

SIXTH GRADE TEACHER SURVEY (2007-08)

NATIONAL EVALUATION OF READING COMPREHENSION PROGRAMS

U.S. DEPARTMENT OF EDUCATION

ATTACH LABEL HERE

Teacher ID Teacher Name

School ID School Name

IF ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE CORRECTIONS DIRECTLY ON LABEL.

This survey is part of the Evaluation of Reading Comprehension Programs, a national evaluation being conducted for the U.S. Department of Education. The questions ask about the professional culture at your school, your reflections, and your background. All information you provide will be kept confidential. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive and accurate. Thank you.

Please return the completed form to:

Mathematica Policy Research, Inc.

315 Enterprise Drive

Plainsboro, NJ 08536

ATTN: Ms. Season Bedell-Boyle

If you have questions, please contact:

Ms. Valerie Williams

Phone: 888.535.0283

FAX: 202.863.1763

E-mail: VWilliams@mathematica-MPR.com

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 1850-0812. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, 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, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute for Education Sciences, Washington, D.C. 20208-5651.

OMB NO.: 1850-0812
EXPIRATION DATE: 03/31/2009

Appendix A.1 (continued)

- 1. How many years have you taught, either full-time or part-time, at the elementary or secondary level (not counting the current school year)?** *Include years teaching in both public and private schools. Do not include time spent as a student teacher.*

\$\$\$\$\$\$\$. TOTAL YEARS TEACHING

- 2. How many years have you been teaching in THIS school (not counting the current school year)?** *If you have had a break in service of one year or more, please report the year that you returned to this school. Do not include time spent as a student teacher. Include years spent teaching both full- and part-time at this school.*

\$\$\$\$\$\$\$. TOTAL YEARS TEACHING AT THIS SCHOOL

- 3. What grade levels have you taught?** *CHECK ALL THAT APPLY*

- | | | |
|--------------------------------------|--|---|
| 1 <input type="checkbox"/> 1st grade | 6 <input type="checkbox"/> 6th grade | 11 <input type="checkbox"/> 11th grade |
| 2 <input type="checkbox"/> 2nd grade | 7 <input type="checkbox"/> 7th grade | 12 <input type="checkbox"/> 12th grade |
| 3 <input type="checkbox"/> 3rd grade | 8 <input type="checkbox"/> 8th grade | 13 <input type="checkbox"/> Ungraded |
| 4 <input type="checkbox"/> 4th grade | 9 <input type="checkbox"/> 9th grade | 14 <input type="checkbox"/> Kindergarten |
| 5 <input type="checkbox"/> 5th grade | 10 <input type="checkbox"/> 10th grade | 15 <input type="checkbox"/> Prekindergarten |

- 4. Column A:** For each degree below, please check YES or No to indicate if you hold that degree. **Columns B and C:** For those degrees you hold, please specify your major field of study and the year you received the degree.

<i>IN EACH ROW, CHECK ONE BOX IN COLUMN A. IF YOU ANSWER YES IN COLUMN A, COMPLETE COLUMNS B AND C FOR THAT ROW..</i>	A. DEGREE HELD		B. MAJOR	C. YEAR RECEIVED
	YES	NO		
a. Associate's degree.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
b. Bachelor's degree	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
c. Master's degree	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
d. Educational specialist or professional diploma (at least one year beyond a master's degree)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
e. Certificate of Advanced Graduate Studies ..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
f. Doctorate (Ph.D., Ed.D.).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.
g. Professional (M.D., D.D.S., J.D., L.L.B)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	\$\$\$\$\$\$\$\$.

Appendix A.1 (continued)

5. Which of the following describes the teaching certificate you currently hold in this state?
CHECK ONE ONLY

- 1 Regular or standard state certificate or advanced professional certificate
- 2 Probationary certificate (the initial certificate issued after satisfying all requirements except the completion of a probationary period)
- 3 Provisional or other type given to persons who are still participating in an "alternative certification program"
- 4 Temporary certificate (requires some additional college coursework and/or student teaching before regular certification can be obtained)
- 5 Emergency certificate or waiver (issued to teachers who do not have regular certification who need to complete a regular certification program in order to continue teaching)

6. In what content area does the teaching certificate marked above allow you to teach in this state (e.g., elementary general, secondary general, special ed., a specific subject matter)?

_____ CONTENT AREA

7. Column A: Please indicate if you participated in any professional development activities listed below in the past 12 months.

Column B: If you mark "yes" in Column A, please indicate in Column B how many hours you spent on the activities. Include courses you have taken for recertification or advanced certification, workshops sponsored by your district, conferences, or other training that is relevant to your teaching.

<i>IN EACH ROW, CHECK ONE BOX IN COLUMN A. IF YOU ANSWER YES, CHECK ONE BOX IN COLUMN B.</i>	A. PARTICIPATED?		B. NUMBER OF HOURS			
	YES	NO	8 OR FEWER	9-16	17-32	33 OR MORE
a. Reading instruction.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Science instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Social studies instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Appendix A.1 (continued)

8. Are you male or female?

- 1 Male
- 2 Female

9. Are you of Hispanic or Latino origin?

- 1 Yes
- 0 No

10. How do you describe yourself? (PLEASE SELECT ONE OR MORE)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

11. What is your year of birth?

.\$\$\$\$\$\$\$\$\$\$\$\$\$\$. YEAR

CONTACT INFORMATION

Please provide your contact information and the best time to reach you in case we have questions about your responses.

MR./MS. FIRST NAME LAST NAME

STREET APT. NUMBER

CITY STATE ZIP

E-MAIL ADDRESS

(____) _____
PHONE NUMBER (INCLUDE AREA CODE)

BEST TIME TO REACH YOU

**THANK YOU FOR COMPLETING THIS SURVEY
FOR THE U.S. DEPARTMENT OF EDUCATION.**