

APPENDIX C

Teacher Survey

The U.S. Department of Education's Institute of Education Sciences has contracted with the Regional Educational Laboratory-Southeast (REL-SE) to conduct a study of the Sheltered Instruction Teacher Survey Observation Protocol (SIOP) model of instruction in Georgia public elementary schools. A sample of 64 elementary schools has been selected to participate in this study. Participating 4th and 5th grade teachers from each participating school are being asked to complete a survey. Participants will help inform the U.S. Department of Education, Congress, policymakers, practitioners, and researchers about how instruction is implemented in schools and what strategies teachers use to provide high-quality, evidence-based instruction to students, including English Language Learners (ELLs), in grades 4 and 5.

Additional Information

The survey will take you approximately 15 minutes to complete. All responses to the survey will be kept confidential. All individual identifying information will be used only by persons on the research team. Information from the survey will be included in the study data files to be submitted to the Department of Education. However, participants' names will be stripped from all analysis data files and data files to be submitted to the Department of Education. We will not report any data about individual classrooms—all information will be reported at the grade and school levels. Neither your school nor your district will have access to any of the completed surveys at any time.

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 or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such a collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes per person, including the time to review instruction, 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 or suggestions for improving this form, please write to: xxxxxxxxx

THANK YOU FOR YOUR PARTICIPATION!

TEACHER SURVEY

Thank you for agreeing to complete the teacher survey. This brief survey is intended to obtain information about teachers' backgrounds and instructional practices as they relate primarily to English Language Learners (ELLs).

Please complete this survey by checking the appropriate boxes or writing responses where requested.

1. Which grade are you currently teaching? Grade 4 Grade 5

2. Have you received certification? (Check one)
 - Yes. (Please answer Question 2a.)
 - No, I have Initial Licensure (also called Probationary Certification, Provisional Certification); certification pending in (specify area):
_____ (Please skip to Question 3.)
 - No. I am not currently certified. (Please skip to Question 3.)

- 2a. Please indicate any area(s) in which you have received certification: (Check **all that apply**)
 - Elementary education
 - Early childhood education
 - Reading
 - Special education
 - Bilingual (ESOL/ESL) education
 - Other (Please specify): _____

3. Please indicate any area(s) in which you have endorsement(s): (Check **all that apply**)
 - Elementary education
 - Early childhood education
 - Reading
 - Special education
 - Bilingual (ESOL/ESL) education
 - Other (Please specify): _____

4. What is the highest degree you have obtained as of December 2007? (Please check **one**)
 - Bachelors
 - Bachelors + additional courses
 - Masters
 - Masters + additional courses
 - Doctorate
 - Other (Please specify): _____

5. **During the past three years, including the current school year (2008-2009)**, in how many of each of the following types of professional development activities **in teaching ELLs** have you participated? Please count each activity only once. **Mark 0 on the line of each type of activity in which you did not participate.**

	# of Different workshops/activities
a. Attended short, stand-alone training or workshop in teaching ELLs (half-day or less)	# _____
b. Attended longer institute or workshop in teaching ELLs (more than half-day)	# _____
c. Attended a college course in teaching ELLs (include any courses you are currently attending)	# _____
d. Attended a conference about teaching ELLs (might include multiple short offerings)	# _____
e. Participated in a committee/task force on teaching ELLs	# _____
f. Did independent reading on a regular basis about teaching ELLs (e.g., books, journals, Internet)	# _____
g. Had a consultation with an ELL (or ESOL) specialist	# _____
h. Participated in a peer study group focused on teaching ELLs	# _____

6. Below is a list of professional activities that are often used to provide ongoing, direct support to teachers for teaching ELLs.

Please indicate whether you have received any of the following types of assistance/support for teaching ELLs **during the current school year, including summer 2008?** (check yes or no for each type).

