

Appendix A:
New and Revised Questionnaire Items

Appendix A. New and Revised Questionnaire Items

New and Revised Questionnaire Items Proposed for the Teacher Questionnaire

A7. As of today's date, how many children in your class belong to each of the following racial/ethnic groups? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR RACE/ETHNICITY, WRITE "0." IF YOU ARE NOT SURE ABOUT A CHILD'S RACE/ETHNICITY, PLEASE CATEGORIZE HIM OR HER WHERE YOU THINK HE OR SHE FITS BEST.

a. Hispanic/Latino of any race

b. American Indian or Alaska Native, not Hispanic or Latino

c. Asian, not Hispanic or Latino

d. Black or African American, not Hispanic or Latino

e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

f. White, not Hispanic or Latino

g. Two or more races, not Hispanic or Latino

h. **Total class enrollment (sum of a through g)**

A13. How many children in your class have a diagnosed disability and need special accommodations or services? IF NONE, WRITE "0" AND SKIP TO A16.

Number of children

A14. For how many of these children do the following apply? IF NONE IN A CATEGORY, WRITE "0."

Number of Children

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

b. Need more help than they are currently receiving

B11. How many hours a week do different types of paid aides and/or volunteers usually assist you in working directly with children on instructional tasks? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."

Number of hours a week

a. Regular aides

b. Special education aides

c. ESL or bilingual education aides

d. Volunteers

C2. How often do children in your class do each of the following READING and LANGUAGE ARTS activities? MARK ONE ON EACH ROW.¹

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Only items in shaded rows are included in the field test.

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. MARK ONE ON EACH ROW. ²

	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"/>

² Only items in shaded rows are included in the field test.

C4. How often do children in your class do each of the following MATH activities? MARK ONE ON EACH ROW.³

	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"/>

³ Only items in shaded rows are included in the field test.

C5. For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class. MARK ONE ON EACH ROW. ⁴

	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"/>

⁴ Only items in shaded rows are included in the field test.

C5. (CONTINUED) For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class. MARK ONE ON EACH ROW.⁵

	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"/>

⁵ Only items in shaded rows are included in the field test.

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. MARK ONE ON EACH ROW.⁶

	<u>Taught in my class</u>	<u>Not taught in my class</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"/>

⁶ Only items in shaded rows are included in the field test.

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. MARK ONE ON EACH ROW. ⁷

	<u>Taught in my class</u>	<u>Not taught in my class</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"/>

E2. 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. Tests from textbook series (e.g., end of unit or chapter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other classroom tests or quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual or group projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Teacher observation of specific objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁷ Only items in shaded rows are included in the field test.

New and Revised Questionnaire Items Proposed for the Administrator Questionnaire

A21. Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program? MARK ONLY ONE.

- Yes
- No (SKIP TO Q A25)

A22. How many federally-reimbursable school lunches did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."

**Total meals
served in October**

- a. Paid school lunches
- b. Free school lunches
- c. Reduced-price lunches

A23. What is the price of a USDA-reimbursable lunch for students who pay the full price? Record the most common price (standard price) if your cafeteria offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

STANDARD FULL PRICE

\$

A24. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

REDUCED PRICE

\$

C9. During the past three years, did any of the following changes occur at your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Funding levels decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment significantly increased	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment significantly decreased	<input type="checkbox"/>	<input type="checkbox"/>
d. Students' average family income decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing or a shortage of teachers	<input type="checkbox"/>	<input type="checkbox"/>
g. Class sizes increased significantly	<input type="checkbox"/>	<input type="checkbox"/>
h. Class sizes decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
i. Salaries and/or benefits were frozen or decreased	<input type="checkbox"/>	<input type="checkbox"/>
j. Salaries and/or benefits increased	<input type="checkbox"/>	<input type="checkbox"/>

F6. At the end of the LAST school year (2010-2011), did this school make Adequate Yearly Progress (AYP)? (Adequate yearly progress is your state's measure of yearly progress toward achieving state academic standards.)

