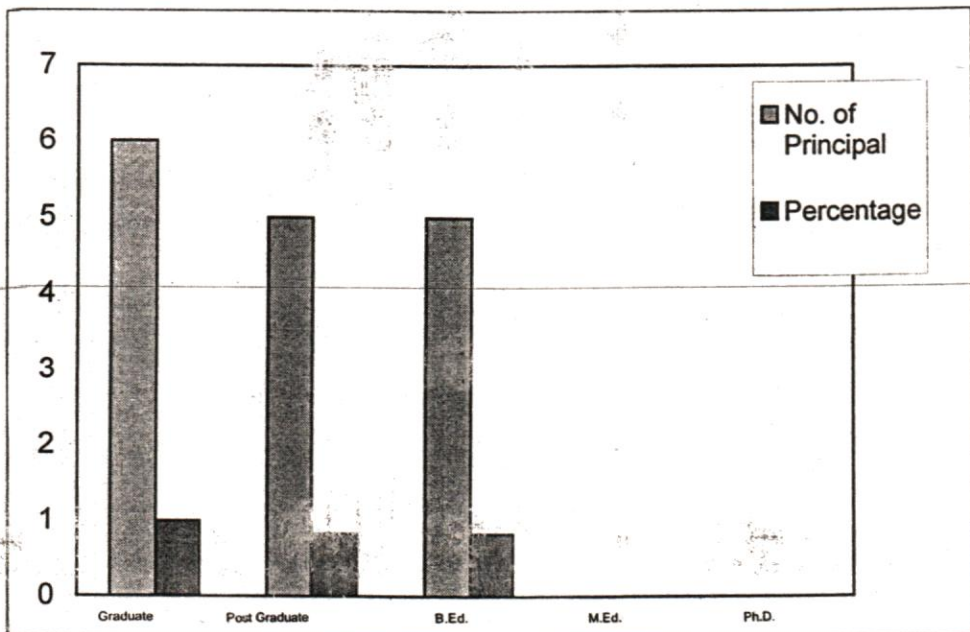
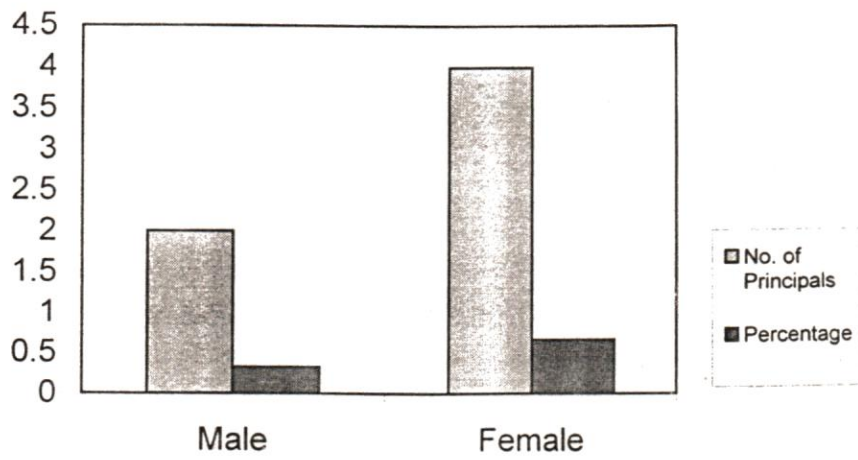
