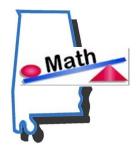
OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Appendix M

Alabama Math, Science and Technology Initiative Professional Development Trainer Background Sheet and Trainer Log: Seventh Grade Math



Alabama Math, Science and Technology Initiative: Professional Development Trainer Background Sheet and Trainer Log Seventh Grade Math

The AMSTI program is interested in learning more about the impact of the professional development on the way the program is implemented in the classroom. It is important that we understand what material is covered and what methods are used to present it to teachers. Information collected from the AMSTI trainers will provide useful feedback that will help improve future trainings and on-going professional development.

The collection of information in this study is authorized by Public Law 107-279 Educations Sciences Reform Act of 2002, Title 1, Part C, Sec. 151 (b) and Sec. 153 (a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279 Title 1, Part C, Sec 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, school name, address, telephone number, or identification number with your responses will be included in the statistical reports.

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 XXXX-XXXX (expiration date: XX/XX/07). The time required to complete this information collection is estimated to average 5¹ minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please contact: the Department of Education 50 North Ripley Street PO Box 302101 Montgomery, AL 36104. If you have comments or concerns regarding the status of your individual submission, e-mail directly to: rsawyer@aed.org.

Please complete this cover page on the first day of training and one brief training log at the end of each day of training. Your responses will be kept confidential. Data will be reported in the aggregate and no individuals will be named.

Sheet	
Date(s) you will be training/_// Professional Development Train	er Background
Trainer Name	
Thank you for your cooperation. We appreciate your help!	

¹ The estimate of 5 minutes for information collection is based on completion of the Daily Trainer Log at the end of each day. The Professional Development Trainer Background Sheet only needs to be completed by you once, on which occasion, the estimated time for information collection will be a total of 15 minutes.

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

1. How m	any years of t	eaching exp	perience do	you have? (Circle	e one.)
	None	1-5	6-10	11-15	16 or more
2. Have y	ou previously	taught in ar	n AMSTI sc	hool (not including	g a LAMST school)? Yes
No	,	J		`	, <u> </u>
					or LAMST summer institute in
uie	past? (Circle)	•	-		
	2002 2003		_	No No	
	2003		_	No	
	2005	: Ye	s N	No	
	I have	never befor	re trained a	at an AMSTI/LAMS	T summer institute.
4. Not in	icludina vour i	work as a tra	ainer for Al	MSTI/I AMST how	many years have you
conducted					and/or science? (Circle one.)
	None	1-5	6-10	11-15	16 or more

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Professional Development Trainer Log 7th Grade Math

Please	complete	this log	at the end	d of each ti	raining (day. Ple	ease
attach	a copy of	any mat	erials you	used toda	y (e.g.,	handou	ıts,
quizzes	s or asses	sment to	ools) that	were not in	partici	pants'	packets.

_	
Name:	Date:

Content Coverage

1. Below is a list of curricular units from the Connected Math Grade 7 materials. For each topic listed, please **circle** the response that best describes the extent to which you covered the content in your training session **today**. We do not expect that all topics will be covered each day. If you covered other topics today that are not listed, please describe the topics and indicate the extent to which you covered those topics in the "other" rows provided. Use additional space as needed.

	None	A little bit	Moderate	Most of it	Completel y
Enlarging figures using rubber-band stretchers and coordinating plotting	1	2	3	4	5
Visualizing similar and distorted transformations informally	1	2	3	4	5
Identifying similar figures by side lengths and angles	1	2	3	4	5
Recognizing scale factors for similar figures	1	2	3	4	5
Reptiles: Building and dividing shapes	1	2	3	4	5
Understanding the relationship between similarity and equivalent fractions	1	2	3	4	5
Understanding areas of similar figures	1	2	3	4	5
Understanding similar triangles: rules	1	2	3	4	5
Understanding similar rectangles: rules	1	2	3	4	5

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	None	A little bit	Moderate	Most of it	Completel y
Solving for unknown lengths with scale factors	1	2	3	4	5
Making connections to the real world	1	2	3	4	5
Making connections to algebra	1	2	3	4	5
Making connections to geometry	1	2	3	4	5
Using geometry software	1	2	3	4	5
Using writing in mathematics	1	2	3	4	5
Other, please describe:	1	2	3	4	5
Other, please describe:	1	2	3	4	5

OMB Number: xxxx-xxxx Expiration Date: xx/xx/07

Teaching methods

2. For today, approximately *what percentage* of time did you spend with your group doing each of the following?

doing each of the following:	None	1-25%	26% - 50%	51%- 75%	76%- 100%
Lecture	0	1	2	3	4
Lesson demonstrations/modeling	0	1	2	3	4
Skills practice	0	1	2	3	4
Small-group discussion	0	1	2	3	4
Whole-group discussion	0	1	2	3	4
Hands-on activities	0	1	2	3	4
Computer-based instruction	0	1	2	3	4
Other practices, please describe:	0	1	2	3	4
Other practices, please describe:	0	1	2	3	4

- 3. What do you think was the most effective part of today's training?
- 4. If you could change anything about the training today, what would you change?