask the child**)? (**Tick one**): 1) Yes 2) No

**120** Which languages of instruction are used in your class (***ask the child***)? (***Tick one***):

1) English Only

2) Local language only

3) Mixture of English and local language

4) If Option 2 or 3 has been selected, name the local language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**121** If out of school, what is the child’s schooling status? 1) completed P.7 2) Non-formal education 3) Never enrolled 4) dropped out

**122** While schools were closed during the lockdown, were you able to continue studying? (**ask the child**) 1) Yes 2) No

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| 1. ***Washington Group Questions - Child Functioning***
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| ***Interviewer***: The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. (***Tick one that applies per question)*** |
| ***Vision*** |
| 201 | Do you have difficulty seeing, even if wearing glasses? Would you say you have: some difficulty, a lot of difficulty or cannot do at all? (**Tick one**) |  1 No difficulty  2 Some difficulty   3 A lot of difficulty   4 Cannot do at all  88 Don't know   99 REFUSED |
| ***Hearing***  |
| 202 | Do you have difficulty hearing, even if using a hearing aid(s)? Would you say you have: some difficulty, a lot of difficulty or cannot do at all? (**Tick one**) |  1 No difficulty  2 Some difficulty   3 A lot of difficulty   4 Cannot do at all  88 Don't know   99 REFUSED |
| ***Mobility***  |
| 203 | Do you have difficulty walking or climbing steps? Would you say you have: some difficulty, a lot of difficulty or cannot do at all? (**Tick one**) |  1 No difficulty  2 Some difficulty   3 A lot of difficulty   4 Cannot do at all  88 Don't know   99 REFUSED |
| ***Cognition (remembering)*** |
| 204 | Do you have difficulty remembering or concentrating? Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? (**Tick one**) |  1 No difficulty  2 Some difficulty   3 A lot of difficulty   4 Cannot do at all  88 Don't know   99 REFUSED |
| 1. ***Reading Assessment***
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| a) | Word |  1 Can do 0 2 Cannot do 99 No response |
| b) | Paragraph |  1 Can do 0 2 Cannot do 99 No response |
| c) | Story |  1 Can do 0 2 Cannot do 99 No response |
| d) | Comprehension 1 |  1 Can do 0 2 Cannot do 99 No response |
| e) | Comprehension 2 |  1 Can do 0 2 Cannot do 99 No response |

**End Time:** \_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_