



# Spring 2011 Kindergarten Teacher Questionnaire

Prepared for the U.S. Department of Education

National Center for Education Statistics by:

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Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

LABEL

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 1850-0750. Approval expires 03/31/2012. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, 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 I, 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, address, telephone number, or identification number with your responses will be included in the statistical reports.

## Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you are the teacher of one or more of the children who are participants in this study.

This questionnaire contains several sections:

- a) Classroom and student characteristics
- b) Class organization and resources
- c) Instructional activities and curricular focus
- d) Parent involvement
- e) Evaluation and grading practices
- f) School and staff activities
- g) Views on school readiness, school climate, and the school environment

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law. Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as instructed on the next page) or by writing your responses in the space provided. Your best estimates are acceptable answers.

Many of the questions ask that you respond separately for each kindergarten class that you teach – half-day morning and/or afternoon or full-day.

- Report on **half-day morning and half-day afternoon classes** separately, in the appropriate columns. If you teach only half-day classes, do not report any information in the full-day class column.
- If you teach a **full-day class** (the same children are with you for the full day), please record your answers in only the full-day class column; do not report on the morning and afternoon sessions of the class separately.
- If you teach a class with a **day care** component, please report only on the instructional portion of the class, in the appropriate class column. For example, if the instructional portion of the class is held in the morning, and the day care portion in the afternoon, record your answers in the morning class section.

## DEFINITIONS

Reference is made in this questionnaire to Title I and Title III programs, English language learners (ELL), individualized education programs (IEP), individualized family service plans (IFSP), and Section 504 plans. For this study, the following definitions apply:

- **Title I: "Improving the Academic Achievement of the Disadvantaged":** Title I is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on state academic achievement standards and state academic assessments.
- **Title III: "Language Instruction for Limited English Proficient and Immigrant Students":** Title III is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. One of the main purposes of this program is to help ensure that children who are limited English proficient, including immigrant children and youth, attain English proficiency.

develop high levels of academic attainment in English, and meet the same state academic content and student academic achievement standards as all students are expected to meet.

- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.
- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- Individualized Family Service Plan (IFSP): A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.
- Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.

**THANK YOU VERY MUCH FOR YOUR HELP.**

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

## MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

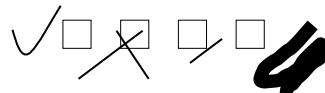
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



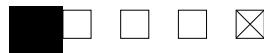
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



## PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write digits like this:

1 2 3 4 5 6 7 8 9

Write words like this:

John Smith

## SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS

**A1. Which of the following describes the kindergarten class or classes you currently teach?  
MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Full-day	<input type="checkbox"/>	<input type="checkbox"/>
b. Morning half-day class	<input type="checkbox"/>	<input type="checkbox"/>
c. Afternoon half-day class	<input type="checkbox"/>	<input type="checkbox"/>
d. One class, some children stay for a full-day, some for a half-day	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE QUESTIONS BELOW, PLEASE ANSWER FOR EACH OF THE CLASSES YOU TEACH.  
SEE COVER PAGE FOR INSTRUCTIONS.**

**A2. As of today's date, how many children...**

**WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF THERE ARE NO CHILDREN IN A PARTICULAR CATEGORY, WRITE "0."**

	Number of Children		
	Morning class	Afternoon class	Full-day class
a. Are currently enrolled?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Have joined the class since the beginning of the school year?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Have left the class since the beginning of the school year?	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A3. How many children in each of your classes...**

**WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."**

	<b>Number of Children</b>		
	<b>Morning class</b>	<b>Afternoon class</b>	<b>Full-day class</b>
a. Are classified as Gifted and Talented?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Are below grade level in their reading skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Are below grade level in their mathematics skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Are tardy, on an average day?	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Are absent, on an average day?	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A4. At this point in the school year, how would you rate the behavior of the children in each of your classes?**

**MARK ONE FOR EACH CLASS YOU TEACH.**

	<b>Morning class</b>	<b>Afternoon class</b>	<b>Full-day class</b>
Group misbehaves very frequently and is almost always difficult to handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group misbehaves frequently and is often difficult to handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group misbehaves occasionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group behaves well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group behaves exceptionally well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. How many children in each of your classes have a diagnosed disability and need special accommodations or services? IF NONE IN A CLASS, WRITE "0" AND SKIP TO A8 FOR THAT CLASS.