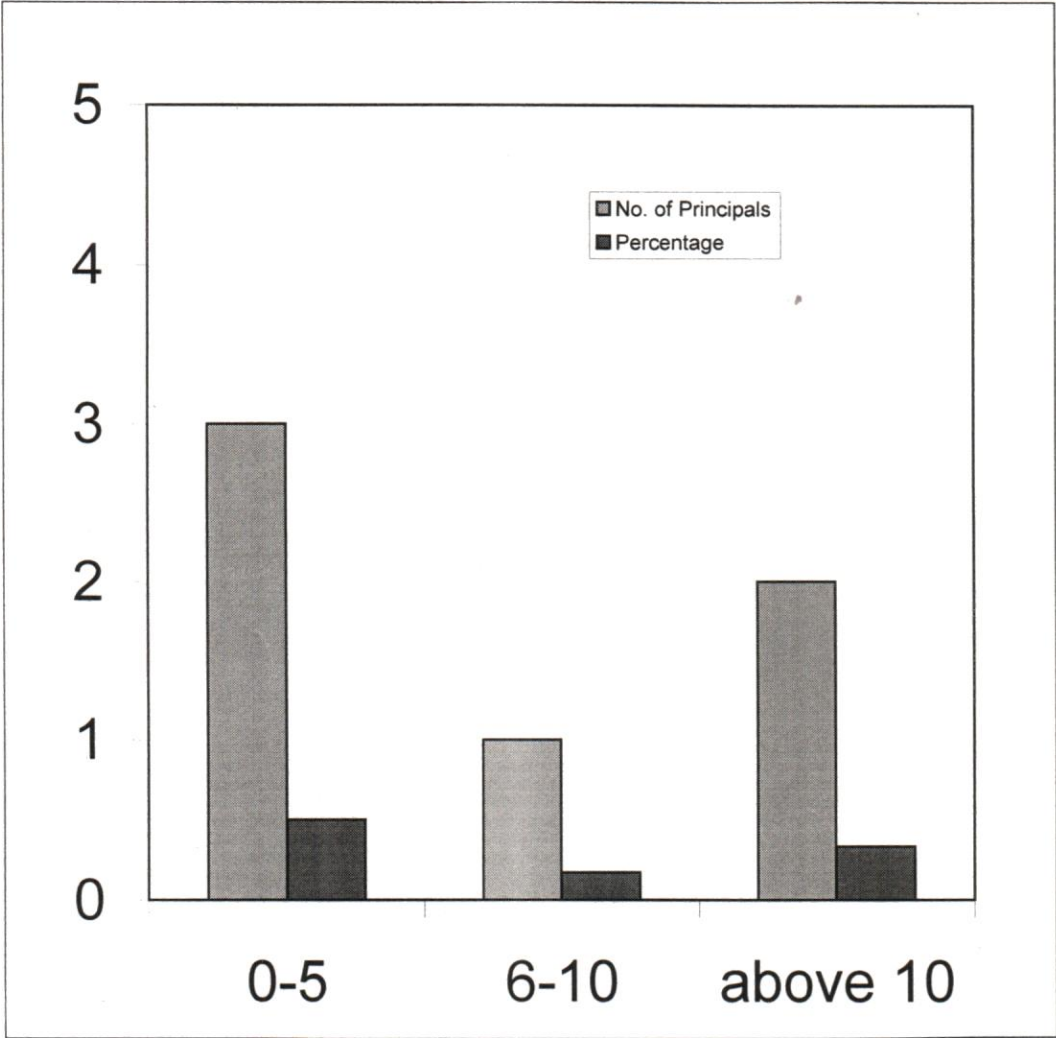


