

Appendix B: Teacher Background Information

Classroom Assessment FOR Student Learning Study

Teacher Background Information

Please provide the information below, then click Next to enter.

First name:

Last name:

School name:

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). 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 it 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 respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. 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, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Sandra Garcia, Institute of Education Sciences, 555 New Jersey Avenue, S.W., Room 506C, Washington, D.C. 20208-4651.

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Teacher Background Information

Please answer the following questions for the 2007-2008 school year.

1. Which grade(s) do you teach?

a. 4th grade?

Yes No

b. 5th grade?

Yes No

2. Including this year, how many years have you:

a. been a teacher?

b. taught your current grade level(s)?

c. taught math?

d. taught math to your current grade level(s)?

e. worked at your current school?

3. How many students are enrolled in your class?

4. Approximately what percentage of your students have been in your class since the beginning of the school year?

5. How similar are the math curriculum and instruction in your class to that of other teachers at your grade level in your school?

- 1 Not at all similar
- 2
- 3 Somewhat similar
- 4
- 5 Very similar

6. What is your most advanced degree?

- Bachelor's

- Master's
- Ph.D. or Ed.D.
- Other

7. What is your gender?

- Male
- Female

8. Are you of Hispanic or Latino origin?

- Yes
- No

9. What is your race? Select one or more races to indicate what you consider yourself to be.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

Thank you for completing the Teacher Background Information sheet!

Click the Finish button below to submit your entry.

Finish