Number of children		
Morning class	Afternoon class	Full-day class
<input type="text"/>	<input type="text"/>	<input type="text"/>

A6. How many of these children have the following diagnosed disabilities? IF NONE IN A CATEGORY, WRITE "0."

	Number of Children		
	Morning class	Afternoon class	Full-day class
a. Speech or language impairments	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Specific learning disabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Emotional disturbance	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Mental retardation	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Developmental delay	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Visual impairments (including blindness)	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Hearing impairments (including deafness)	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Orthopedic impairments	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Other health impairments	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Autism	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Traumatic brain injury	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Deaf-blindness	<input type="text"/>	<input type="text"/>	<input type="text"/>

A6. (CONTINUED) How many of these children have the following diagnosed disabilities? IF NONE IN A CATEGORY, WRITE "0."

	Number of Children		
	Morning class	Afternoon class	Full-day class
m. Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. Other (PLEASE SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>

A7. For how many of these children do the following apply? IF NONE IN A CATEGORY, WRITE "0."

	Number of Children		
	Morning class	Afternoon class	Full-day class
a. Are currently receiving special health or educational services or accommodations for their disabilities, e.g., speech therapy, assistance by an aide in the classroom, or testing accommodations	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Need more help than they are currently receiving	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE NEXT SERIES OF QUESTIONS ASKS ABOUT THE USE OF DIFFERENT LANGUAGES IN THE CLASSROOM BY TEACHERS, CHILDREN, AND OTHER ADULTS

A8. Are any languages other than English used by teachers, aides, or other adults in your classroom?

Yes (GO TO Q A9)  
 No (SKIP TO Q A11)

**A9. How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.**

	<u>Morning class</u>	<u>Afternoon class</u>	<u>Full-day class</u>
a. For academic instruction in reading/literacy			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For academic instruction in mathematics			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For academic instruction in other subjects			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. For instructional support (e.g., explaining directions, etc.)			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A9. (CONTINUED) How often is a non-English language used in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.

e. For conversation	Morning class	Afternoon class	Full-day class
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A10. How much time per day do you and any other teacher or aide speak any non-English language in each of your classes? MARK ONE FOR EACH CLASS YOU TEACH.

	Morning class	Afternoon class	Full-day class
1 - 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 - 60 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 60 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A11. Do you have any children who are English language learners in each of your classes? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.

	Morning class	Afternoon class	Full-day class
Yes (GO TO Q 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q B1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A12. How often do English language learners (ELL children) in your class or classes do each of the following activities?**

**MARK ONE ON EACH ROW. INCLUDE ACTIVITIES IN YOUR CLASSROOM OR IN A PULL-OUT PROGRAM.**

	<u>Once a month or less</u>	<u>2-3 times a month</u>	<u>1-2 times a week</u>	<u>3-4 times a week</u>	<u>Daily</u>
a. Take assessments to monitor their English language acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Take assessments to assess their progress in English reading and literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work in small groups of ELL children or individually on intensive English reading and literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work in a structured peer-assisted setting (i.e., ELL child is paired with a non-ELL child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION B. CLASS ORGANIZATION AND RESOURCES

**B1. In a typical day, how much time does a child in your class or classes spend in the following activities? MARK ONE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.**

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. Teacher-directed whole class activities	<input type="checkbox"/>					
b. Teacher-directed small group activities	<input type="checkbox"/>					
c. Teacher-directed individual activities	<input type="checkbox"/>					
d. Child-selected activities	<input type="checkbox"/>					

