

TREATMENT 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 training you received on the reading comprehension program, 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:

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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.

SECTION I. READING COMPREHENSION PROGRAM TRAINING

This section asks about the training you recently received on the reading comprehension program you are using in your classroom as part of the Evaluation of Reading Comprehension Programs.

1. Thinking about the initial training you received on the reading comprehension program you are using with your class, how would you rate the following?

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	POOR	FAIR	GOOD	EXCELLENT
a. Trainer's (or trainers') knowledge of reading comprehension instruction for fifth graders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Trainer's (or trainers') preparedness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Trainer's (or trainers') presentation style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Quality of content covered in training.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Amount of content covered in training.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Training schedule (i.e., amount of time spent on the various sessions)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Materials provided in training.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. Overall, how well did the initial training you received prepare you to use the reading comprehension program with your students?	NOT AT ALL	SOMEWHAT	VERY WELL
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3. What was the first day on which you...

a. Received the initial training..... \$\$\$\$\$\$/\$\$\$\$\$\$/2007
MONTH / DAY / YEAR

b. Began using the reading comprehension program in class instruction?..... \$\$\$\$\$\$/\$\$\$\$\$\$/2007
MONTH / DAY / YEAR

4. If you have any other comments about the training, please note them below.

SECTION II. PROFESSIONAL CULTURE

This section asks about the professional culture within your school.¹

5. CONVERSATIONS ABOUT TEACHING

During the past school year, how often have you had conversations with colleagues about...

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	LESS THAN ONCE A MONTH	2 OR 3 TIMES A MONTH	ONCE OR TWICE A WEEK	DAILY
a. The goals of this school?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Development of new curriculum?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Managing classroom behavior?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. What helps students learn best?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

6. MY GRADE LEVEL

How much do you disagree or agree with each of the following?

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Teachers in this grade level trust each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. It's OK in this grade level to discuss feelings, worries, and frustrations with other teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Teachers respect other teachers who take the lead in grade level improvement efforts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Teachers in this grade level respect those colleagues who are expert at their craft.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEM BELOW.</i>	NOT AT ALL	A LITTLE	SOME	A GREAT EXTENT
e. To what extent do you feel respected by other teachers in this grade level?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEM BELOW.</i>	NONE	SOME	ABOUT HALF	MOST	NEARLY ALL
f. How many teachers in this grade level really care about each other?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

¹ Questions 5 through 10 in this section are from The Consortium on Chicago School Research. (1999). "Improving Chicago's Schools: The Teachers' Turn, 1999; Elementary School Teacher Survey, 1999." Chicago, IL. Available at www.consortium-chicago.org.

7. ACCESS TO NEW IDEAS

How often have you...

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	NEVER	ONCE	TWICE	3 TO 4 TIMES	5 TO 9 TIMES	10 OR MORE TIMES
a. Taken courses at a college or university relative to improving your school?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Participated in a network with other teachers outside your school?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Discussed curriculum and instruction matters with an outside professional group or organization?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Attended professional development activities organized by your school (include meetings that focus on improving your teaching)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Attended workshops or courses sponsored by your school district (exclude required in-services)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Attended professional development activities sponsored by the teachers' union?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. MY EXPERIENCE OF CHANGE

How much do you disagree or agree with the following?

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Most changes introduced at this school involve only a few teachers; rarely does the whole faculty become involved	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. We receive adequate professional development support for the changes we introduce at our school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Most changes introduced at this school gain little support among teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. PROFESSIONAL DEVELOPMENT

How much do you disagree or agree with the following?

Overall, my professional development experiences over the past school year...	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
<i>IN EACH ROW, CHECK ONE BOX ONLY</i>				
a. ...have included opportunities to work productively with teachers from other schools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. ...have included enough time to think carefully about, to try, and to evaluate new ideas.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. ...have deepened my understanding of subject matter.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. ...have helped me understand my students better	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. ...have been sustained and coherently focused, rather than being short term and unrelated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. ...have included opportunities to work productively with colleagues in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. ...have led me to make changes in my teaching ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. ...have been closely connected to my school's improvement plan.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>CHECK ONE BOX ONLY</i>				
i. Most of what I learn in professional development addresses the needs of the students in my classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

10. LEADERSHIP AND SUPPORT

How much do you disagree or agree with the following?

