

## **APPENDIX D**

### **LOCAL FACILATOR LOG OF ACTIVITIES**

NWREL Experimental Study of Project CRISS

NOTE: The intent is to show the content of the questionnaire. This questionnaire will be reformatted into a data entry screen that the Local Facilitator will be able to access on-line.

**Local Facilitator Log (Questionnaire)<sup>1</sup>  
(TREATMENT Schools Only)**

*This monthly log is part of an experimental study being conducted by Northwest Regional Educational Laboratory (NWREL) under contract with the U.S. Department of Education. Your answers are critically important and will be used to better understand your role as a school Local Facilitator for Project CRISS. Please be candid in your answers. 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, school, or individual. We will not provide information that identifies you or your district or school to anyone outside the study team, except as required by law.*

***Please answer questions with regard to the current calendar month only.***

Month/Year: (pull down menu)

School: (pull down menu)

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1. Did the Project CRISS trainer visit your school this month?

Yes

No

*IF YES, PLEASE PROVIDE THE INFORMATION BELOW:*

Number of days trainer was on site: \_\_\_\_\_

Activities conducted: *(pull down menu of typical workshops/TA)*

Other help provided by Project CRISS trainer: *(open text box)*

2. Did you hold any formal meetings this month with groups of teachers participating in Project CRISS?

Yes

No

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<sup>1</sup> According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**, expiration date **xx-xx-xx**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **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. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Gil Garcia, U.S. Department of Education, 555 New Jersey Avenue, N.W., Room 506E, Washington, D.C. 20208.

*IF YES, PLEASE PROVIDE THE INFORMATION BELOW:*

Number of meetings: \_\_\_\_\_

Average attendance: \_\_\_\_\_

Content area teachers who attended: *(pull down menu with core content areas)*

Activities conducted: *(pull down menu of typical CRISS meeting topics)*

Other group help I provided: *(open text box)*

3. Did you work one-on-one with any teachers this month who are participating in Project CRISS?

\_\_\_ Yes

\_\_\_ No

*IF YES, PLEASE PROVIDE THE INFORMATION BELOW:*

Number of consultations: \_\_\_\_\_

Content areas I worked with: *(pull down menu with core content areas)*

Activities conducted: *(pull down menu of typical CRISS one-on-one activities)*

Other individual help I provided: *(open text box)*

4. Did you work with the principal in any way to help her/him support Project CRISS with teachers?

\_\_\_ Yes

\_\_\_ No

*IF YES, PLEASE DESCRIBE:*

*(open text box)*

5. About how many hours did you spend facilitating Project CRISS this month by working with teachers and/or the principal?

*Note: Do **not** include hours attending workshops provided by the Project CRISS trainer.*

*(pull down menu)*

___ Less than one hour	___ 16 to 20 hours
___ 1 to 5 hours	___ 21 to 25 hours
___ 6 to 10 hours	___ 26 to 30 hours
___ 11 to 15 hours	___ More than 30

6. To what extent was the Project CRISS trainer available and willing to help you—by phone or email—to answer questions or help with Project CRISS?

\_\_\_\_\_ Was generally available and tried to help when I needed her

\_\_\_\_\_ Was generally **not** available or willing to help when I tried to contact her

\_\_\_\_\_ I really didn't have the need to contact her for help

7. I spent approximately \_\_\_\_\_ hours this month conferring with the trainer via telephone/email.

### *Background Questionnaire for LF*

*The background questions 1-3 below will be asked once through an initial set-up call to acquaint the LF with the on-line log and how to use it. If the LF changes during the course of the two years, the new person will also be asked these questions. Question 4-6 can change from year to year and will be asked once per year over the two-year intervention.*

1. How many years (including this year) of middle or high school teaching experience do you have?

\_\_\_\_\_ years

2. How many years (including this year) have you been teaching at *this* school?

\_\_\_\_\_ years

3. What is your highest educational degree completed?

\_\_\_\_\_ Bachelor (B.S. or B.A.)

\_\_\_\_\_ Masters (M.S., M.A, M.Ed.)

\_\_\_\_\_ Doctorate (Ph.D, Ed.D, J.D)

\_\_\_\_\_ Other: \_\_\_\_\_

4. Which of the following core content subjects do you currently teach? (*check all that apply, and write in other subjects under Other, if applicable*)

Language Arts

Science

Mathematics

Social Studies

Other: \_\_\_\_\_

5. Are you certified by your state to teach Reading?

Yes

No

6. Aside from Project CRISS, have you had any other formal training or professional development to help prepare you as a literacy coach for other teachers?

Yes

No

*IF YES, PLEASE DESCRIBE: (open text box)*

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