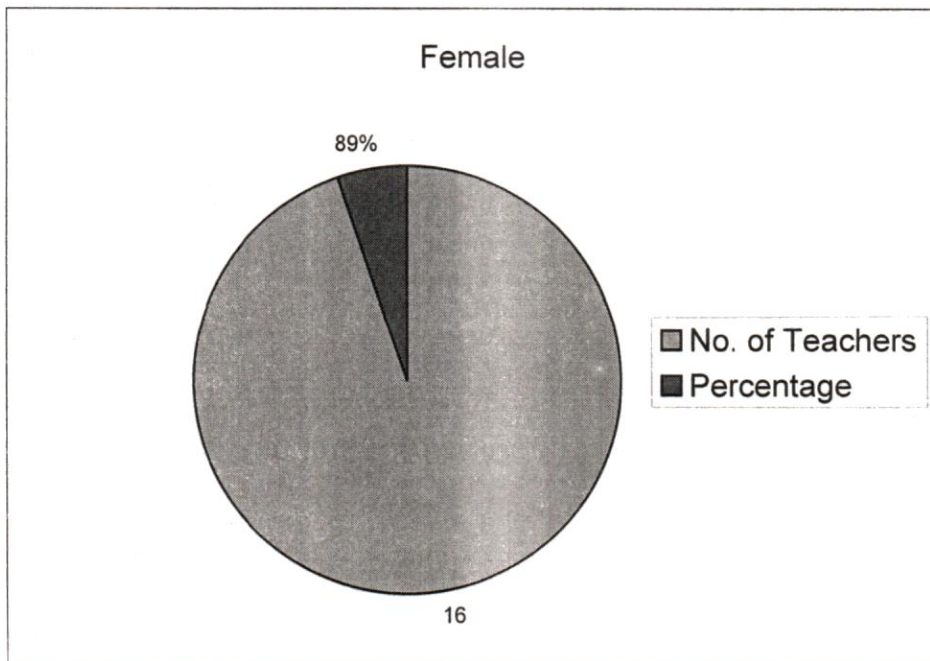
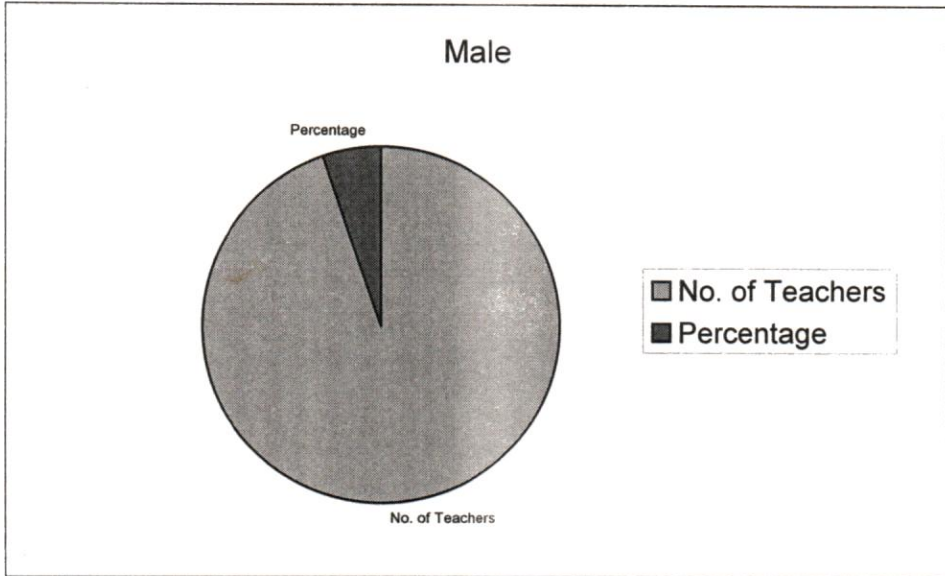
Sexwise distribution of Principals