**B2a. How often does the typical child in your class or classes usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE ON EACH ROW.**

	Never	Less than once a week	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week
a. Reading and language arts	<input type="checkbox"/>						
b. Mathematics	<input type="checkbox"/>						
c. Social studies	<input type="checkbox"/>						
d. Science	<input type="checkbox"/>						
e. Music	<input type="checkbox"/>						
f. Art	<input type="checkbox"/>						
g. Physical education	<input type="checkbox"/>						
h. Dance/creative movement	<input type="checkbox"/>						
i. Theater/creative dramatics	<input type="checkbox"/>						
j. Foreign language	<input type="checkbox"/>						

**B2b. On the days children work in these areas, how much time does the typical child in your class or classes usually work on lessons or projects in the following general subject areas? MARK ONE ON EACH ROW.**

	<u>Not Applicable / never</u>	<u>Less than <math>\frac{1}{2}</math> hour a day</u>	<u><math>\frac{1}{2}</math> hour to less than 1 hour</u>	<u>1 to less than <math>1\frac{1}{2}</math> hours</u>	<u><math>1\frac{1}{2}</math> to less than 2 hours</u>	<u>2 to less than <math>2\frac{1}{2}</math> hours</u>	<u><math>2\frac{1}{2}</math> to less than 3 hours</u>	<u>3 hours or more</u>
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3. In an average week, how often do you divide your class or classes into achievement groups for reading and math activities or lessons? MARK ONE ON EACH ROW.**

	<u>Never</u>	<u>Less than once a week</u>	<u>1 day a week</u>	<u>2 days a week</u>	<u>3 days a week</u>	<u>4 days a week</u>	<u>5 days a week</u>
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOUR  
RESPONSE IS  
“NEVER” FOR  
BOTH a AND b,  
PLEASE SKIP TO Q  
B6.

**B4.** On days when you use achievement grouping, how many groups do you have in your class or classes? How many minutes are your class or classes usually divided into achievement groups for reading and math activities or lessons?

IF YOU HAVE MORE THAN ONE CLASS, WRITE THE AVERAGE FOR YOUR CLASSES. IF YOU DO NOT USE ACHIEVEMENT GROUPING IN THE SUBJECT LISTED, PLEASE WRITE "0" IN THE NUMBER BOX AND SKIP TO THE NEXT QUESTION.

	Number of achievement groups	1-15 minutes/day	16-30 minutes/day	31-60 minutes/day	More than 60 minutes/day
a. Reading	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5.** How often do children in your class or classes who need more help with reading receive the following kinds of services while at school?

MARK ONE ON EACH ROW AND WRITE IN THE AVERAGE NUMBER OF MINUTES PER SESSION, NOT COUNTING TIME SPENT MOVING BETWEEN CLASS AND THE SERVICE.

	Never	Less than once a week	Once or twice a week	Three or four times a week	Daily	Minutes per session
a. Extra individual assistance from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Individual tutoring from an aide or volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Individual tutoring by a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Pull-out instruction in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**B6. How often do the children in your class or classes do the following activities? MARK ONE ON EACH ROW.**

	<u>No library or media center in this school</u>	<u>Once a month or less</u>	<u>Two or three times a month</u>	<u>Once or twice a week</u>	<u>Three or four times a week</u>	<u>Daily</u>
a. Go to the school library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Borrow materials from the library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7. How many days a week do children have recess? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

Days

**B8. Between the school day starting time and the dismissal time, how many times a day do children have recess? MARK ONLY ONE.**

Once  
 Twice  
 Three or more times

**B9. In a typical day, how much time do children in your class or classes spend in the following activities? MARK ONE ON EACH ROW.**

	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Lunch	<input type="checkbox"/>				
b. Free play indoors	<input type="checkbox"/>				
c. Free play outdoors (including recess)	<input type="checkbox"/>				