- Yes **(SKIP TO Q F9)**
- No
- Not applicable; our school district does not receive Title I funding. **(SKIP TO Q G1)**

F7. At the end of the LAST school year (2010-2011), was this school identified for improvement due to Adequate Yearly Progress (AYP) requirements? (A school is identified for improvement if it does not make Adequate Yearly Progress for two consecutive years or more in the same content area.)

- Yes
- No **(SKIP TO Q F9)**

F8. Which of the following actions has this school taken in response to being identified for improvement? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Developed or revised a two-year school improvement plan	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered students the choice to transfer to another public school	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered supplemental educational services to students from low-income families	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced school staff	<input type="checkbox"/>	<input type="checkbox"/>
e. Implemented a new curriculum based on scientifically based research	<input type="checkbox"/>	<input type="checkbox"/>
f. Extended the school day or school year	<input type="checkbox"/>	<input type="checkbox"/>
g. Appointed an outside expert to advise the school on its progress toward making AYP	<input type="checkbox"/>	<input type="checkbox"/>
h. Reorganized the school internally	<input type="checkbox"/>	<input type="checkbox"/>

F9. Does this school have grade 3 students?

- Yes
- No **(SKIP TO Q G1)**

F10. Based on recent state assessments, what percentage of the grade 3 students in your school in the prior school year (2010-2011) scored “proficient” or above in the subjects in this table? Please also indicate the percentage of students scoring proficient or above that was needed to meet your AYP (adequate yearly progress) goals for that school year. IF THE AYP COLUMN IS NOT APPLICABLE FOR YOUR SCHOOL BECAUSE YOUR DISTRICT DOES NOT RECEIVE TITLE I FUNDING, WRITE “NA” IN THE AYP COLUMN.

	Percentage of students whose achievement level is “proficient” or above	Percentage required by AYP goals in 2010-2011
a. Reading or verbal skills	<input type="text" value=""/> %	<input type="text" value=""/> %
b. Mathematics or quantitative skills	<input type="text" value=""/> %	<input type="text" value=""/> %
c. Science	<input type="text" value=""/> %	<input type="text" value=""/> %
d. English language proficiency for English Language Learners (WRITE NA IF NO STUDENTS WERE ASSESSED FOR THIS.)	<input type="text" value=""/> %	

G1. Approximately how many staff members does your school currently have in the following categories?

PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."

	(1)	(2)
	Number who work full time in the school	Number who work part time in the school
a. Regular classroom teachers	<input type="text"/>	<input type="text"/>
b. Gym, drama, music, or art teachers	<input type="text"/>	<input type="text"/>
c. Special education and related service providers	<input type="text"/>	<input type="text"/>
d. ESL/bilingual education/dual-language immersion teachers	<input type="text"/>	<input type="text"/>
e. Reading teachers/specialists	<input type="text"/>	<input type="text"/>
f. Teachers of gifted/talented	<input type="text"/>	<input type="text"/>
g. School nurses or health professionals	<input type="text"/>	<input type="text"/>
h. School psychologists or social workers	<input type="text"/>	<input type="text"/>
i. Paraprofessionals (e.g., classroom aides)	<input type="text"/>	<input type="text"/>
j. Library media specialists/librarians	<input type="text"/>	<input type="text"/>

B1. In general, how adequate are each of the following school facilities for meeting the needs of the children in your school? MARK ONE RESPONSE ON EACH ROW.

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW.