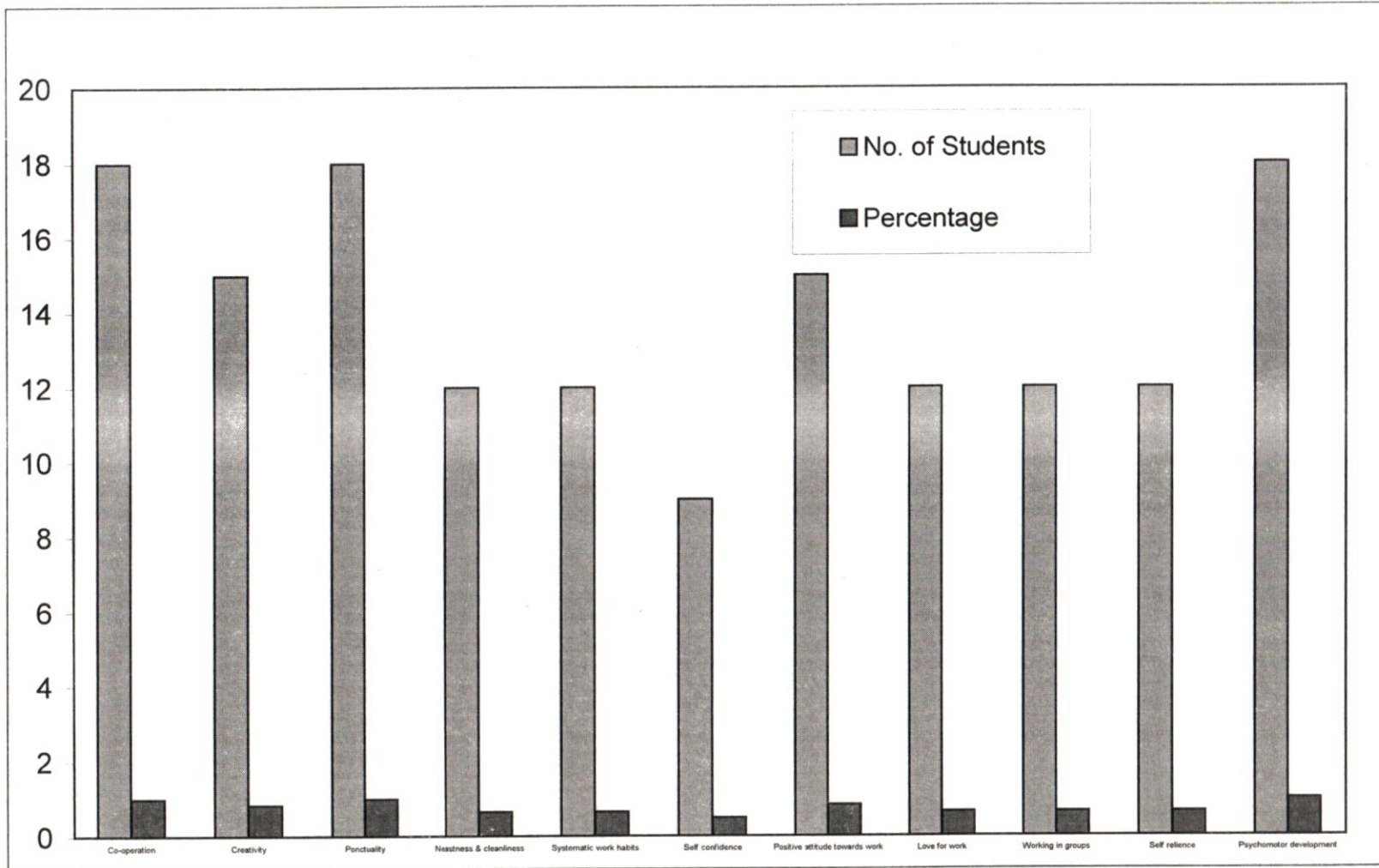
Experience of Principals



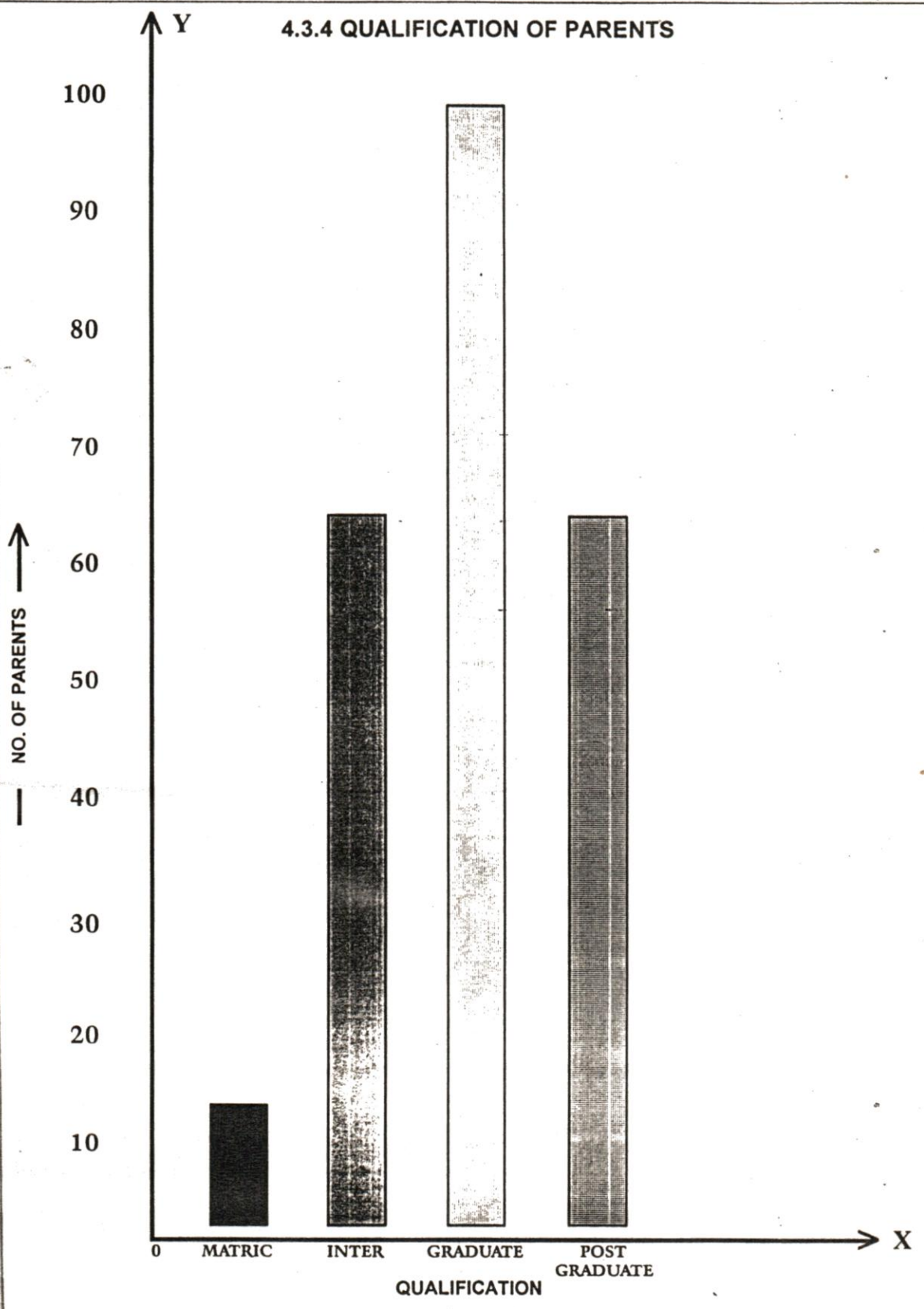
Sex wise Distrubution of Teacher



Qualities Developed in Students



4.3.4 QUALIFICATION OF PARENTS



QUESTIONNAIRE

" Critical study of pre-school programme of education in the city of Bhopal"

Respondent : Administrator

Name of the school _____

(1.) IDENTIFICATION PARTICULARS

Name of the principal _____

Sex (male/female)

(2.) QUALIFICATION

(i) Academic _____

(ii) Professional _____

(iii) Experience (in total yrs.) _____

(iv) Administrative _____

(v) Teaching _____

(3.) Total no. of pre-school teachers in your school _____

(4.) Total no. of rooms used for pre-school _____

(5.) Total no. of students in pre-school _____

(6.) Total no. of classes 1 to 5 and above in your school _____

(7.) Name of activities done in your pre-school _____

(i) For physical development _____

(ii) For intelletual development _____

(iii) For cultural development _____

(iv) For knowledge of environment _____

(v) For development of creativity _____

(8.) Are all the teachers are trained in your school ? (yes/no)

If yes name the type of training : _____

(9.) Does a single teacher teach all subjects in a class ? (yes/no)

(10.) In which year the pre-school was started : _____

OBSERVATION SCHEDULE

" Critical study of pre-school programme of education in the city of Bhopal"

VISITING OF SCHOOL BY THE INVESTIGATOR

(A) Name and address of the school : _____

- (B) Nature :
1. Only for boys ()
 2. Only for girls ()
 3. Co-education ()