**B10. How many hours a week do different types of paid aides usually assist in you in the following ways? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."**

	Regular aides	Special education aides	ESL or bilingual education aides
a. Working directly with children on instructional tasks	<input type="text"/>	<input type="text"/>	<input type="text"/>
	hours/ week	hours/ week	hours/ week
b. Doing non-instructional work (e.g., photocopying, preparing materials, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	hours/ week	hours/ week	hours/ week

**B11. How many hours a week do volunteers usually assist in your class or classes in the following ways? IF NONE, WRITE "0." IF THERE ARE TWO OR MORE VOLUNTEERS PLEASE ADD UP THEIR WEEKLY HOURS.**

	Number of hours a week
a. Working directly with children on instructional tasks	<input type="text"/>
b. Doing non-instructional work (e.g., photocopying, preparing materials, etc.)	<input type="text"/>

**B12. Which of the following statements is true about how well your school provides you with the instructional materials and other resources to teach the following subject areas? (MARK ONE ON EACH ROW.)**

	I get all the resources I need.	I get most of the resources I need.	I get some of the resources I need.	I don't get any of the resources I need.
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B13. In general, how adequate is each of the following for your class or classes? MARK ONE ON EACH ROW.**

	<b>I don't use these at this grade level</b>	<b>Never adequate</b>	<b>Often not adequate</b>	<b>Sometimes not adequate</b>	<b>Always adequate</b>
a. Textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tradebooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Basal reader books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Manipulatives (e.g., blocks, puzzles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Audiovisual equipment (e.g., DVD player, TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. DVDs, videotapes, or films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Computer equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Paper and pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Photocopier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Art materials, paints, clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Musical recordings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Materials for teaching ELL children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Materials for teaching children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Heat and air-conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Classroom space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B14. How often are the following materials or resources used in your class or classes? MARK ONE ON EACH ROW.**

	Not available	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Art materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Costumes for creative dramatics/theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooking or food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. DVD player or VCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. TV for watching broadcast programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CD or other music player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Science equipment (e.g., magnifying glass, scales, thermometers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION C. INSTRUCTIONAL ACTIVITIES AND CURRICULAR FOCUS

### **Reading and Language Arts Instruction**

**C1. How often do you use the following resources to teach reading in your class or classes?  
MARK ONE ON EACH ROW.**

	Never or hardly ever	Once or twice a month	Once or twice a week	Almost every day
a. Basal reading series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children's newspapers and/or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Computer software for reading instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A variety of trade books (e.g., novels, collections of poetry, nonfiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Materials from other subjects (e.g., science, social studies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. How often do children in your class or classes do each of the following READING and LANGUAGE ARTS activities? MARK ONE ON EACH ROW.**

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Practice writing the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss new or difficult vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dictate stories to a teacher, aide, or volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work on phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Listen to you read stories where they see the print (e.g., Big Books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Listen to you read stories but they don't see the print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retell stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Read from basal reading texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Read silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Work in a reading workbook or on a worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Write words from dictation, to improve spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Write with encouragement to use invented spellings, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Read books they have chosen for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Compose and write stories or reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Do an activity or project related to a book or story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Perform plays and skits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Write stories in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Work in mixed-achievement groups on language arts activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Read text with controlled vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Read text with strong phonetic patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

w. Read text with patterned or predictable text

**C3. For this school year as a whole, please indicate how often each of the following READING and LANGUAGE ARTS skills is taught in your class or classes. MARK ONE ON EACH ROW.**

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
a. Conventions of print (left to right orientation, book holding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alphabet and letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Matching letters to sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing own name (first and last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rhyming words and word families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Blending separate sounds of a word to say the word (e.g., "/c/ /a/ /t/ - cat")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Verbally manipulating syllables within a word (e.g., what is cowboy without cow?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reading multi-syllable words, like adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Common prepositions such as over and under, up and down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Identifying the main idea and parts of a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Making predictions based on text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Using context cues for comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Communicating complete ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Remembering and following directions that include a series of actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Using capitalization and punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Composing and writing complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Composing and writing stories with an understandable beginning, middle, and end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. (CONTINUED) For this school year as a whole, please indicate how often each of the following READING and LANGUAGE ARTS skills is taught in your class or classes. MARK ONE ON EACH ROW.