	Children
--	----------

**B3. How many computers in this school are used for...
WRITE IN NUMBERS IN BOXES BELOW. IF NONE, WRITE "0."**

	<u>Number of Computers</u>
a. Instructional purposes only?	<input type="text"/>
b. Both instructional and administrative purposes?	<input type="text"/>

C2. Are any of the following programs or services for parents and families available at your school site? Please include programs run by the school and those run by outside groups. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Parenting education programs (e.g., classes on child development, education in being a parent, understanding children with special needs)	<input type="checkbox"/>	<input type="checkbox"/>
b. Adult literacy program (including Adult Basic Education)	<input type="checkbox"/>	<input type="checkbox"/>
c. Family literacy program	<input type="checkbox"/>	<input type="checkbox"/>
d. Health or social services offered collaboratively by service agencies such as hospitals	<input type="checkbox"/>	<input type="checkbox"/>
e. Orientation to school setting for new families	<input type="checkbox"/>	<input type="checkbox"/>
f. Child care so that parents can attend school parent meetings or events	<input type="checkbox"/>	<input type="checkbox"/>

C3. Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Once a year</u>	<u>2 to 3 times a year</u>	<u>4 to 6 times a year</u>	<u>7 or more times a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Written reports (report cards) of child's performance sent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores sent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Home visits to do one-on-one parent education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Classroom programs like class plays, book nights, or family math nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. How much of a problem are the following in the neighborhood where this school is located? MARK ONE RESPONSE ON EACH ROW.

	<u>Big problem</u>	<u>Somewhat of a problem</u>	<u>No problem</u>	<u>Don't know</u>
a. Tensions based on racial, ethnic, or religious differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vacant houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Does your school take either of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Security guards	<input type="checkbox"/>	<input type="checkbox"/>
b. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>

D1. Are first graders at this school required to wear a school uniform? Do not include required physical education uniforms.

- Yes
 No

D2. Which of the following statements describe your school's grade promotion and retention practices or policies? MARK TRUE OR FALSE ON EACH ROW.

	<u>True</u>	<u>False</u>
a. This school has a formal retention policy	<input type="checkbox"/>	<input type="checkbox"/>
b. Children can be promoted for social reasons (e.g., physical size)	<input type="checkbox"/>	<input type="checkbox"/>
c. Children can be retained for maturational reasons (e.g., social/emotional immaturity)	<input type="checkbox"/>	<input type="checkbox"/>
d. Children can be retained at the request of their parents	<input type="checkbox"/>	<input type="checkbox"/>
e. Children can be retained due to academic deficiencies (e.g., below grade level)	<input type="checkbox"/>	<input type="checkbox"/>
f. Children can be retained due to failing a school-wide standardized test	<input type="checkbox"/>	<input type="checkbox"/>
g. Children can be retained more than once in each grade	<input type="checkbox"/>	<input type="checkbox"/>
h. Children can be retained without their parents' permission	<input type="checkbox"/>	<input type="checkbox"/>
i. Children with disabilities can be retained	<input type="checkbox"/>	<input type="checkbox"/>
j. Children can be retained in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>

E4. Are any of the following services provided to families of children from households where a language other than English is spoken? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of written communications are provided to these families	<input type="checkbox"/>	<input type="checkbox"/>
c. Home visits are made to families of these children	<input type="checkbox"/>	<input type="checkbox"/>
d. An outreach worker assists in enrolling these children when first entering	<input type="checkbox"/>	<input type="checkbox"/>

school

- e. The school conducts special parent meetings for families from a non-English background

E7. Where are children with Individualized Education Programs (IEPs) typically served in this school? MARK ONLY ONE.

- Children with IEPs are not served in this school
- Children with IEPs typically spend most of their day in separate classes
- Children with IEPs typically spend most of their day in the regular classroom

H1. What is your gender?

- Male
- Female

H2. In what year were you born? WRITE IN YEAR BELOW.

1
^
YEAR

H3. Are you Hispanic or Latino? MARK ONLY ONE.

- Yes
- No

H4. 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

H5. How many years experience do you have in each of the following positions? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5). PLEASE INCLUDE PART-TIME TEACHING.

	Number of Years
a. Years as a teacher before becoming a principal	<input type="text"/>
b. Total number of years as a principal	<input type="text"/>
c. Number of years as principal at this school	<input type="text"/>

H6. Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? MARK YES OR NO ON EACH ROW.

