

APPENDIX F.2

Adult ESL Literacy Impact Study Control Teacher Data Form (2009)

Program Name: _____ Site: _____

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

_____ Zip code: _____

Phone #: (____) _____

Classes taught at this program: _____

Name of Class in Study: _____ Meeting Days: _____ Meeting Times: _____

Paperwork Burden Statement

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 form is **1850-0811**. The time required to complete this survey is estimated to average **15 minutes** per response, including the time to review instructions, search existing data sources, gather the data needed, and respond to the survey questions. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Melanie Ali, Institute of Education Sciences, U.S. Department of Education, Room 502B, 555 New Jersey Avenue, NW, Washington, DC 20208. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Dr. Larry Condelli, American Institutes for Research, 1000 Thomas Jefferson Street, N.W., Suite 400 Washington, DC 20007.

Confidentiality

Your responses are protected from disclosure by federal statute (P.L. 107-279, Title I, Part E, 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 purposes, unless otherwise compelled by law.

A. Professional Development

What is the total number of hours you spent participating in professional development workshops during summer 2008 through spring 2009 that covered the following topics?

If you attended professional development that falls under multiple categories, please divide the number of hours you estimate was spent on each topic.

Round to nearest whole hour. Write '0' if you participated in none; please fill in all boxes.

	Number of hours (Write '0' if you participated in none)
a. Teaching reading or general training on literacy instruction for ESOL learners	<input type="text"/>
b. Teaching reading or general training on literacy instruction for non-ESOL learners	<input type="text"/>
c. Teaching general ESOL (oral communication skills, pronunciation, vocabulary, etc.)	<input type="text"/>
d. Other (specify): _____	<input type="text"/>

B. Use of Instructional Materials

During the fall 2008 and winter/spring 2009 terms, to what extent, on average, did you use the following materials with your study class? (mark (X) each box that applies)

	Not used in study class	Used less than once a month	Used one to two times a month	Used three to four times a month	Used more than once a week
A workbook or text, or handouts from a workbook or text. Specify: _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
An additional workbook or text, or handouts from an additional workbook or text. Specify: _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Worksheets that I or another teacher created	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Stories or paragraphs that I or another teacher created	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Stories or paragraphs that students created	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Stories or paragraphs from other sources (e.g., other publishers, newspapers)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dictionaries or picture dictionaries	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Computer software	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
E-mail or webpages	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Audio recordings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Video recordings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

You are done with the survey. Thank you.