OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Appendix L

Alabama Math, Science and Technology Initiative Professional Development Trainer Background Sheet and Trainer Log: Fifth Grade Science



Alabama Math, Science and Technology Initiative: Professional Development Trainer Background Sheet and Trainer Log

Fifth Grade Science

The AMSTI program is interested in learning more about the impact of the professional development on the way the program is implemented in the classroom. It is important that we understand what material is covered and what methods are used to present it to teachers. Information collected from the AMSTI trainers will provide useful feedback that will help improve future trainings and on-going professional development.

The collection of information in this study is authorized by Public Law 107-279 Educations Sciences Reform Act of 2002, Title 1, Part C, Sec. 151 (b) and Sec. 153 (a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279 Title 1, Part C, Sec 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, school name, address, telephone number, or identification number with your responses will be included in the statistical reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX (expiration date: XX/XX/07). The time required to complete this information collection is estimated to average 5¹ minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please contact: the Department of Education 50 North Ripley Street PO Box 302101 Montgomery, AL 36104. If you have comments or concerns regarding the status of your individual submission, e-mail directly to: rsawyer@aed.org.

Please complete this cover page on the first day of training and one brief training log at the end of each day of training. Your responses will be kept confidential. Data will be reported in the aggregate and no individuals will be named.

Thank you for your cooperation. We appreciate your help!
Trainer Name
Date(s) you will be training//

¹ The estimate of 5 minutes for information collection is based on completion of the Daily Trainer Log at the end of each day. The Professional Development Trainer Background Sheet only needs to be completed by you once, on which occasion, the estimated time for information collection will be a total of 15 minutes.

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Professional Development Trainer Background Sheet

1.	How many years	ow many years of classroom teaching experience do you have? (Circle one.)						
	None	1-5	6-10	11-15	16 or more			
2.	Have you ever ta	nught in an <i>i</i>	AMSTI school	(not including	LAMST schools)?Yes			
3.	In what years (if institute in the pa	-		_	STI or LAMST summer			
	2002 2003 2004 2005	: Ye	es No es No					
	I have	e never befo	ore trained at	an AMSTI/LAM	ST summer institute.			
4.					ow many years have you th and/or science? (Circle			
	None	1-5	6-10	11-15	16 or more			

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Professional Development Trainer Log 5th Grade Science

Please complete this log at the end of each training day. Please
attach a copy of any materials you used today (e.g., handouts,
quizzes or assessment tools) that were not in participants' packets.

_	
Name:	Date:

Content Coverage

1. Below is a list of topics covered from *Microworlds* and *Variables*. For each topic listed, please **circle** the response that best describes the extent to which you covered the content in your training session **today**. We do not expect that all topics will be covered each day. If you covered other topics today that are not listed, please describe the topics and indicate the extent to which you covered those topics in the "other" rows provided. Use additional space as needed.

	None	A little bit	Moderate	Most of it	Completel y
Science notebooks	1	2	3	4	5
Observation skills	1	2	3	4	5
Microscopes: lenses, practice and slide preparation	1	2	3	4	5
Looking at living things: <i>volvox</i>	1	2	3	4	5
Looking at living things: <i>blepharisma</i>	1	2	3	4	5
Looking at living things: vinegar eels	1	2	3	4	5
Looking at living things: hay and grass infusions	1	2	3	4	5
Swingers investigation (pendulum)	1	2	3	4	5
Life boats investigation (capacity)	1	2	3	4	5
Plane sense investigation (model plane flight and	1	2	3	4	5

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

	None	A little bit	Moderate	Most of it	Completel y
rubber bands)					
Flippers investigation (catapults)	1	2	3	4	5
GLOBE: Atmosphere	1	2	3	4	5
GLOBE: Soil	1	2	3	4	5
Other, describe:	1	2	3	4	5
Other, describe:	her, describe:		3	4	5

Teaching methods

2. For today, approximately what percentage of time did you spend with your group doing each of the following?

	None	1-25%	26% - 50%	51%- 75%	76%- 100%
Lecture	0	1	2	3	4
Lesson demonstrations/modeling	0	1	2	3	4
Skills practice	0	1	2	3	4
Small-group discussion	0	1	2	3	4
Whole-group discussion	0	1	2	3	4
Hands-on activities	0	1	2	3	4
Computer-based instruction	0	1	2	3	4
Other practices, please describe:	0	1	2	3	4
Other practices, please describe:	0	1	2	3	4

3. What do you think was the most effective part of today's training?

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

4. If you could change anything about the training today, what would you change?