	Not Taught		Taught				
	Taught at a higher grade level	Childre n should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
s. Conventional spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Alphabetizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Reading aloud fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Mathematics Instruction**

**C4. How often do children in your class or classes do each of the following MATH activities?  
MARK ONE ON EACH ROW.**

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Count out loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with geometric manipulatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with counting manipulatives to learn basic operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Play math-related games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a calculator for math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use music to understand math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use creative movement or creative drama to understand math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Work with rulers, measuring cups, spoons, or other measuring instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Explain how a math problem is solved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Engage in calendar-related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do math worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do math problems from their textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Complete math problems on the chalkboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Solve math problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Work on math problems that reflect real-life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Work in mixed achievement groups on math activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Use a number line to understand number concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C5. For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. MARK ONE ON EACH ROW.**

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
a. Correspondence between number and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Writing all numbers between 1 and 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counting by 2s, 5s, and 10s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counting beyond 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Writing all numbers between 1 and 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recognizing and naming geometric shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Identifying relative quantity (e.g., equal, less, more, least, most)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sorting objects into subgroups according to a rule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ordering objects by size or other properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Making, copying, or extending patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Recognizing the value of coins and currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Adding single-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Subtracting single-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Place value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Reading two-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Reading three-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. (CONTINUED) For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. MARK ONE ON EACH ROW.

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
q. Reading simple graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Performing simple data collection and graphing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Fractions (e.g., recognizing that $\frac{1}{4}$ of a circle is colored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Ordinal numbers (e.g., first, second, third)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Using measuring instruments accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Telling time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Estimating quantities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Estimating probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Writing math equations to solve word problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Science and Social Studies Instruction**

**C6. For this school year as a whole, please indicate if each of the following SCIENCE or SOCIAL STUDIES topics or skills is taught in your class or classes. MARK ONE ON EACH ROW.**

	<u>Taught in my class or classes</u>	<u>Not taught in my class or classes</u>
a. Human body	<input type="checkbox"/>	<input type="checkbox"/>
b. Plants and animals	<input type="checkbox"/>	<input type="checkbox"/>
c. Dinosaurs and fossils	<input type="checkbox"/>	<input type="checkbox"/>
d. Solar system and space	<input type="checkbox"/>	<input type="checkbox"/>
e. Weather (e.g., rainy, sunny)	<input type="checkbox"/>	<input type="checkbox"/>
f. Understand and measure temperature	<input type="checkbox"/>	<input type="checkbox"/>
g. Water	<input type="checkbox"/>	<input type="checkbox"/>
h. Sound	<input type="checkbox"/>	<input type="checkbox"/>
i. Light	<input type="checkbox"/>	<input type="checkbox"/>
j. Magnetism and electricity	<input type="checkbox"/>	<input type="checkbox"/>
k. Machines and motors	<input type="checkbox"/>	<input type="checkbox"/>
l. Tools and their uses	<input type="checkbox"/>	<input type="checkbox"/>
m. Health, safety, nutrition, and personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>
n. Important figures and events in American history	<input type="checkbox"/>	<input type="checkbox"/>
o. Community resources (e.g., grocery store, police)	<input type="checkbox"/>	<input type="checkbox"/>
p. Map-reading skills	<input type="checkbox"/>	<input type="checkbox"/>

C6. (CONTINUED) For this school year as a whole, please indicate if each of the following SCIENCE or SOCIAL STUDIES topics or skills is taught in your class or classes. MARK ONE ON EACH ROW.