	Yes	No
a. Traditional university-based training and certification program	<input type="checkbox"/>	<input type="checkbox"/>
b. District-based training program (e.g., the Boston Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)	<input type="checkbox"/>	<input type="checkbox"/>
c. City-based training program (e.g., Cleveland's First Ring Leadership Academy)	<input type="checkbox"/>	<input type="checkbox"/>
d. State-based training program (e.g., New Jersey EXCEL)	<input type="checkbox"/>	<input type="checkbox"/>
e. Training and/or certification program run by a national non-profit organization (e.g., KIPP School Leadership Program, New Leaders for New Schools)	<input type="checkbox"/>	<input type="checkbox"/>
f. Another school administration preparation program	<input type="checkbox"/>	<input type="checkbox"/>

H7. What is the highest level of education you have completed? MARK ONLY ONE.

- High school diploma or equivalent/GED
- Associate's degree
- Bachelor's degree
- At least one year of coursework beyond a Bachelor's degree but not a graduate degree
- Master's degree
- Education specialist or professional diploma based on at least one year of coursework past a Master's degree level
- Doctorate

H8. What was your major field(s) of study in the highest degree you completed? 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. Education administration/management	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education	<input type="checkbox"/>	<input type="checkbox"/>
e. Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B:

Cognitive Interview Protocols

Appendix B. Cognitive Interview Protocols

First-Grade Teacher Cognitive Interview Protocol (Telephone Based)

First let me start by saying thank you for talking with me today. As you may know, we would like your input on some new and revised questions that may be included as part of a first-grade teacher questionnaire in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11. The study is the third in a series of longitudinal studies of young children done by the National Center for Education Statistics. Like the earlier studies, it will give us important information about children’s development and learning. Your input is important because it will help us to revise items so that they are easy to understand and appropriate for first-grade teachers to answer. The reason this study asks teachers these questions is to provide background information about the children’s school experiences. Researchers use this information to help understand how different children develop and learn.

Before we go any further, I just need to verify that you are a first grade teacher. Are you currently a first grade teacher? (circle one)

Currently a first grade teacher.....1

No.....2(*Discontinue*: Thank you for agreeing to participate, but at this time we are only conducting interviews with first grade teachers.)

There are a few things you should know before we get started. First, the interview today will take approximately one hour. I’ll be taking notes, so I may pause momentarily or you may hear me writing (or typing). [NAME] is also here with me to take more detailed notes. Even though we are both taking notes, in a detailed interview like this, we often want to go back and verify our notes so, with your permission, I would like to tape-record this interview. Is that okay? [*If no say* : Okay, we will only take notes then.]

Also, I need to get your consent to participate. [*Read oral consent. If agreed, then proceed.*]

[*For telephone interviews only*: Before we get started, I would like to make sure that you have the questionnaire that we mailed/emailed/faxed you.

Do you have that in front of you now?

[If yes, continue with script. If R does not have questionnaire, ask him/her to retrieve it. If R cannot find the questionnaire or did not receive it, email/fax items immediately. Reschedule cognitive interview if necessary.]

Great!

What I would like to do is to get your feedback on some of the questions in the questionnaire. For some questions I will ask you to read out loud and talk about how you would go about getting the information to answer the question. In some cases, that may mean just talking about the mental steps you take to think about the question. If you are able to provide an answer for a question, after talking about the mental steps you would take to answer it, I would like to

know the response you would write in if you were answering the questionnaire. However, for some questions, it may be that you would need to look up documentation or talk to someone else to be able to provide an answer. I would like to know what you would do to get the answer to the question. After each questionnaire item that you talk about, I will ask some followup questions to find out if there is anything we can do to make the question easier to understand and answer.

Now, because some people aren't used to reading, thinking and expressing their reactions aloud, I'd like to begin with a short practice question. Please turn to the last page of the questionnaire. I'd like you to practice by reading this practice question out loud and telling me your answer, the process you are using to get your answer, and any thoughts you are having about the question from the moment you read the question until you are finished explaining your answer.

QUESTION ON THE LAST PAGE OF THE QUESTIONNAIRE: How many times did you eat a meal out at a restaurant in the past week?

