V 3

**Education Emergency**

**High Frequency Survey for Families**

**SCHOOL OPENING EXPERIENCE**

**SEPTEMBER 2021**

INSTRUCTIONS TO DATA COLLECTOR / PARTNER ORGANIZATION

(TO BE COMPLETED)

PLEASE COMPLETE **SECTION A** AS PART OF THE LISTING PROCESS OF FAMILIES TO BE COVERED BY THE SURVEY. SELECT ONLY THOSE FAMILIES WITH CHILDREN OF SCHOOL GOING AGE (IE BETWEEN 6 -18 YEARS) .

IF HOUSEHOLDS CANNOT BE PRE-LISTED, PLEASE ASK ALL QUESTIONS IN SECTION A TO THE RESPONDENT.

**SECTION A (to be completed by interviewer before interview)**

1. **State**
2. **District**
3. **Rural/Urban**
4. **Village/ Locality/ Town/City**
5. **Name of head of household (nuclear**)
6. **Religion:**
7. Hindu
8. Muslim
9. Christian
10. Other
11. Unclear/ Don’t wish to say
12. **Category**:
13. SC
14. ST
15. OBC
16. Other
17. **How many people live in the household (nuclear family with whom you eat regularly**) \_\_\_\_\_\_
18. **Number of children in nuclear household , aged 6-18 years**
19. **Age and gender of each child, aged 6-18 years**

|  |  |
| --- | --- |
| Age (years) | Gender |
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**SECTION B**

1. **Name of respondent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Relationship to head of household**: (Spouse/ Child older than 18/ Other)
3. **Have you /your family moved from another state in India to this state in search of work? (**Yes/No)

**Name of state of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What are your family’s MOST IMPORTANT sources of income? (***Choose maximum of two****)***
2. Remittances from family member working in another state or abroad
3. Farming
4. Non-farming self-employed (vendor, small shop,etc)
5. Casual labour
6. Contract worker
7. Regular employment
8. Other
9. Unclear/ Don’t wish to say
10. **Please provide class and school details of each of your YOUNGEST and OLDEST children between age of 6- 18 years. Start with the youngest child.**
11. Name of YOUNGEST child (aged 6-18 years) \_\_\_\_\_\_\_
* Age\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_
* Has your child enrolled in THIS school year (Yes/ No)
* If enrolled THIS school year, in which class is she/he enrolled CLASS \_\_\_\_\_\_\_\_\_\_\_
* If enrolled THIS school year, In which type of school is he/she enrolled ?(Govt/Private with fees/ Madarsa/ Other \_\_\_\_\_\_
* In which class was she/he LAST school year CLASS? \_\_\_\_\_\_\_\_\_\_\_ /(not enrolled)
* If enrolled LAST School year, in which type of school was he/she enrolled? (Govt/Private with fees/ Madarsa/ Other \_\_\_\_\_\_
1. Name of OLDEST child (aged 6-18 years) \_\_\_\_\_\_\_
* Age\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_
* Has your child enrolled in THIS school year (Yes/ No)
* If enrolled THIS school year, in which class is she/he enrolled CLASS \_\_\_\_\_\_\_\_\_\_\_
* If enrolled THIS school year, In which type of school is he/she enrolled ?(Govt/Private with fees/ Madarsa/ Other \_\_\_\_\_\_
* In which class was she/he LAST school year CLASS? \_\_\_\_\_\_\_\_\_\_\_ /(not enrolled)
* If enrolled LAST School year, in which type of school was he/she enrolled? (Govt/Private with fees/ Madarsa/ Other \_\_\_\_\_\_
1. **For your YOUNGEST child and OLDEST child, who are currently enrolled this year, please provide details about their education (**NOTE TO INSTRUCTOR – THESE CHILDREN MAY NOT BE THE SAME AS IN PREVIOUS QUESTION, IF THOSE CHILDREN ARE NOT CURRENTLY ENROLLED).
2. Name of YOUNGEST child currently enrolled in school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_
* Textbooks: Does this child have textbooks for THIS school year? (All textbooks/ some/ none)
* Mid-day meals: Does this child get mid-day meals, dry ration or cooked, or a Direct Benefit Transfer for mid-day meal (Yes/No)
* Have you received any communication from a teacher or school official about the re-opening of schools (when they will open/ health precautions which will be taken at school/ how classes will be organized) ?

(Yes/No/ Don’t know)

* If the school is open for physical classes, how many days is your child expected to attend in person? (All days/Some days/ No/ Don’t know)
* If the school is open, during the LAST WEEK, how many days did this child attend classes in person in school? \_\_\_\_\_\_\_\_\_\_\_\_\_
* At this time, is this child studying in any of the following ways at home? (Not studying at all/ Watching classes on TV / Watching classes on phone/ WhatsApp Message)
* Does this child get homework? (1=Never 2=Rarely 3=Most of the time 4=Always/ Don’t know]
* During the last 3 months, how often has the child taken a school test or exam (online or offline)? [1 = Many times; 2 = A few times; 3 = Once or twice; 4 = Never; 9 = Unclear]
* During the LAST SIX MONTHS, has the child’s teacher contacted this child or you by phone, text,WhatsApp or in person? (Never/ Once or twice during a month/ At least once a week/ Every day / Don’t know)
* Do you or your child know how to contact the teacher? [ Yes/No]
* During the school closure LAST YEAR, how did this child manage to continue his/her education? List the most important method : (Did not study much or at all/ self-study/ followed lessons on TV/ followed lessons on radio/ online classes/ self-study/ help from siblings and parents/ private tuition)
1. Name of OLDEST child currently enrolled in school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_
* Textbooks: Does this child have textbooks for THIS school year? (All textbooks/ some/ none)
* Mid-day meals: Does this child get mid-day meals, dry ration or cooked, or a Direct Benefit Transfer for mid-day meal (Yes/No)
* Have you received any communication from a teacher or school official about the re-opening of schools (when they will open/ health precautions which will be taken at school/ how classes will be organized) ?

(Yes/No/ Don’t know)

* If the school is open for physical classes, how many days is your child expected to attend in person? (All days/Some days/ No/ Don’t know)
* If the school is open, during the LAST WEEK, how many days did this child attend classes in person in school? \_\_\_\_\_\_\_\_\_\_\_\_\_
* At this time, is this child studying in any of the following ways at home? (Not studying at all/ Watching classes on TV / Watching classes on phone/ WhatsApp Message)
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1. Any concerns you want to highlight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_