

**APPENDIX F**

**TEACHER QUESTIONNAIRE**  
**(CONTROL 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 Questionnaire<sup>1</sup>  
(CONTROL 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 any school or district sponsored teacher workshops this year that explicitly focused on helping improve student reading and writing across content classes?

\_\_\_ Yes

\_\_\_ No

*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>

<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.

For questions 2–4, 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
2. I attended meetings facilitated by an instructional coach (e.g., literacy coach) to share and discuss effective strategies to help students read and write in their content classes.						
3. An instructional coach (e.g., literacy coach) came into my classroom to observe and/or assist me on effective strategies to help students read and write in their content classes.						
4. Principal or other administrator came into my classroom to observe.						
5. Principal or other administrator came into my classroom to provide feedback about my application of effective instructional strategies.						

The remaining questions ask about your background and experience.

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

\_\_\_\_\_ years

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

\_\_\_\_\_ years

8. 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: \_\_\_\_\_

9. 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.

*Rev. 10/11/07*