

Tuvalu Early Human Capability Index (Survey for the capability of children in pre-school)

To be completed by the **parent**

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.

Name of school: _____

Child's Historical Background

A	Name of the Child		
E	Child's Date of Birth		
I	Sex	Male	Female
O	Island and Village settled by the child: _____		
U	Mother's Education	Primary School	Early Years of Secondary School
		Graduated From Secondary School	Higher/Tertiary Education
F	Father's Education	Primary School	Early Years of Secondary School
		Graduated From Secondary School	Higher/Tertiary Education
G	Guardian's Education (if the child is not staying with parents)	Primary School	Early Years of Secondary School
		Graduated From Secondary School	Higher/Tertiary Education

H	Has this child ever been breastfed	Yes	No
K	If yes, how long was the child being exclusively breastfed? ≤2; >2 to ≤4; >4 to ≤6; >6	Under 2 months <2	Above 4 to 6 months >4 to ≤6
		2 to 4 months ≥2 to ≤4	Above 6 months >6

Health Development of the Child

1	Child's Height	_____	cm		
2	Child's Weight	_____	kg		
		Yes	No		
3	Does the child get sick often?				
5a	Is the child practising cleanliness and healthy living? (Clean hands each time he/she uses the toilet?)				
4a	<p>Is the child currently using any of the following types of assistive device(s)</p> <p>(tick yes or no for all options)</p> <p>1) Glasses</p> <p>2) Hearing Aid</p> <p>3) Wheel chair</p> <p>4) Crutches, walking stick or walking frame</p> <p>5) Other mobility Aid, please specify</p> <p>6) Screen reading software (computer program reads the text out loud)</p> <p>7) White cane (for low vision or blind children)</p> <p>8) Orthotic devices (to support legs, arms of spine), Artificial limbs (prosthetics)</p> <p>9) Modified furniture (special chair)</p>	<p>1 Yes</p> <p>2 Yes</p> <p>3 Yes</p> <p>4 Yes</p> <p>5 Yes</p> <p>6 Yes</p> <p>7 Yes</p> <p>8 Yes</p> <p>9 Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>		
4b	Does the child receive any human assistance for walking or moving	Yes	No		
4c	Because of a health problem, does the child have difficulty	No	Some	Lots	Can not

	<p>with</p> <ol style="list-style-type: none"> 1) Seeing (even if wearing glasses (if the child uses glasses)) 2) Hearing (Hearing sounds like peoples voices or music (when using hearing aid if the child uses hearing aid 3) Gross motor actions (Walking or climbing stairs (when using mobility aid or receiving assistance where relevant) 4) Fine motor actions (Compared with children of the same age, writing/drawing (controlling pencils or picking up small objects) or fastening clothes) 5) Speaking (Being understood when speaking (in native language)) 7) Learning – general (Compared with children of the same age, including task such as literacy and numeracy, remembering, learning to do household tasks – overall difficulties in many areas) Behaviour and social activity (Playing, kicking or biting other children or adults) 8) Mood (Sad and depressed, and/or worried and anxious) 				do at all all
5b	Is the child personally practising cleanliness and healthy living on his own?				
6	<p>What are this child's talents?</p> <p><input type="checkbox"/> Singing songs</p> <p><input type="checkbox"/> Dancing</p> <p><input type="checkbox"/> Drawing <input type="checkbox"/> Playing</p>				
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?				

Communication FESOKOTAKIGA

		Able	Unable
9	The child is able to use a group of words?		
10	The child is able to use a complete 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 interpret things in Tuvaluan?		
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.		

Culture and Traditions, and Beliefs

		Able	Unable
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 Tuvalu?		
18	The child is able to identify two edible plants in Tuvalu?		
19	The child is able to express Tuvaluan behaviours and traditions as in giving respect to others, and in being humble?		
20	The child is able to exhibit behaviours of loyalty and commitment to do something?		
21	The child is able to demonstrate qualities of good friendship?		
22	The child is able to join cultural and traditional way of Tuvalu life? (fatele/Tuvaluan local dance)		
23	The child is able to say a usual short prayer		
24	The child is able to say a short prayer using own words		

Proper Considerations of Social and Emotional Competence

		Yes	No
25	The child is willing to share his toys and belongings with others?		
26	The child is able to keep his belongings very well?		
27	The child knows how to respect older people?		
28	The child knows how to respect other children?		
29	The child accepts his/her responsibilities when he/she is being instructed to carry them out?		
30	The child welcomes the opinions of others?		
31	The child continually does whatever was told of him/her <u>not</u> to do?		

32	The child is willing to help others?		
33	The child gets along easily with other children?		
34	The child frequently kicks, bites, or hits older people or children?		
35	The child can be patient long enough before receiving his/her needs?		
36	The child always knows the difference between good and bad?		
37	The child can follow simple instructions.		

Persistent/Commitment

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

Learning

		Yes	No
42	The child prefers learning new ideas to familiar concepts?		
43	The child examines how a new toy works?		
44	The child always desires learning of new concepts?		
45	When the child is placed in an unfamiliar setting with a person he/she knows, would he be delighted to learn?		
46	The child always considers a school activity carefully and works on it wholeheartedly?		

Mathematics and its parts

		Able	Unable
47	The child is able to see shapes such as a triangle, a circle, and a square?		

48	The child is able to pronounce names, and divide 3 colours or more?		
49	The child is able to divide and arrange these items to their own parts (such as shapes, colours and sizes)?		
50	The child is able to pronounce and recognise numbers from 1 to 10?		
51	The child is able to count up to 10?		
52	The child is able to count up to 20?		
53	The child is able to count up to 100?		
		Yes	No
54	The child is aware that the dog is taller than the mouse?		
55	The child is aware of the order of time in a day? (morning, then afternoon then evening)		
56	The child is aware of yesterday, today and tomorrow?		
57	The child is aware that the chair is heavier than a pencil?		
58	The child is aware that number 8 is larger than number 2?		

