## **Appendix C: Survey of Professional Development Activities**

<u>Note</u>: Following is the Survey of Professional Development Activities for the intervention teachers. It asks teachers to report on all professional development activities they participated in during the reporting period, excluding CASL. The survey for the control teachers is exactly the same, except without the warnings not to include any CASL activities.

OMB No. 0000-0000 Expiration Date: xx/xx/xxxx



#### **Classroom Assessment FOR Student Learning Study**

#### Survey of Professional Development Activities

Occurring from July 1, 2007 through October XX, 2007

Please provide the information below, then click N	ext to enter the log.	
First name:		
Last name:		
School name:		
		I
		•

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.

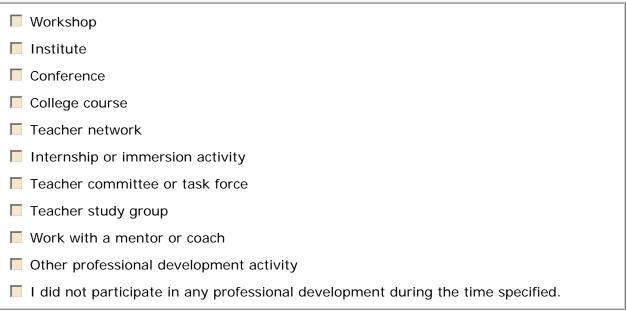
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 10 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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### **Survey of Professional Development Activities**

1. Did you participate in any of the following professional development activities any time from July 1 to Oct. XX, OTHER THAN YOUR WORK ON CASL?



This log was adapted from the Teacher Activity Survey as published in Designing Effective Professional Development: Lessons from the Eisenhower Program, U.S. Department of Education, Office of the Under Secretary, Planning and Evaluation Service, Washington, D.C., 1999.





### **Activity A**

A1. Please give the name of the professional development activity you participated in during the time period of July 1-Oct. XX that you feel impacted your practice the most, EXCLUDING YOUR WORK ON CASL.

Count a program of on-going professional development that took place on different dates over several weeks or months, such as a summer institute with follow-up workshops or an on-going teacher study group, as ONE professional development activity.

Δ2	Have y	vou re	ported (	on this	activity	in a	previous	loa	entry	17
<b>~</b> 2.	liave	you i c	poi teu i	OH HHIS	activity	ıııa	pi evious	IUQ.	CIILI Y	

Yes



I don't remember





# **Activity A continued**

Science

A3. Please briefly describe the topic and purpose of this activi	ty.
A4. Over what period of time was/is the activity spread, inclu	ding the main activity and any formal preliminary or follow-
up sessions? (Check one response.)	ang the main detivity and any formal premimary of follow
<ul><li>Less than one day</li></ul>	
© One day	
Two to four days	
C A week	
Two to three weeks	
C A month	
Two to six months	
Seven months to a year	
More than a year	
A5. As part of this activity, did you meet regularly, over the conducators to discuss and reflect on the material being learned	
Yes	
© No	
A6. Which subject area(s) did the activity cover? (Check all the	at apply.)
Math	

☐ Reading	
☐ Writing	
Social studies	
☐ Health related	
Activity was not specific to any one subject area	
Other subject(s) (please specify:)	





# **Activity A continued**

How much emphasis did the activity give to			
A7. Curriculum (e.g., units, textbooks, standards)?			
O No emphasis O Minor emphasis O Major emphasis			
A8. Working with content standards (e.g., understanding, unpacking, simplifying, aligning instruction to standards)?			
O No emphasis O Minor emphasis O Major emphasis			
A9. Instructional methods?			
O No emphasis O Minor emphasis O Major emphasis			
A10. Increasing student involvement in learning?			
O No emphasis O Minor emphasis O Major emphasis			
A11. Formative assessments (e.g., developing, selecting, and using assessment in the classroom)?			
O No emphasis O Minor emphasis O Major emphasis			
A12. Communicating assessment results to students?			
No emphasis Minor emphasis Major emphasis			
A13. Using assessment results to guide instruction (i.e., to make adjustments in instructional strategies or lesson plans)?			
O No emphasis O Minor emphasis O Major emphasis			

O No emphasis O Minor emphasis O Major emphasis	
A15. Strategies for teaching diverse student populations (e.g., students with disabilities, from underrepopulations, economically disadvantaged, range of abilities)?	presented
One of the second of the secon	
A16. Leadership development?	-1
O No emphasis O Minor emphasis O Major emphasis	
A17. State-wide assessment or standardized testing?	7
O No emphasis O Minor emphasis O Major emphasis	
A18. Other (please describe)	
O No emphasis O Minor emphasis O Major emphasis	
Next >	eListe

### **Activity A continued**

Good

how many hours were you engaged in this activity overall? Round your an	swer to the nearest whole hour.
A20. Please indicate if you engaged in any of the following during this acti	vity (check all that apply).
☐ Had someone observe and provide feedback on your teaching	
☐ Presented material or instructed others	
Lead a discussion	
A21. Have you discussed or shared what you learned with others in your s	chool who did NOT attend the activity?
© Yes	
© No	
A22. Was this activity consistent with your own goals for your professiona	I development?
© Yes	
○ No	
A23. Was this activity aligned with state content standards?	
© Yes	
© No	
A24. Please rate the overall quality of the activity, including the main activ	vity and any preliminary activities or formal
follow-up sessions.	
© Excellent	

A19. Between July 1 and Oct. xx, including the main activity and any preliminary activities or formal follow-up sessions,



A25. Please indicate the degree of impact you expect the activity to have on your classroom practices.













