**Questionnaire of the educational situation of a 4th grade student**

1. Student’s name and surname …………………………………………………………………………………………………………….
2. Personal data of parents/legal guardians

|  |  |  |  |
| --- | --- | --- | --- |
|  | MOTHER | FATHER | LEGAL GUARDIAN |
| Name and surname |  |  |  |
| Address |  |  |  |
| Workplace(name and address) |  |  |  |
| Work hours |  |  |  |
| Current phone numbers | *mobile* |  |  |  |
| *to work* |  |  |  |
| *landline**(home)* |  |  |  |

1. Family situation of the child – please underline: **full family, single-parent family, foster family**
2. Information about the limitation of parental rights: ………………………………………………………………………………………………………………………………………..
3. Information about child’s health (allergies, diseases, developmental defects, corrective glasses etc.) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
4. Is the child under the constant care of a specialist clinic? Please tick:
5. no
6. yes (which one?) ……………………………………………………………………………………………………………………….
7. Siblings up to 18 years old (how many) ………………………………………………………………………….
8. The living conditions of the child. Child has – please tick:
9. A separate room with it’s own desk/workspace
10. A room with siblings, but the child has it’s own desk
11. A room with siblings, shared desk
12. Who is mainly/mostly responsible for the upbringing the child in the family? ………………………………………………………………………………………………………………………………………………..
13. How much time do you spend with your child each day?
14. 1 hour
15. More time, how much ……………………………………………………………………………………………………
16. Does anyone monitor your child’s work while doing homework? Please tick:
17. The child does it’s homework on its own, it is left free
18. The child is monitored, it needs assistance
19. Do you check your child’s notebook?
20. yes
21. no

If yes, then how often?

1. Every day
2. Twice a week
3. Once a week
4. A few times a month
5. What school grades of your child satisfy you? Please underline: very good (5)/ good (4)/ sufficient (3) / acceptable (2)
6. Please list what regular responsibilities has your child at home (other than studying): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
7. How do you collaborate with school ? Please tick:
8. Strictly and systematically
9. Occasionally
10. Rarely
11. I don’t see the need of cooperation
12. Have you notice disturbing changes in your child’s behaviour related to school failures? Please mark:
13. no
14. yes

If yes, then how they manifest themselves (multiple answers are possible):

1. Fears
2. Sadness, despondency
3. Aggression and anger
4. crying
5. neurosis
6. other ………………………………………………………………………………………………………………………………….

If yes, then what are the main causes of failure? (multiple answers are possible):

1. Bad health condition
2. Low intellectual abilities of the child
3. Inappropriate peer environment
4. schoolwork overload
5. Poor material and housing conditions
6. Lack of proper motivation to study
7. Lack of proper care of the child by teachers
8. other ……………………………………………………………………………………..........................................
9. Child’s interrests and passions: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
10. How the child spends it’s free time? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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1. What do you expect from the tutor? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
2. What do you expect from the school? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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Thank you for completing the survey – class tutor