## **Appendix G: Teacher Survey of Student Involvement**

OMB No. 0000-0000 Expiration Date: xx/xx/xxxx



## **Classroom Assessment FOR Student Learning Study**

## **Teacher Survey of Student Involvement**

Occurring from Month DD, 200X through Month DD, 200X

Please provide the information below, then click Next to enter the survey.

First name:	
Last name:	
School name:	

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

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. The time required to complete this information collection is estimated to average 10 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Sandra Garcia, Institute of Education Sciences, 555 New Jersey Avenue, S.W., Room 506C, Washington, D.C. 20208-4651.

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in your math classroom during the period between DD/MM and DD/MM. How many days of regular instruction were there in this time period (excluding any teacher inservice days, field trips, etc.)? Number of instructional days between DD/MM and DD/MM On how many different days during the time between DD/MM and DD/MM did you have most or all of your students do the following activities? Please enter the number of different instructional days for each of the following items. For example, if you had most or all of your students discuss learning objectives on 3 different days during the time between DD/MM and DD/MM, you would enter '3' for Number 1. Number of days: 1. Participate in a guided discussion of the learning objectives in math. 2. Explain in their own words what they are supposed to be learning in math. 3. Identify samples of their own high quality work in math. 4. Use a scoring guide or rubric to evaluate their own work in math class. 5. Revise their own math work to make it stronger in quality. 6. Keep a record of their own learning progress in math. 7. Explain in their own words what they know how to do well in math. 8. Explain in their own words what they need to do to improve their math skills. 9. Identify examples of strong and weak anonymous student work in math. 10. Comment on the quality of anonymous math work using a scoring guide or rubric. 11. Explain in their own words what was wrong with a math answer or piece of math work. 12. Explain in their own words how to correct a math answer or improve a piece of math work.

We are interested in the frequency of various activities that occurred

## Thank you for completing the Teacher Survey of Student Involvement!

13. Work together to correct errors in their math assignments.

Click the Finish button below to submit your survey.

14. Make up practice math problems.

Finish