Thank you. Now we will get started with the interview.

Question A7

Please turn to the question marked A7. Please read the item out loud and talk about what you would think about or do to answer the question.

Which categories, if any, are unclear to you?

Do you have access to school records where parents have provided information relevant to this item?

[If no, the parent provided information is not available]: How would you go about filling in the answer?

[If yes, the parent provided information is available]: Would you reference these records in providing an answer? Why or why not?

How easy would it be for you to fill out this information for the children in your classes? Why would it be easy/difficult?

Has there ever been a child who you taught whose race or ethnicity you didn't know and for whom you would have to make a best guess? Where would you categorize that child?

How helpful is the instruction to categorize children according to where you think he or she fits best? What is helpful about it?

How easy would it be for you to determine whether a child should be classified as more than one race?

What information would you use to make a decision about classifying a child as more than one race? How would you respond if you knew the race/ethnicity of one of the child's parents, but not the other?

Questions A13

Okay now let's move on to the next item marked A13. Please read the item out loud and tell me what you would think about or do to answer the question. If you know the answer, tell me what number you would fill in there.

[If not provided in the explanation, ask]: Is this something that you know for each student or is this something you would have to look up?

[If teacher says he/she knows it for each student ask]: How do you know it? *[If a prompt is needed: For example, is it information that is provided to you at the beginning of each year?]*

[If it is something that the respondent has to look up, ask]: Do you have access to the information needed to answer this question?

How do you interpret the phrase "special accommodations"?

When you think about a child who *needs* services, what characteristics does that child have?

When answering this question, would you distinguish between children who need services and those who actually receive them? That is, would you include children here who you think are in need of services but who may not be receiving them?

How difficult would it be for you to provide an accurate response to this question? *[If respondent indicates that the question would be difficult to answer, ask]:* What would make them easier to answer?

Questions A14

Okay let's look at item A14. Please read the question and items a and b out loud and talk about what you would think about or do to answer the question. Also, if you know the answers, tell me what numbers you would fill in here.

[If not provided in the explanation, ask]: Is this something that you know for each student or is this something you would have to look up?

[If teacher says he/she knows it for each student ask]: How do you know it? *[If a prompt is needed: For example, is it information that is provided to you at the beginning of each year?]*

[If it is something that the respondent has to look up, ask]: Do you have access to the information needed to answer this question?

How difficult would it be for you to provide an accurate response to each of these questions? *[If respondent indicates that the question would be difficult to answer ask]:* What would make them easier to answer?

Question B11

Please read question B11 out loud. Then, tell me what you would think about or do to answer the question. Also, tell me the answers that you would fill in if you know them.

How do you interpret "if none, write "0."?

How difficult would it be for you to provide an accurate response to each of these questions?

What would make the question easier for teachers to answer? (1) Would adding a “Not applicable” response help? (2) In your experience, are there typically aides of the types that we have listed here or does one aide generally do all of these tasks? (3) In looking at the different kinds of aides listed here, would this question be easier to answer if it just asked about aides, generally, instead of asking about different kinds of aides separately? (4) Do you think teachers would be more likely to provide an accurate response about aides if the question asked about aides generally, if the question asked about specific types of aides separately, or does it not matter?

Do you have any volunteers who assist you in your classrooms?

[If yes} Do you have any volunteers who work directly with children on instructional tasks?

[If yes, ask]: How easy or difficult would it be to report the number of hours that they work directly with children on instructional tasks?

[If no, ask] In what ways do the volunteers assist you?

If you had/have two volunteers working with you, and the time that they worked in your classroom overlapped (e.g., they both came in from 9am until 12noon on Mondays), how would you report their hours in this question?

Question C2

Now we are going to go to question C2. This question has a long list of subitems, but for purposes of this interview, we are only going to focus on highlighted subitems a, o, q, and u. Please read the question out loud. Then, starting with subitem a, tell me what you would think about or do to answer the question. Also tell me the answer that you would mark.

