

APPENDIX E

**TEACHER QUESTIONNAIRE
(TREATMENT SCHOOLS)**

NWREL Experimental Study of Project CRISS

NOTE: The intent is to show the content of the questionnaire. This questionnaire will be reformatted into a paper scannable form or an on-line questionnaire.

Ninth-Grade Teacher Questionnaire¹
(TREATMENT School Version)

This questionnaire 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 teacher characteristics in the schools participating in the study. 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.

1. Did you participate in the workshops provided by the Project CRISS trainer who has been working with your school this year?

___ Yes

___ No

IF YES: How many Project CRISS workshops did you attend?

_____ workshops

2. In addition to Project CRISS, did you participate in any school or district sponsored teacher workshops this year that explicitly focused on helping improve student reading and writing across content classes?

___ Yes

___ No

¹ 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 DETAILS BELOW:

Topic/Content Covered <i>(related to reading, writing, literacy)</i>	Approx. contact hours	Name of Provider/Program <i>(if known)</i>

For questions 3–6, answer with respect to how often this activity occurred for you during the current school year.

Activity	Never	Once or a few times a	Once a month	2-3 times a month	1-3 times a week	Daily
3. I attended meetings facilitated by the Project CRISS local facilitator to share and discuss applications of Project CRISS learning principles and strategies.						
4. Project CRISS local facilitator came into my classroom to observe and/or assist me on Project CRISS learning principles and strategies.						
5. Principal or other administrator came into my classroom and observed.						
6. Principal or other administrator came into my classroom and provided feedback about application of Project CRISS principles and strategies.						

The remaining questions ask about your background and experience.

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

_____ years

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

_____ years

9. 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: _____

10. 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: _____

Thank you. Please return your completed questionnaire to the Northwest Regional Educational Laboratory in the postage-paid envelope provided.

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