	<u>Taught in my class or classes</u>	<u>Not taught in my class or classes</u>
q. Different cultures	<input type="checkbox"/>	<input type="checkbox"/>
r. Reasons for rules, laws, and government	<input type="checkbox"/>	<input type="checkbox"/>
s. Ecology	<input type="checkbox"/>	<input type="checkbox"/>
t. Geography	<input type="checkbox"/>	<input type="checkbox"/>
u. Scientific method	<input type="checkbox"/>	<input type="checkbox"/>
v. Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>
w. Hands-on activities or investigations in science	<input type="checkbox"/>	<input type="checkbox"/>
x. Laboratory skills or techniques	<input type="checkbox"/>	<input type="checkbox"/>
y. Communicating ideas in science	<input type="checkbox"/>	<input type="checkbox"/>
z. Relevance of science to society	<input type="checkbox"/>	<input type="checkbox"/>
aa. Community service	<input type="checkbox"/>	<input type="checkbox"/>
bb. Current events in the news	<input type="checkbox"/>	<input type="checkbox"/>

C7. On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? MARK ONE RESPONSE FOR EACH ROW.

	<u>I never assign homework</u>	<u>1 to 10 minutes</u>	<u>11 to 20 minutes</u>	<u>21 to 30 minutes</u>	<u>More than 30 minutes</u>
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION D. PARENT INVOLVEMENT

**D1. How many regularly scheduled conferences do you have with a parent or guardian of each child in your class or classes during the school year? MARK ONLY ONE.**

- No conferences
- One conference
- Two conferences
- Three or more conferences

**D2. What percentage of children in your class or classes have parents who participate in the following activities? MARK ONE ON EACH ROW.**

	None	1-25%	26-50%	51-75%	76% or more
a. Attend teacher-parent conferences	<input type="checkbox"/>				
b. Volunteer regularly to help in your classroom or another part of the school	<input type="checkbox"/>				
c. Attend open houses or parties	<input type="checkbox"/>				
d. Attend art/music events or demonstrations	<input type="checkbox"/>				

**D3. During this school year, have you made contacts with parents in the following ways? MARK ONE ON EACH ROW.**

	Never	One to two times	Three to five times	Six to ten times	11 to 14 times	15 or more times
a. Sent home letters, newsletters, or other notices addressed to all parents	<input type="checkbox"/>					
b. Shared portfolios or other collections of children's work for parents to see	<input type="checkbox"/>					
c. Used e-mail or list-serve to send out classroom updates or information to parents	<input type="checkbox"/>					
d. Used e-mail or written notes to address individual questions or concerns of parents	<input type="checkbox"/>					
e. Talked to parents by telephone	<input type="checkbox"/>					

## SECTION E. EVALUATION AND GRADING PRACTICES

**E1. How important is each of the following in evaluating the children in your class or classes? MARK ONE ON EACH ROW.**

	<u>Not important</u>	<u>Somewhat important</u>	<u>Very important</u>	<u>Extremely important</u>
a. Individual child's achievement relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual child's achievement relative to local, state, or professional standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual improvement or progress over past performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Classroom behavior or conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cooperativeness with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E2. Which of the following best describes your evaluation and grading practices for different types of children? MARK ONLY ONE.**

- I hold the same standards for most children, but I make exceptions for children with special needs (for example, children with disabilities, children who are English language learners).
- I hold different standards for different children based on what I think they are capable of.
- I hold the same standards for everyone in my class.