Do children in your classroom participate in this activity throughout the school year? *[If children do not participate throughout the school year]:* Describe when children participate in this activity during the school year.

Does the time scale provided make sense for this activity? *[If no]:* What would be a better time scale for this question?

[Repeat questions for items o, q, and u of C2.]

Question C3

Now take a look at question C3. This item also has several subitems, but again we are only going to focus on a few of them—specifically the highlighted subitems c, f, k, and n. Please read the question out loud. Tell me what you would think about or do to answer the question with regard to subitem c. Also tell me the answer that you would mark.

Do children in your classroom participate in this activity throughout the school year? *[If children do not participate throughout the school year]:* Describe when children participate in this activity during the school year. Describe what this activity looks like in your classroom.

Does the time scale provided make sense for this activity? *If no:* What would be a better time scale for this question?]

[Repeat questions for items f, k, and n of C3.]

Question C4

Thank you. Let's move to question C4. Like questions C2 and C3, we are only going to focus on the highlighted subitems. Please read question C4 out loud. Then, starting with subitem h, tell me what you would think about or do to answer the question. Also tell me the answer that you would mark.

Do children in your classroom participate in this activity throughout the school year? *[If children do not participate throughout the school year]:* Describe when children participate in this activity during the school year.

Does the time scale provided make sense for this activity? *[If no]:* What would be a better time scale for this question?

[Repeat questions for items n, o, and r of C4.]

Question C5

C5 is the next question of interest. Again, we will only focus on a few of the subitems. Please read the question out loud. Tell me what you would think about or do to answer the question with regard to subitem b. Also tell me the answer that you would mark.

Do you teach this topic throughout the school year? *[If not taught throughout the school year]:* Describe when you teach this topic.

When answering for these items, did you include just time you spent teaching the activity, or did you also include time in which the children were doing the activity but you weren't necessarily teaching it?

Does the time scale provided make sense for this activity? *[If no]:* What would be a better time scale for this question?]

[Repeat questions for items c, g, h, and l of C5.]

Question C6

Let's move to question C6. Like the previous questions, we are only going to focus on the highlighted items. Please read the question out loud. Then, tell me what you would think about or do to answer the question.

How would you answer subitem (a *[for teachers whose ID number is odd]* q *[for teachers whose ID number is even]*)?

Is this item easy or difficult for you to answer?

[If respondent indicates that it is difficult] Why is it difficult to answer?

What are some examples of things that come to mind when you are thinking about this topic?

[Repeat questions for items g, h, i, j, k, and l if teacher's ID number is odd Repeat for s, u, v, y, z, and aa for teachers whose ID number is even.]

Question E2

Please read question E2 out loud and tell me what you would think about or do to answer each of the items. How would you answer each of the items? What types of classroom tests and quizzes do you include in the category “Other classroom tests or quizzes”?

General Question:

After having reviewed the questionnaire, do you have any suggestions of ways to make the questionnaire easier to complete?

Those are all of the questions that I have for you. Thank you for participating. Your input will help us to develop a questionnaire that is easier for other teachers to complete. As a thank you, we will mail you a \$35 check. Please tell me the best address to send the check to.

[Verify the spelling of the respondent’s name.]

Administrator Cognitive Interview Protocol (Telephone Based)

First let me start by saying thank you for talking with me today. As you may know, we would like your input about some new and revised questions that may be included as part of an administrator questionnaire in the Early Childhood Longitudinal Study. The study is the third in a series of longitudinal studies of young children done by the National Center for Education Statistics. Like the earlier studies, it will give us important information about children's development and learning. Your input is important because it will help us to revise items so that the questionnaire is easy to complete and questions are appropriate for other administrators like yourself to answer. The reason this study asks administrators these questions is to provide background information about the children's school experiences. Researchers use this information to help understand how different children develop and learn.