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. The principal at this school is strongly committed to shared decision-making.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The principal at this school works to create a sense of community in the school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The principal at this school promotes parent and community involvement in the school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The principal at this school supports and encourages teachers to take risks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The principal at this school is willing to make changes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Most changes introduced at this school receive strong support from the principal.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The principal at this school encourages teachers to try new methods of instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

11. THOUGHTS ABOUT TEACHING READING²

How much do you agree or disagree with the following?

<i>IN EACH ROW, CHECK ONE BOX ONLY</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. I feel I need to make changes in the methods I use to teach children to read and spell.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I get help from staff members to understand some children's difficulties learning to read	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I have benefited from opportunities to learn more about methods for teaching reading.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The children in my class are making satisfactory progress in learning to read.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I do not have sufficient materials to teach reading effectively.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I do not understand why some children learn to read easily while other children struggle to learn basic reading skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The literacy coach supports my efforts to teach reading effectively				
<i>IF A LITERACY COACH IS NOT AVAILABLE FOR 5TH-GRADE STUDENTS, PLEASE SKIP THIS QUESTION AND CHECK THIS BOX</i> → <input type="checkbox"/> 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I have a good understanding of how children acquire language and literacy skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I wish I had more opportunities to discuss how to teach reading with other teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. I feel I am good at teaching reading and writing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. The principal of my school supports my efforts to teach reading effectively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. I would like to learn methods to help children develop their oral language	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. I look for opportunities to learn effective methods to teach reading and writing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. I could do a better job teaching reading if I had more assistance from aides or volunteers in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. I know how to assess the progress of my students in reading....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. The parents of children in my class support my efforts to teach their children to read	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. The school day is organized to maximize instructional time.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

² Items on this page were borrowed from Joanne Carlisle's "Teacher's QUEST: Self-Administered Questionnaire" (Regents of the University of Michigan: Ann Arbor, MI, 2003), with minor modifications.

SECTION III. TEACHER REFLECTIONS

This section asks for your reflections.³

12. TEACHER REFLECTIONS

<i>IN EACH ROW, CHECK <u>ONE</u> BOX ONLY</i>	NOTHING	VERY LITTLE	SOME	QUITE A BIT	A GREAT DEAL
a. How much can you do to control disruptive behavior in the classroom? .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How much can you do to motivate students who show low interest in school work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. How much can you do to get students to believe they can do well in school work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. How much can you do to help your students value learning?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How much can you do to get children to follow classroom rules?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. How much can you do to calm a student who is disruptive or noisy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. How much can you use a variety of assessment strategies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. How much can you assist families in helping their children do well in school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEMS BELOW.</i>	NOT AT ALL	SMALL EXTENT	MODERATE EXTENT	QUITE A BIT	A GREAT EXTENT
i. To what extent can you craft good questions for your students?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. To what extent can you provide an alternative explanation or example when students are confused?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEMS BELOW.</i>	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE WELL	EXTREMELY WELL
k. How well can you establish a classroom management system with each group of students?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. How well can you implement alternative strategies in your classroom?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

³ Items on this page were borrowed with permission from W.K. Hoy and A.E. Woolfolk’s “Teachers’ Sense of Efficacy Scale” (Elementary School Journal, 93, 355-372), with minor modifications.

SECTION IV. BACKGROUND

This section asks about your background.

13. 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

14. 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

15. 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 |

16. 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.

IN EACH ROW, CHECK ONE BOX IN COLUMN A. IF YOU ANSWER YES IN COLUMN A, COMPLETE COLUMNS B AND C FOR THAT ROW..	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"/>	_____	\$\$\$\$\$\$\$\$.

17. 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)

18. 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

19. 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"/>

20. Are you male or female?

- 1 Male
- 2 Female

21. Are you of Hispanic or Latino origin?

- 1 Yes
- 0 No

22. 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

23. 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
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STREET	APT. NUMBER
--------	-------------

CITY	STATE	ZIP
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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.**