



# EDUCATION DEPARTMENT

## MINISTRY OF EDUCATION

### Kiribati Early Human Index Capability (ECHI)

School

Event

Other

Date:

*day*

*month*

*year*

Supervisor

School Name -

Village

#### INFORMATION ABOUT THE SURVEY:

There are two important steps of how to fill the question in this survey

1. Write in the space provided
2. Please tick(√) where applicable

#### THE SURVEY HAS TEN PARTS:

**Part 1:** Child's Historical Background

**Part 2:** Health Development of the Child

**Part 3:** Relationships

**Part 4:** Culture and Traditions, and Behaviour

**Part 5:** Proper considerations of social and emotional competence

**Part 6:** Persistent/Capability

**Part 7:** School and Learning

**Part 8:** Mathematics and its parts

**Part 9:** Formal literacy - Reading

**Part 10:** Formal Literacy – Writing

**Part 11:** Further Questions – preschool participation and home stimulation

### Kiribati Early Human Capability Index (Determining the capability of children in Early Childhood Education)

For children who attend preschool, this survey should be completed by the preschool teacher. Preschool teachers may need to ask the caregiver to be able to answer some of the questions. For example, questions on the child's historical background and the reasons for attending preschool.

For those children who are not attending preschool, the survey should be completed by a caregiver of the child.

## Kiribati Early Human Index Capability (KiECHI)

For each question, you are humbly requested to write your responses in the boxes provided. It is important to note that each child was brought up differently and have different styles of learning. Some children would walk before their peers; that is a truly observable fact. It is not expected that children will be able to answer all the questions. What is important, however, is that the responses we receive are truly authentic.

It is a requirement that your responses must be truthful so that a whole and factual representation of the child could be accurately presented, and by which an appropriate intervention could be developed in order to assist the child in improving his learning experience.

Community results will be provided back to the community after the survey is completed. The child's name will not be used against anything. Sharing this to anyone else is forbidden.

### 1. Child's Historical Background

A	Name of the Child		
B	Child's Date of Birth		
C	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D	Village settled by the child: _____		
E	Mother's Education	<input type="checkbox"/> Some Primary School	<input type="checkbox"/> Completed junior School
		<input type="checkbox"/> Completed Primary School	
F	Father's Education	<input type="checkbox"/> Graduated From Secondary School	<input type="checkbox"/> Higher/Tertiary Education
		<input type="checkbox"/> Some Primary School	<input type="checkbox"/> Completed junior School
G	Guardian's Education (if the child is not staying with parents)	<input type="checkbox"/> Completed Primary School	
		<input type="checkbox"/> Graduated From Secondary School	<input type="checkbox"/> Higher/Tertiary Education
H	Has this child ever been breastfed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I	If yes, How long was the child being breastfed? ≤2; >2 to ≤4; >4 to ≤6; >6	<input type="checkbox"/> Under 2 months <2	<input type="checkbox"/> Above 4 to 6 months >4 to ≤6
		<input type="checkbox"/> 2 to 4 months ≥2 to ≤4	<input type="checkbox"/> Above 6 months >6

## 2. Health Development of the Child

1	Child's Height	_____	cm
2	Child's Weight	_____	kg
		<b>Yes</b>	<b>No</b>
3a	Does the child get sick often?		
3b	What kind of sickness <input type="checkbox"/> Diarrohea <input type="checkbox"/> Acute respiratory infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Pink eye/conjunctivitis <input type="checkbox"/> Other		
4a	Does the child have any disabilities?		
4b	If "Yes" to Q4a (tick all that apply) <input type="checkbox"/> Physical impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Mental impairment <input type="checkbox"/> Speech/Language impairment <input type="checkbox"/> Hearing/deafness <input type="checkbox"/> Slow / developmental delay) <input type="checkbox"/> Others (specify) _____		
5a	Is the child practising cleanliness and healthy living? (Clean hands each time he/she uses the toilet?)		
5b	Is the child personally practising cleanliness and healthy living on his own?		
6	What are this child's talents? <input type="checkbox"/> singing songs <input type="checkbox"/> dancing <input type="checkbox"/> drawing <input type="checkbox"/> sport		
7	Is the child being careful from being hurt? (burnt, drown, fall, stumble)		
8	Does the child know the difference between good and bad food?		

### 3. Communication

		Able	Unable
9	The child is able to use a sequence of words?		
10	The child is able to use a simple sentence?		
11	The child is able to wait for the other person to finish speaking, in a conversation, before he/she could speak?		
12	The child is able to explain things in Kiribati?		
13	The child is able to communicate as a mature person? (talkative, enquiring)		
14	The child knows his/her name?		
15	The child knows the name of one of his/her parents/guardians.		