There are a few things you should know before we get started. First, the interview today will take approximately an hour and 15 minutes. I'll be taking notes, so I may pause momentarily or you may hear me writing (or typing). [NAME] is also here with me to take more detailed notes. Even though we are both taking notes, in a detailed interview like this, we often want to go back and verify our notes so, with your permission, I would like to tape-record this interview. Is that okay? [*If no say : Okay, we will only take notes then.*]

Also, I need to get your consent to participate. [*Read oral consent. If agreed, then proceed.*]

[*For telephone interviews only:* Before we get started, I would like to make sure that you have the questionnaire that we mailed/emailed/faxed you.

Do you have that in front of you now?

[If yes, continue with script. If R does not have questionnaire, ask him/her to retrieve it. If R cannot find the questionnaire or did not receive it, email/fax items immediately. Reschedule cognitive interview if necessary.]

Great!

What I would like to do is to get your feedback on some of the questions in the questionnaire. For some questions I will ask you to read out loud and talk about how you would go about getting the information to answer the question. In some cases, that may mean just talking about the mental steps you take to think about the question. If you are able to provide an answer for a question, after talking about the mental steps you would take to answer it, I would like to know the response you would write in if you were answering the questionnaire. However, for some questions, it may be that you would need to look up documentation or talk to someone else to be able to provide an answer. I would like to know what you would do to get the answer to the question. After each questionnaire item that you talk about, I will ask some followup questions to find out if there is anything we can do to make the question easier to understand and answer. Also, for some questions, I will ask you if your answers would change year to year and whether it would make it easier to complete the questionnaire if your answers from the previous year were prefilled in the questionnaire.

Now, because some people aren't used to reading, thinking and expressing their reactions aloud, I'd like to begin with a short practice question. Please turn to the last page of the questionnaire. I'd like you to practice by reading this practice question out loud and telling me your answer, the process you are using to get your answer, and any thoughts you are having about the question from the moment you read the question until you are finished explaining your answer.

QUESTION ON THE LAST PAGE OF THE QUESTIONNAIRE: How many times did you eat a meal out at a restaurant in the past week?

Thank you. Now we will get started with the interview.

Questions A21-A25

Let's start with the question marked A21. Please read the item out loud and say how you would answer this question. *[If R answers 'No', go to question C9].*

Thank you. Now, please read item A22 out loud and tell me what you would think about or do to answer the question. Also, if you are able to answer the question, please tell me how you would answer.

Could you answer this question yourself or would you need to talk to someone else to get the information needed? Who in your school would be the best person to provide this information?

How difficult would it be to answer (this/ each part of this) question? What makes it difficult/easy?

Are there any terms used in the question that you are unfamiliar with or that you are not completely sure what it means? Should we provide a definition at the front of the questionnaire for any of the terms?

If you received a questionnaire with this question on it, would you answer it or leave it blank? *[If "blank"]* Why would you leave them blank? *[If above said "would need to talk to someone else" but also said would leave blank]* Would you first try to get the information from [person mentioned above]?

What would make this item easier to answer?

[Repeat the above questions for items A23, A24, and A25]

Question C9

Please read question C9 and each of the subitems out loud. Also tell me what you would think about or do to answer the items and what answers you would mark.

How difficult would it be to answer (this/ each part of this) question? What makes it difficult/easy?

How reliably do you think you could answer the question about students' families' income decreasing?

Should a "don't know" option be offered as a response for these items?

If you received a questionnaire with these items, are there any you would leave blank?

What would make this question easier to answer?

Are there other significant changes schools might experience that you think should be added to the list?

[If administrator is at a private school, skip to question G1]

Question F6

Please read question F6 out loud. Then tell me what you would think about or do to answer the question and what

answer you would mark. *[If respondent answers 'Yes' to F6, go to F9; if respondent says 'No' Go to F7; if not applicable go to G1]*

Question F7

Please read question F7 out loud. Then tell me what you would think about or do to answer the question and what answer you would mark. *[If respondent answers 'Yes' go to F8; if respondent says 'No' Go to F9]*

Question F8

Please read F8 out loud and then tell me what you would think about or do to answer the question. Also, if you know the answer, say what answer you would mark for each item.

How difficult would it be to answer (this/ each part of this) question? What makes it difficult/easy?