(C) Total numbers of pre-school teachers (including head teacher): _____

- (D) Total numbers of pre-school children :
1. Boys : _____
 2. Girls : _____

(E) Classes run in the pre-school : _____

(F) Daily working hours in pre-school : _____

- (G) Availability of space :
1. For indoor activities : _____
(in terms of rooms)
 2. For outdoor activities : _____
(in terms of approx. area)

(H) Outdoor equipment : _____

- (I) Indoor equipment/material :
1. Environmental _____
 2. Worker made _____
 3. Good's from market _____

(J) Toilet facility : _____

(K) Utilization of toilet facility : _____

(L) Drinking water facility : _____

(M) List of activities :

NO.	INDOOR	OUTDOOR

(N) Community participation : _____
(^em~~ention~~ mention specific activities)

(O) Maintenance of systematic records : _____
(please name each)

(P) Medium of Teaching/Instruction : _____

(Q) Medical check-up or reference : _____
(how frequently)

(R) ~~Medical~~ first-aid/^{facilities} available (yes/no)

(T) School doctor (yes/no)

QUESTIONNAIRE

" Critical study of pre-school programme of education in the city of Bhopal"

Respondent : Teacher's

- (1.) Name : _____
- (2.) Sex : (Male / Female) (Please put a tick mark)
- (3.) Age : _____ yrs.
- (4.) Name of the school : _____
- (5.) Designation : _____
- (6.) Qualification : (i) Academic : _____
(ii) Professional : _____
(iii) Technical : _____
- (7.) Teaching experience : _____
(in yrs.)
- (8.) Nature of appointment : (Please put a tick mark)
(i) Permanent ()
(ii) Temporary ()
(iii) Part time ()
(iv) Daily wages ()
- (9.) (A) Subject ^e ^{taught} by you