### 4. Culture and Traditions, and Behaviours

		Able	Not Able
16	The child is able to exhibit behaviours of affection, understanding and patience to others?		
17	The child is able to identify two valuable foods in Kiribati?		
18	The child is able to identify two edible plants in Kiribati?		
19	The child is able to express Kiribati behaviours and traditions as in giving respect to others, and in being humble?		
20	The child is able to exhibit behaviours of trust worthiness and commitment to do something?		
21	The child is able to make good friendships?		
22	The child is able to join cultural and traditional way of Kiribati life? Kiribati local dance)		
23	The child is able to say a short prayer?		

## 5. Proper Considerations of Social and Emotional Competence

		Yes	No
24	The child is willing to share his toys and belongings with others?		
25	The child is able to keep his belongings very well?		
26	The child knows how to respect older people?		
27	The child knows how to respect other children?		
28	The child accepts his/her responsibilities when he/she is being instructed to carry them out?		
29	The child welcomes the opinions of others?		
30	The child does what he/she is supposed to do, or not to do?		
31	The child is willing to help others?		
32	The child communicates easily with other children?		
33	The child frequently kicks, bites, or hits older people or children?		
34	The child can be patient long enough before receiving his/her needs?		
35	The child always knows the difference between good and bad?		
36	The child can follow simple instructions.		

## 6. Persistent/Commitment and capability

		Yes	No
37	The child can mostly do his/her work on his own?		
38	The child always completes his/her work?		
39	The child always needs to be reminded about completing what he/she was doing?		
40	The child gets bored quickly when he/she was doing his/her job/task?		

## 7. Learning

		Yes	No
41	The child prefers learning new ideas to familiar concepts?		
42	The child examines how a new toy works?		
43	The child always desires learning of new concepts?		
44	When the child is placed in an unfamiliar setting with a person he/she knows, would he be delighted to learn?		
45	The child is keen to learn new activities?		

## 8. Mathematics and its parts

		Able	Unable
46	The child is able to see shapes such as a triangle, a circle, and a square?		
47	The child is able to name and identify 3 colours or more?		
48	The child is able to sort and classify objects (such as shapes, colours and sizes)?		
49	The child is able to pronounce and recognise numbers from 1 to 10?		
50	The child is able to count up to 10?		
51	The child is able to count up to 20?		
52	The child is able to count up to 100?		
		Yes	No
53	The child is aware that the dog is taller than the rat?		
54	The child is aware of the order of time in a day? (morning, then afternoon then evening)		
55	The child is aware of yesterday, today and tomorrow?		
56	The child is aware that the chair is heavier than a pencil?		
57	The child is aware that number 8 is larger than number 2?		

**9. Formal literacy - Reading**

		Yes	No
58	The child knows the pronunciation of three letters in the sequence of A E I?		
		Able	Unable
59	The child is able to identify 3 letters or more in the sequence of A E I?		
60	The child is able to identify 10 letters or more in the sequence of A E I?		
		Yes	No
61	There are reading books at the child's place of residence? (illustrated books and magazines)		
		Able	Unable
62	The child is able to properly hold the book and appropriately turn its pages in the right order?		
63	The child is able to follow the right way of reading? (from left to right, from top to bottom)		
64	The child is able to read 4 or more familiar words?		

**10. Formal Literacy - Writing**

		Able	Unable
65	The child is able to draw a picture that could be recognised? (person's image)		
66	Copy or trace the outline of a letter over an already written letter?		
67	The child is able to write 3 letters or more? (A E I)		
68	The child is able to write his name?		
69	The child is able to write simple words?		

**11. Further Questions**

		Yes	No
70	Is the child attending a pre-school (pre-school?)		

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71a	If “Yes” to Q70, which school is he/she attending? _____		
71b	Reasons for attending this pre-school: <input type="checkbox"/> Close to the child’s place of residence <input type="checkbox"/> Good Teachers <input type="checkbox"/> Good Classroom(s) <input type="checkbox"/> Completely available resources <input type="checkbox"/> Other - specify		
71c	If there are other reasons, please tell us _____		
71d	If “No” to Q70, why is the child <u>not</u> attending pre-school? _____ (in a very respectable and humble manner, continue to probe further until the main reason is revealed)		
		<b>Yes</b>	<b>No</b>
72a	Have you been attempting some attempting to encourage your child to attend to the pre- school?		
72b	If Yes, What have you been attempting? _____		
72c	If the response is a “No”, why? (in a very respectable and humble manner, continue to probe further until the main reason is revealed) _____		
73	How old was the child when he first attended to the pre- school?	_____	Years
74	Was there any time during the school year that the child did not attend pre-school?	_____	Week
		_____	Month
75	In the last 3 days, were you or somebody else in your family who is over 15 years of age had ever been with the child in engaging in the following activities? <input type="checkbox"/> Read books or scanning over illustrated books <input type="checkbox"/> Story telling <input type="checkbox"/> Singing songs to/with the child <input type="checkbox"/> Play in other places other than the child’s place of residence <input type="checkbox"/> Play with the child <input type="checkbox"/> Identify and vocalise names, count or draw things together with the child		