#### **Activity B**

2. Did you participate in any other professional development activities from July 1 - Oct. xx, EXCLUDING YOUR WORK ON CASL?

**Examples of professional development activities include:** 

- -Workshop
- -Institute
- -Conference
- -College course
- -Teacher network
- -Internship or immersion activity
- -Teacher committee or task force
- -Teacher study group
- -Work with a mentor or coach
- -Any other professional development activity



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### **Activity B**

B1. Please give the name of the professional development activity you participated in during the time period of July 1-Oct. XX that you feel impacted your practice the SECOND most, EXCLUDING YOUR WORK ON CASL.

Count a program of on-going professional development that took place on different dates over several weeks or months, such as a summer institute with follow-up workshops or an on-going teacher study group, as ONE professional development activity.

B2. Have you reported on this activity in a previous log entry?

Yes









# **Activity B continued**

Science

B3. Please briefly describe	the topic and purpose of this activity.
B4. Over what period of tin up sessions? (Check one re	ne was/is the activity spread, including the main activity and any formal preliminary or follow-
C Less than one day	
© One day	
Two to four days	
C A week	
Two to three weeks	
A month	
Two to six months	
Seven months to a year	
More than a year	
	did you meet regularly, over the course of several weeks or months, with a group of effect on the material being learned?
	sheet on the material being learned:
• Yes	
○ No	
B6. Which subject area(s)	did the activity cover? (Check all that apply.)
☐ Math	

Reading	
☐ Writing	
☐ Social studies	
☐ Health related	
Activity was not specific to any one subject area	
Other subject(s) (please specify:)	





## **Activity B continued**

How much emphasis did the activity give to				
B7. Curriculum (e.g., units, textbooks, standards)?				
O No emphasis O Minor emphasis O Major emphasis				
B8. Working with content standards (e.g., understanding, unpacking, simplifying, aligning instruction to standards)?				
O No emphasis O Minor emphasis O Major emphasis				
B9. Instructional methods?				
O No emphasis O Minor emphasis O Major emphasis				
ABO. Increasing student involvement in learning?				
O No emphasis O Minor emphasis O Major emphasis				
B11. Formative assessments (e.g., developing, selecting, and using assessment in the classroom)?				
One of the second of the secon				
B12. Communicating assessment results to students?				
O No emphasis O Minor emphasis O Major emphasis				
B13. Using assessment results to guide instruction (i.e., to make adjustments in instructional strategies or lesson plans)?				
O No emphasis O Minor emphasis O Major emphasis				

B14. Use of technology in instruction (e.g., computers, graphing calculators)?

No emphasis Minor emphasis Major emphasis	
15. Strategies for teaching diverse student populations (e.g., students with disabilities, from underroopulations, economically disadvantaged, range of abilities)?	epresented —
No emphasis Minor emphasis Major emphasis	
16. Leadership development?	_
O No emphasis O Minor emphasis O Major emphasis	
17. State-wide assessment or standardized testing?  © No emphasis © Minor emphasis © Major emphasis	
18. Other (please describe)	_
No emphasis	

Next >



## **Activity B continued**

P20 Please indicate if you	engaged in any of the following	during this potivity (	obook all that apply)
Had someone observe and	d provide feedback on your teaching		спеск ан тпат арргу).
Presented material or inst	ructed others		
Lead a discussion			
B21. Have you discussed or Yes	shared what you learned with o	others in your school	who did NOT attend the activity?
O No			
B22. Was this activity consi  Yes No	stent with your own goals for y	our professional deve	elopment?
B23. Was this activity aligno	ed with state content standards	?	
• Yes			
© No			
B24. Please rate the overall follow-up sessions.	quality of the activity, including	g the main activity ar	nd any preliminary activities or formal
© Excellent			
<b>○</b> Good			

B19. Between July 1 and Oct. xx, including the main activity and any preliminary activities or formal follow-up sessions,

how many hours were you engaged in this activity overall? Round your answer to the nearest whole hour.

0	Fair
0	Poor

B25. Please indicate the degree of impact you expect the activity to have on your classroom practices.







None





# Thank you for completing the Survey of Professional Development Activities!

Click the Finish button below to submit your survey entry.

Finish