S. No.	Class	Subject	No. of periods/week	No. of ^{re:l} studen
1.				
2.				
3.				

(10.) Which evaluation devices do you use to get feedback from ^{chi (children)} student

(Please tick mark)

- (i) Oral test ()
- (ii) Written test ()
- (iii) Performance test ()
- (iv) Project ()
- (v) Home-work ()
- (vi) Assignment ()

(11.) How often do you evaluate your ^{No. evaluation children} student ?

- (i) Every day ()
- (ii) Monthly ()
- (iii) Half yearly ()
- (iv) Annually ()

(12.) Does teaching methods helps to develop the following qualities in the students ?

(Please tick mark)

- (i) Co-operation ()
- (ii) Creativity ()
- (iii) Punctuality ()
- (iv) Neatness & Cleanliness ()
- (v) Systematic work habits ()
- (vi) Self confidence ()
- (vii) Positive attitude towards work ()
- (viii) Love for work ()
- (ix) Working in groups ()
- (x) Self reliance ()
- (xi) Psychomotor development ()
- (xii) Any other ()

(13.) Your suggestions to improve the pre-school programme : _____

(14.) Total no. of pupils being taught (class-wise) : _____

(15.) Average time spent per week on clerical work like maintaining registers and other records
hours/week : _____

(16.) Which method you have been using for teaching :

(i) Lecture ()

(ii) Demonstration ()

(iii) Question-answer method ()

(iv) Story telling ()

(v) Discussion ()

(vi) Play way ()

(vii) Reading-writing ()

(17) Name the activities you give for following development in the child

(i) Mental Cognitive development : _____

(ii) Social development : _____

(iii) Physical development : _____

(iv) Emotional development : _____

(v) Moral development : _____

(vi) Language development : _____

(vii) Motor skills : _____

(viii) Sci. development (environmental) : _____

(18) School facilities available for

(i) Physical activities : _____

(ii) Social activities : _____

(iii) Emotional activities : _____

(iv) Scientific activities : _____

(v) Creative activities : _____

(vi) Health & physical activities : _____

(19.) Do you arrange for regular medical checkup for a children

(yes/no)

if yes- How frequently

- (i) Every week ()
- (ii) Twice in a month ()
- (iii) Twice in two month ()
- (iv) Quarterly ()
- (v) Half yearly ()
- (vi) Annually ()

(20.) Did you attend any orientation/training programme on pre-school education in last tw

(yes/no)

If yes

Name of orientation / training :

Days _____

SCHEDULE FOR OBTAINING DETAILED BACKGROUND INFORMATION
OF THE CHILD

1. Name and address of pre-school : _____
2. Name of child : _____
3. Age : _____ years _____ months
4. Sex male/ female
5. Father/Guardian :
 Name : _____
 Age : _____
 Educational qualifications : Illiterate/ Matriculation/ Hr. Sec Graduate/ P.G.
 Occupation : Service/ Business/ Private practice/ Farmer/ Any other
 Monthly income : 1000-3000/ 3001-5000/ 5001-7000/ 7001-10000/ 10000 and above
 Religion : _____
 Relationship of guardian with child : _____
6. Mother's :
 Name : _____
 Age : _____
 Educational qualifications : Illiterate/ Matriculation/ Hr. Sec/ Graduate/ P.G.
 Occupation : House wife/ Service/ Business/ Private practice/ Any other
 Monthly income : 1000-3000/ 3001-5000/ 5001-7000/ 7001-10000/ 10000 and above
 If the child ~~is~~ adopted ~~one~~ (yes/no)
 Mother tongue : _____
 Religion : _____
7. Ordinal position of the child : First/ Second/ Third/ Fourth Fifth/ Any other
8. Total number of brothers & sisters (with age) _____
9. Type of family Joint/ Nuclear Broken



ck
(put a tick mark)

10. The child stays with

Parents

Father and step mother

Mother and step father

Mother only

Father only

Relatives

Any other place (like Ashram ...)