Formal literacy - Reading

		Yes	No
59	The child knows the pronunciation of three letters in the sequence of A E I?		
		Able	Unable
60	The child is able to identify 3 letters or more in the sequence of A E I?		
61	The child is able to identify 10 letters or more in the sequence of A E I?		
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?		
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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?		

Further Questions

		Yes	No
70	<p>Is the child currently attending a :</p> <p>a) Playgroup in pre-school?</p> <p>b) Preschool</p> <p>c) Both Playgroup as well as Preschool i</p>	<p>Y</p> <p>Y</p> <p>Y</p>	<p>N</p> <p>N</p> <p>N</p>
71a	<p>If Yes to 70a or 70c:</p> <p>a) What is the name of the playgroup the child is currently attending,?</p> <p>_____</p> <p>b) What are the main reasons why you send your child to playgroup in preschool?</p> <p>Reason(s):</p> <p><input type="checkbox"/> Close to the child's place of residence</p> <p><input type="checkbox"/> Good Teachers</p> <p><input type="checkbox"/> Good Classroom(s)</p> <p><input type="checkbox"/> Completely available resources</p> <p><input type="checkbox"/> Information provided helps me to be a better parent</p> <p><input type="checkbox"/> Child care (gives me time to myself / time to work)</p> <p><input type="checkbox"/> Get to see the child health nurse</p> <p><input type="checkbox"/> Child's friends also go,</p> <p><input type="checkbox"/> Good for development/education</p> <p><input type="checkbox"/> Opportunity to be with other parents</p> <p>If there are other reasons, please tell us</p> <p>_____</p> <p>c) Do you (or any other primary caregiver of the child) participate in the playgroup yourself? Yes/ No</p> <p>d) What are the main reasons why you do/don't attend the playgroup yourself?</p> <p>_____</p> <p>_____</p> <p>e) Have you ever seen a Child Health Nurse at the Playgroup in Preschool?</p> <p>Yes/No</p> <p>If Yes to 70b or 70c:</p> <p>f)What are the main reasons why you send your child to preschool?</p>		

Reason(s):

- ☐ Close to the child's place of residence
- ☐ Good Teachers
- ☐ Good Classroom(s)
- ☐ Completely available resources
- ☐ Child care (gives me time to myself / time to work)
- ☐ Get to see the child health nurse
- ☐ Child's friends also go,
- ☐ Good for development/education,
- ☐ Opportunity to be with other parents

If there are other reasons, please tell us

- f) Have you ever seen a Child Health Nurse at the Preschool?
Yes/No

(continue to question 72a)

71b

If “No” to Q70a and c,

a) Has the child ever attended Playgroup in Preschool? Yes / No

b) Why is the child not currently attending playgroup in preschool?

- ☐ Child not old enough
- ☐ Not available,
- ☐ Playgroup not on/teacher not available,
- ☐ Community events are more important
- ☐ Cost,
- ☐ Just play,
- ☐ Transport,
- ☐ Didn't know about it,
- ☐ Other

(in a very respectable and humble manner, continue to probe further until the main reason is revealed)

If “No” to Q70b and c,

a) Has the child ever attended Preschool Yes / No

b) Why is the child not currently attending pre-school?

- ☐ Child not old enough
- ☐ Not available,
- ☐ Preschool not on/teacher not available,
- ☐ Community events being more important,
- ☐ Cost,
- ☐ Just play,
- ☐ Transport,
- ☐ Didn't know about it,
- ☐ Other

(in a very respectable and humble manner, continue to probe further until the main reason is revealed)

72a	What have you been attempting to encourage your child to attend to the playgroup/pre-school? (list) <hr/> <hr/> <hr/> <hr/>		
72b	If the response to 72a is "None", why? (in a very respectable and humble manner, continue to probe further until the main reason is revealed) <hr/> <hr/> <hr/> <hr/>		
		Yes	No
	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?		
73a	Read books or scanning over illustrated books		
73b	Story telling		
73c	Singing songs to/with the child		
73d	Play in other places other than the child's place of residence		
73e	Play with the child		
73f	Identify and vocalise names, count or draw things together with the child		
74	There are reading books at the child's place of residence? (illustrated books and magazines)		
75a	On an average a day, how many hours do you spend with your child?	----- hrs	
75b	What are the main reasons you are away from home? <input type="checkbox"/> Work <input type="checkbox"/> Meetings – community, women, organisations <input type="checkbox"/> Choir practice <input type="checkbox"/> Local dancing <input type="checkbox"/> Bingo - Fund raising for community - Get own money - Spend - Leisure time - Meet friends		

	<input type="checkbox"/> Others -----		
	Can you let me know what information (for example health promotion information or educational material) you have received in the last year to do with early childhood care and education? <hr/> <hr/> <hr/>		
	In the last year , did you or somebody else in your family who is over 15 years of age receive information about	Received information	Found information to be useful
#	Overcoming barriers to enrolment (gender, disability, cost, cultural etc.)	Yes / No	Yes / No
#	Importance of regular attendance	Yes / No	Yes / No
#	Positive behaviour management	Yes / No	Yes / No
#	Child health and nutrition	Yes / No	Yes / No
#	Early needs assessment and disability screening	Yes / No	Yes / No
#	Climate health impacts	Yes / No	Yes / No
#	Playing with your child	Yes / No	Yes / No
#	Reading with your child	Yes / No	Yes / No