

Starting Cohort 2: Kindergarten (SC2)  
Main Study 2010/11 (A12)  
Educator: Questions about Child  
*PAPI Questionnaire with Variables (ID  
28)*

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This is a database-driven view on the translated questionnaire. It does not reflect the original questionnaire design. If you have questions or comments please do not hesitate to contact us at: [userservice.neps@uni-bamberg.de](mailto:userservice.neps@uni-bamberg.de).

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University of Bamberg, National Educational Panel Study (NEPS), 96045 Bamberg

<https://www.neps-data.de>

Principal Investigator: Prof. Dr. Hans-Günther Roßbach

Vice Managing Director: Prof. Dr. Sabine Weinert

Executive Director of Research: Dr. Jutta von Maurice

Executive Director of Administration: Dipl. sc. pol. Univ. Dipl.-Betriebswirt (FH) Gerd Bolz  
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**Questions on the child with ID**

The questions asked on the following pages will exclusively refer to the child with ID:

**1 Since when have you been responsible for the the child during your employment at this facility ?**

*Please enter figures right-aligned.*

|\_|\_| month

|\_|\_|\_|\_| year

Variables	
e212998	Group leader: Responsibility for the child since, month
e212999	Group leader: Responsibility for the child since, year

**2 How often does the child occupy itself with the following activities or material in general?**

*Please check one box in each line.*

	Several times a day [8]	Once a day [7]	Several times a week [6]	Once a week [5]	Several times a month [4]	Once a month [3]	More rarely [2]	Never [1]
Picture books, word games and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comparing, sorting and collecting things and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of number games, dice and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puzzles and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction and engineering games, lego and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making things, painting, doing pottery and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role plays, doll games, Playmobil and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports activities, motor games and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making music, singing, dancing and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing nature, gardening and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variables	
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e21299a	Nursery school: Occupation with activities/material: Picture books and the like
e21299b	Nursery school: Occupation with activities/material: Comparing etc.
e21299c	Nursery school: Occupation with activities /material: number games etc.
e21299d	Nursery school: Occupation with activities/material: Puzzles etc.
e21299e	Nursery school: Occupation with activities/material: Construction games etc.
e21299f	Nursery school: Occupation with activities/material: Making things etc.
e21299g	Nursery school: Occupation with activities/material: Role plays etc.
e21299h	Nursery school: Occupation with activities/material: Sports etc.
e21299i	Nursery school: Occupation with activities/material: Music, rhythmic etc.
e21299j	Nursery school: Occupation with activities/material: Experiencing nature etc.

**3 Please judge the behavior of this child based on the past six months. How well do the following descriptions apply to the child?**

*Please check one box in each line.*

	Not applicable [1]	Partly applicable [2]	Clearly applicable [3]
Considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gladly shares things with other children (candy, toys, colored pensils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loner; most plays alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready to help when others are injured, sick or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally popular with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is teased or harassed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often helps others voluntarily (parents, teachers or other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variables	
e67801a	Considerate
e67801b	Likes to share
e67801c	Loner
e67801d	Helpful
e67801e	Has friends
e67801f	Popular
e67801g	Kind to other children
e67801h	Is teased
e67801i	Helps other voluntarily
e67801j	Gets along better with adults than other children

**4 Now we have some more questions on the behavior of this child. How well do the following properties apply to this child? Please think of the past six months again.**

*Please check one box in each line.*

	Not at all [1]	Rather not [2]	Partly [3]	Rather does [4]	Absolutely does [5]
Disturbs other children in their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushes itself to the fore within the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Variables**

e67802a	Disturbs others
e67802b	Pushes itself to the fore
e67802c	Interrupts others

**5 When, do you think, could the child start school due to its development?**

*Please check where applicable.*

Premature [1]	<input type="checkbox"/>
Regular/within prescribed time [2]	<input type="checkbox"/>
With a one-year delay [3]	<input type="checkbox"/>

**Variables**

eb10010	Nursery school: Time school enrollability
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**6 How well has the child, for its age, command of the vocabulary and sentence construction of the German language?**

*Please check one box in each line.*

	Very poor [1]	Rather poor [2]	Rather good [3]	Very good [4]	Not at all [0]
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Variables**

e41030a	Nursery school: Knowledge of German, comprehension
e41030b	Nursery school: Knowledge of German, speech

**7 Please indicate to what extent the following statements are applicable.**

*Please check one box in each line.*

	Not at all [1]	Rather not [2]	Partly [3]	Rather does [4]	Absolutely does [5]
I feel that the child needs speech promotion training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The child speaks only German at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During everyday nursery school life, the child speaks only German with the other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variables	
eb1002a	Need for speech promotion training
eb1002b	Need for speech promotion training: Only German at home
eb1002c	Need for speech promotion training: only German in nursery school

**8 Has the child taken part in a standardized procedure and/or test to determine to determine the speech proficiency at the nursery school or another facility, and if so, what was the result?**


*Please check where applicable.*

No. [1]	<input type="checkbox"/>
Yes, but no need for speech promotion was determined. [2]	<input type="checkbox"/>
Yes, need for speech promotion was determined. [3]	<input type="checkbox"/>

*If "No.", then the end of this questionnaire.*

Variables	
eb10030	Nursery school: Participation in speech proficiency check

**9 Who determined the speech proficiency status of the child? In other words, who has carried out the respective procedure and/or test? (e.g. nursery school teacher, speech therapist etc.)**



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Variables	
eb1004t	Nursery school: speech proficiency status check, provider