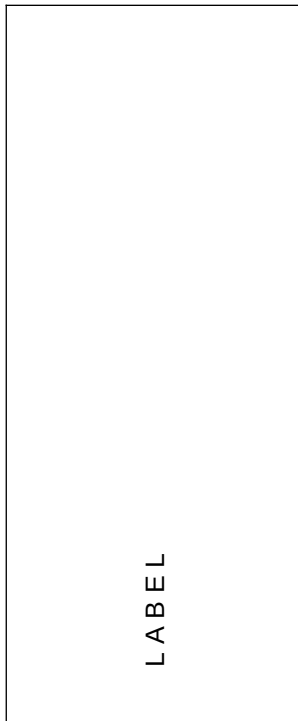


# Spring 2011 Kindergarten Teacher Questionnaire Supplement For Kindergarten Teachers New to the ECLS Study in Spring 2011

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.**

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 10 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 one or more of the children in your class(es) are participants in this study.

This questionnaire asks about your background. You should have received another questionnaire this spring with questions about aspects of your classroom, students, and instruction.

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.

### DEFINITIONS RELATED TO LANGUAGE

Reference is made to English language learners (ELL), as well as to English as a Second Language (ESL), bilingual education, and dual-language programs in this questionnaire. For this study, the following definitions apply:

- 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.
- English as a Second Language (ESL): An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English. The program may focus on a student's level of proficiency in general English. As a language instruction educational program, the ESL program should be connected to academic achievement with the goal of meeting the academic standards that all children must meet.
- Bilingual education program: A program in which native language is used to varying degrees, in conjunction with English, to teach English and academic content to students with limited proficiency in English.
- Dual-language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving content instruction in English and another language in a classroom that usually consists of both native English speakers and native speakers of the other language.

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

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE 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.

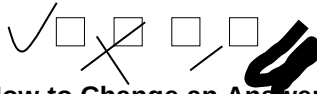
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



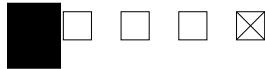
Incorrect Marks:

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**

## TEACHER BACKGROUND

1. **What is your gender? MARK ONE.**

- Male  
 Female

2. **In what year were you born? WRITE IN YEAR BELOW.**

1 9

3. **Are you Hispanic/Latino? MARK ONLY ONE.**

- Yes  
 No

4. **Which best describes your race? MARK ONE OR MORE 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

5. **What is the highest level of education you have completed? MARK ONLY ONE.**

- Did not complete high school  
 High school diploma or equivalent/GED  
 Some college or technical or vocational school  
 Associate's degree  
 Bachelor's degree  
 Master's degree  
 An advanced professional degree beyond a master's degree (e.g., Ph.D., MD)  
 Don't know

**6. What is the highest level of education completed by your own parents? MARK ONLY ONE.**

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (e.g., Ph.D., MD)
- Don't know

**7. Counting this school year, how many years have you taught each of the following grades and programs?**

**WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5) PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.**

	<b>Total Years Grade or Program Taught</b>
a. Preschool or Head Start	<input type="text"/>
b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade)	<input type="text"/>
c. First grade	<input type="text"/>
d. Second through fifth grade	<input type="text"/>
e. Sixth grade or higher	<input type="text"/>
f. English as a Second Language (ESL)	<input type="text"/>
g. Bilingual education program	<input type="text"/>
h. Dual-language program	<input type="text"/>
i. Special education program	<input type="text"/>
j. Physical education program	<input type="text"/>
k. Art or music program	<input type="text"/>

8. Counting this school year, how many years have you taught in your current school, including part-time teaching?

WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5).

Years

9. Counting this school year, how many years have you been a schoolteacher? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5).

Years

10. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONLY ONE.

Not taken

Taken and passed

Taken and have not yet passed

Taken and awaiting test results

11. What is the name of the college or university where you earned your highest degree?

COLLEGE OR UNIVERSITY

11a. In what city and state is it located?

CITY AND STATE

12. If you have an associate's or bachelor's degree, indicate your undergraduate major field of study. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

13. If you have a graduate degree, indicate the major field of study of your highest level graduate degree. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you ever taken a college course in the following areas? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a Second Language (ESL) or teaching English language learners	<input type="checkbox"/>	<input type="checkbox"/>
e. Child development	<input type="checkbox"/>	<input type="checkbox"/>
f. Methods of teaching reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
g. Methods of teaching mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Methods of teaching science	<input type="checkbox"/>	<input type="checkbox"/>
i. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>

15. Did any of the college courses mentioned in item C14 address issues related to the following? MARK YES OR NO ON EACH ROW.

	Yes	No
a. Response to Intervention	<input type="checkbox"/>	<input type="checkbox"/>
b. Early Intervening Services	<input type="checkbox"/>	<input type="checkbox"/>

16. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONLY ONE.

- Regular or standard state certificate or advanced professional certificate.
- Certificate issued after satisfying all requirements except the completion of a probationary period.
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained.
- Certificate issued to persons who must complete a certification program in order to continue teaching.
- I do not hold any of the above certifications in THIS state. **(SKIP TO END)**

17. In what areas are you certified? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a Second Language (ESL) or instruction for English language learners	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>



18. This school year, do you qualify as a “Highly Qualified Teacher (HQT)” according to your state’s requirements?

Generally, to be Highly Qualified, teachers must meet requirements related to having 1) a bachelor’s degree, 2) full state certification, and 3) demonstrated competency in the subject area(s) taught. The HQT requirement is a provision under the Elementary and Secondary Education Act, as reauthorized by the No Child Left Behind Act of 2001.

- Yes
- No
- I don’t know

Date Questionnaire Completed:

MONTH

DAY

2011

YEAR

**THANK YOU FOR YOUR COOPERATION**