**E3. How often do you use the following to assess your students? MARK ONE ON EACH ROW.**

	Never	One or two times a year	One or two times a month	One or two times a week	Three or more times a week
a. State or local standardized tests	<input type="checkbox"/>				
b. Commercially-produced tests or quizzes	<input type="checkbox"/>				
c. Teacher-made tests or quizzes	<input type="checkbox"/>				
d. Individual or group projects	<input type="checkbox"/>				
e. Tests from textbook series (e.g., end of unit or chapter)	<input type="checkbox"/>				
f. Worksheets	<input type="checkbox"/>				
g. Work samples	<input type="checkbox"/>				
h. Teacher observation of specific objectives	<input type="checkbox"/>				

**E4. Which of the following do you use to provide kindergartners' parents with information about their children's performance? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Standard report card (e.g., a letter grade assigned for each subject)	<input type="checkbox"/>	<input type="checkbox"/>
b. Progress report form (narrative report)	<input type="checkbox"/>	<input type="checkbox"/>
c. Competency based checklists	<input type="checkbox"/>	<input type="checkbox"/>
d. Portfolio of child's work	<input type="checkbox"/>	<input type="checkbox"/>
e. Assessments/standardized test scores	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F. SCHOOL AND STAFF ACTIVITIES

**F1. How often have you participated in the following school-related activities since the beginning of the school year? MARK ONE ON EACH ROW.**

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Meeting with other teachers to discuss lesson planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meeting with other teachers to discuss curriculum development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F2. In which of the following staff development and training activities have you participated during the current academic year? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Workshops involving study groups or small-group problem solving	<input type="checkbox"/>	<input type="checkbox"/>
b. Direct instruction from an outside consultant on a specific topic	<input type="checkbox"/>	<input type="checkbox"/>
c. Peer observation and feedback	<input type="checkbox"/>	<input type="checkbox"/>
d. Visits to, or observations of, other schools	<input type="checkbox"/>	<input type="checkbox"/>
e. Release time for attending professional conferences	<input type="checkbox"/>	<input type="checkbox"/>
f. Enrollment in college or university courses related to your profession	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional development via distance learning (web-based, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
h. Workshops on using computers and technology in the classroom	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION G. VIEWS ON SCHOOL READINESS, SCHOOL CLIMATE, AND SCHOOL ENVIRONMENT

G1. Please indicate the extent to which you agree or disagree with each of the following statements about your school. MARK ONE ON EACH ROW.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Many of the children I teach are not capable of learning the material I am supposed to teach them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel accepted and respected as a colleague by most staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers in this school are continually learning and seeking new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Routine administrative duties and paperwork interfere with my job of teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents are supportive of school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a great deal of cooperative effort among the staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In this school, staff members are recognized for a job well done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The academic standards at this school are too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is broad agreement among the entire school faculty about the central mission of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The school administrator sets priorities, makes plans, and sees that they are carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The school administration's behavior toward the staff is supportive and encouraging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G2. To what extent do you agree or disagree with the following statements? MARK ONE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Not applicable</b>
a. I am adequately trained to teach the children with disabilities who are in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inclusion of children with disabilities in my class has worked well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am adequately trained to teach English language learners in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inclusion of English language learners in my class has worked well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G3. To what extent do you agree or disagree with each of the following statements? MARK ONE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. If I try really hard, I can get through even to the most difficult or unmotivated students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If some students in my class are not doing well, I feel that I should change my approach to the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. By trying a different teaching method, I can significantly affect a student's achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is really very little I can do to ensure that most of my students achieve at a high level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I work to create lessons so my students will enjoy learning and become independent thinkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel sometimes it is a waste of my time to try to do my best as a teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The attitudes and habits students bring to my class greatly reduce their chances for academic success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My success or failure in teaching is due primarily to factors beyond my control rather than to my own effort or ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The amount a student can learn is primarily related to family background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If a student did not remember information I gave in a previous lesson, I would know how to increase his/her retention in the next lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a student in my class becomes disruptive and noisy, I feel assured that I know some techniques to redirect him/her quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I really enjoy my present teaching job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I am certain I am making a difference in the lives of the children I teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. If I could start over, I would choose teaching again as my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Date Questionnaire Completed:**

<input type="text"/>	<input type="text"/>	<input type="text" value="2011"/>
MONTH	DAY	YEAR

**THANK YOU FOR YOUR COOPERATION**