11. No. of dependants on the family : _____

12. Disability (if any) of the child : _____

13. Interview with Father/ Mother/ Brother/ Sister of the child (interviewer must be adult)

14. Name of the person interviewed : _____

15. 1. (a) Name of the child : _____

(b) Sex male/female

(c) Age : _____ years _____ months

2. Has the child been immunized against following diseases :

		Age
(a) D.P.T.	yes/no	—
(b) B.C.G.	yes/no	—
(c) Polio	yes/no	—
(d) Any other	yes/no	—

3. Maintain the age upto which mother breast fed the child : _____ years

4. Mention the age at which the child :

Age

(a) Started sitting _____

(b) Started walking _____

(c) Started speaking _____

5. Did the child suffer from any other illness : yes/no
 If yes - Please specify the illness
6. Did he/she meet with any major accident : yes/no
7. Was the child operated upon any time : yes/no
8. Does the child wet his/her bed : yes/no day/night
9. Does the child have regular toilet habit : yes/no
10. Does the child wash the hands properly after toilet : yes/no
11. Does the child sleep alone : yes/no
 if yes- sleep enthusiastically : yes/no
 sleep reluctantly : yes/no
12. Does the child have any peculiar/ particular habit : yes/no
 if yes- please specify : _____
-

13. Is the child vegetarian : yes/no

14. Name the food items of the child :

like more : _____

does not like : _____

15. Whether child eats food happily/ reluctantly

16. The child eats himself/ herself : yes/no

17. The child :

Take baths regularly : yes/no

Wash hand before and after meal : yes/no

Put fingers or other object in mouth : yes/no

Picks his/ her nose : yes/no

Bites nails : yes/no

18. The child :

Get afraid easily : yes/no

Is obstinate : yes/no

Stammers while speaking	yes/no
Mixes easily with friends	yes/no
Feel shy in the presence of guests/ friends	yes/no
Assists in household works	yes/no
Mixes with other children	yes/no
Like to play with other children	yes/no
Play with less than his/ her age	yes/no
Play with more than his/ her age	yes/no
Prefer to play alone	yes/no

19. Mother goes out for work yes/no

if yes- who looks after the child : _____

20. Approximately how much time the child spends with :

Father : _____

Mother : _____

Grandfather : _____

Grandmother : _____

Elder brother/ sister : _____

Servant : _____

21. If the child does something well,

do you

Encourage/ praise him/ her

Give him/ her reward

Not pay any attention to it

22. If the child says something wrong,

do you :

Punish him

Deprive him of something

Ignore him

Try to make him understand

(11.) Do you provide the following facilities to the children ?

- | | |
|-----------------------|----------|
| (i) First-Aid box | (yes/no) |
| (ii) Medical check-up | (yes/no) |
| (iii) School bus | (yes/no) |
| (iv) Student canteen | (yes/no) |
| (v) Garden | (yes/no) |
| (vi) Aaya/Bai | (yes/no) |
| (vii) Playground | (yes/no) |
| (viii) Mid day meals | (yes/no) |

(12.) School teaching medium (Hindi/English)

(13.) School timing (Morning/Noon/Evening)

(14.) School hours :

(15.) School curriculum : _____

(16.) Total no. of appointing staff members : _____

(17.) Method of evaluation (Oral/Written)

(18.) Is day-boarding facility available in your school (yes/no)

(19) Is there any provision for extra classes (yes/no)

(20) How many games are played by the students ? _____

(21) Are school records maintain and checked regularly ? (yes/no)

If yes, how frequently : _____

(22) How many hours teachers teach ? _____

(23) How many hours she maintains the records ?

(24) Is homework given to the students daily and checked ? (yes/no)

(25) Are sufficient toys available for the children ? (yes/no)

(26) Is their any community participation in school ? (yes/no)

(27) Name the educational methods used for teaching : _____

23. Does the child have any special interest ?

T.V. programme

Songs and dance

Drawing and painting

Gardening

Play with toys

Any other

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24. How does the child goes to the school .

On foot

On a vehicle

By school transportation

25. Who accompanies the child when he goes to school mother/ father/ brother/ sister/
grand parents/ friends/ alone

26. Do the parents generally take the child along :

To the market yes/no

To parks yes/no

To celebration of festivals yes/no

27. Facilities at home :

Type of house Bungalow/ Flat/ Individual house/ Hut

Adequately ventilation yes/no

No. of rooms in house : _____

Playing materials yes/no

Rm
31/12/99.