Types of assistance	Yes, I did receive/ participate in this.	No, I did not receive/ participate in this.
a. Coaching or mentoring by reading coach or ESOL/reading specialist in programs, materials, or strategies for teaching ELLs	<input type="checkbox"/>	<input type="checkbox"/>
b. Coaching or mentoring from fellow teacher on teaching ELLs	<input type="checkbox"/>	<input type="checkbox"/>
c. Peer study group or collegial circle for group study about teaching ELLs	<input type="checkbox"/>	<input type="checkbox"/>
d. Demonstrations in my classroom on instruction of ELLs	<input type="checkbox"/>	<input type="checkbox"/>
e. Observations of other teachers (instruction of ELLs, including ELLs in mainstream classroom)	<input type="checkbox"/>	<input type="checkbox"/>
f. Diagnostic testing help from a reading coach or ESOL/reading specialist for individual ELL students	<input type="checkbox"/>	<input type="checkbox"/>
g. Intervention service help from a reading coach or ESOL/reading specialist for individual ELL students	<input type="checkbox"/>	<input type="checkbox"/>
h. Grade level meetings devoted to teaching ELLs	<input type="checkbox"/>	<input type="checkbox"/>
i. Using assessment data to determine topics that require additional instruction or practice (for ELLs)	<input type="checkbox"/>	<input type="checkbox"/>

7. Below is a list of **topics** that are often covered in professional development activities designed to provide teachers with new information about teaching ELLs.

Please identify the topics that were addressed in professional development activities in which you participated **during your teaching career, including the current school year, 2008-2009.**

	Topics addressed in professional development	
	yes	no
a. Second language acquisition	<input type="checkbox"/>	<input type="checkbox"/>
b. Strategies for teaching ELLs	<input type="checkbox"/>	<input type="checkbox"/>
c. Sheltered Instruction	<input type="checkbox"/>	<input type="checkbox"/>
d. Language standards for ELLs	<input type="checkbox"/>	<input type="checkbox"/>
e. Assessment of ELLs	<input type="checkbox"/>	<input type="checkbox"/>
f. Differentiating instruction to accommodate ELLs	<input type="checkbox"/>	<input type="checkbox"/>

8. What materials do you use (or have you used) with **English Language Learners (ELLs)** in your class during this school year (2008-2009)? (Note: “Core content area” refers to subjects such as math, science, social studies/ geography, reading, English/language arts.)

N/A—Do not currently teach ELLs (Please **skip** to **Question 9.**)

(Check yes or no for each type of material.)

	Yes	No
a. Use the same core content area materials with ELLs as with non-ELLs	<input type="checkbox"/>	<input type="checkbox"/>
b. Use core content area materials in the native language of the ELL (e.g., Spanish)	<input type="checkbox"/>	<input type="checkbox"/>
c. Use core content area materials plus supplementary / intervention resources written in the ELLs’ native language.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use core content area materials plus supplementary / intervention resources written in English especially for ELLs.	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

9. Who provides you with constructive feedback about your teaching of English Language Learner (ELL) students? (Check all that apply.)

Not applicable—*never* have ELLs in my class(es). (Please **skip** to **Question 10.**)

(Check yes or no for each source of feedback.)

	Yes	No
a. Principal	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistant Principal	<input type="checkbox"/>	<input type="checkbox"/>
c. School ESOL specialist (staff member whose primary role is to provide ongoing training and support to teachers in the delivery of effective instruction of ELLs),	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
reading specialist, or reading coach		
d. Peer coach	<input type="checkbox"/>	<input type="checkbox"/>
e. Mentor teacher	<input type="checkbox"/>	<input type="checkbox"/>
f. District ESOL specialist	<input type="checkbox"/>	<input type="checkbox"/>
g. External ESOL specialist (e.g., university, regional, or state professional development or technical assistance provider)	<input type="checkbox"/>	<input type="checkbox"/>
h. Students in my class	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you ever had any experience in using the Sheltered Instruction Observation Protocol (SIOP) model?

I have never received any training in SIOP. (Please skip to END of SURVEY.)

(Please check yes or no for each item below.)

	Yes	No
a. I have participated in a SIOP workshop.	<input type="checkbox"/>	<input type="checkbox"/>
b. I have participated in a multi-day SIOP Institute.	<input type="checkbox"/>	<input type="checkbox"/>
c. I have received coaching in SIOP.	<input type="checkbox"/>	<input type="checkbox"/>
d. I have worked with a colleague to try to learn how to use SIOP on our own.	<input type="checkbox"/>	<input type="checkbox"/>
e. I have been using the SIOP book, <i>Making Content Comprehensible for English Learners: The SIOP Model</i> , on my own.	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU!