

APPENDIX G

**PRINCIPAL 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.

Principal 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 principal 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.

*For questions 1–4, please answer in reference to your activities during the **current school year**.*

1. Have you participated in the Project CRISS professional development activities occurring in your school this year?

___ Yes

___ No

IF YES, PLEASE LIST THE CRISS ACTIVITIES YOU PARTICIPATED IN:

2. Have you participated in any other professional development activities this year beyond Project CRISS that deal explicitly with improving student reading, writing, or literacy?

___ Yes

___ No

IF YES, PLEASE LIST THE ACTIVITIES YOU PARTICIPATED IN:

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.

3. Beyond routine employee personnel evaluations, how often do you conduct classroom “walk throughs” for the purpose of observing instructional practices and providing feedback to teachers?

- Hardly ever or never
- Less than once a month
- About once a month
- Several times a month
- About once a week
- More than once a week

IF “HARDLY EVER OR NEVER” SKIP QUESTION 4

4. Do you use any specific materials, methods, or rubrics for classroom “walk throughs?”

- Yes
- No

IF YES, PLEASE BRIEFLY DESCRIBE THE METHODS OR RUBRICS YOU USE:

The remaining questions ask about your background and experience.

5. How many years (including this year) of principal experience do you have in a high school or middle school?

_____ years

6. How many years (including this year) have you been the principal at *this* school?

_____ years

7. How many years of middle or high school *teaching experience* did you have before becoming a principal?

_____ years

IF NONE, SKIP QUESTION 8

8. What core content subjects did you teach in middle or high school during your teaching career? (*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