In your own words, describe what each of the subitems a- h would mean for your school.

Questions F9 and F10

Please read F9 out loud and say how you would answer this question. *[If R answers 'No,, go to question G1].*

Thank you. Now, please read item F10 out loud and tell me what you would think about or do to answer the question. Also, if you are able to answer the question, please tell me how you would answer.

Could you answer this question yourself or would you need to talk to someone else to get the information needed? Who in your school would be the best person to provide this information?

How difficult would it be to answer (this/ each part of this) question? What makes it difficult/easy?

Are there any terms used in the question that you are unfamiliar with or that you are not completely sure what it means? Do you think there are any terms that we should define for respondents?

If you received a questionnaire with this question on it, would you answer it or leave it blank? *[If "blank"]* Why would you leave it blank? *[If above said "would need to talk to someone else" but also said would leave blank]* Would you first try to get the information from [person mentioned above]?

Do you have any suggestions for making this item easier to answer?

Question G1

For question G1, please read the item out loud and tell me what you would think about or do to answer the question.

How difficult would it be for you to provide an accurate response to each of these questions? *[If respondent indicates that the question would be difficult to answer ask]:* What would make them easier to answer?

If you received a questionnaire with this question on it, would you answer it or leave it blank? *[If "blank"]* Why would you leave it blank? *[If above said "would need to talk to someone else" but also said would leave blank]* Would you first try to get the information from [person mentioned above]?

When answering this question, would you provide estimates or exact numbers?

If this question asked you to report the total full time staff and the total part time staff, rather than separately by staff category, would that make the question easier or more difficult to answer? Are there any staff that would be included in the total counts that are not included here? Would you have more confidence in the accuracy of your answer if the question was phrased one way compared to the other way?

Questions B1, B2, B3, C2, C3, C5, C7, D1, D2, E4, and E7

Thank you for talking about those questions with me. Now, I would like to look at some of the questions in the questionnaire to find out to what extent you think the answers would be stable from year to year?

Let's start with question B1. Thinking about the answers that you would provide for your school, to what extent would last school year's (2009-10) answer(s) be the same as the answer(s) provided *this* school year (2010-11)?

Based on your experience at your school, how frequently would your response(s) to this/these item(s) change?

If you were participating in this longitudinal study in which you were asked to complete a questionnaire each year, would it be helpful to you if this question were prefilled with the information that you had provided in the previous year? If a different or prior administrator had filled out the questionnaire last year and you were filling it out this year, would it be helpful to you if this question were prefilled with the information that he or she provided?

[Repeat the above questions for items B2, B3, C2, C3, C5, C7, D1, D2, E4, and E7]

Do you think it would help you to complete the questionnaire *faster* if the questions we just discussed were prefilled with the information that you provided the previous year?

With regard to the questions we were just discussing, would you have any security concerns about having the answers that you provided prefilled on a paper questionnaire? With regard to security, if items were prefilled, how important would the mode in which the questionnaire was delivered to you be? For example, a questionnaire could be mailed directly to you, a questionnaire could be mailed to a designated person at the school who would then deliver it to you, or it could be hand delivered to you by a study staff member.

Questions H1-H8

Now look at question H1-H8. Would it be helpful to you if these questions were prefilled with the information that you had provided in the previous year?

Do you think it would help you to complete the questionnaire *faster* if the questions we just discussed were prefilled with the information that you provided the previous year?

Would you have any security concerns about having any of the answers you provided to these questions prefilled on a paper questionnaire? With regard to security, if items were prefilled, how important would the mode in which the questionnaire was delivered to you be? For example, a questionnaire could be mailed directly to you, a questionnaire could be mailed to a designated person at the school who would then deliver it to you, or it could be hand delivered to you by a study staff member.

General questions

After having reviewed the questionnaire, are there any items that we did not discuss that you think could be asked every other year or could be prefilled with information provided by the administrator in the previous year?

After having reviewed the questionnaire, do you have any suggestions of ways to make the questionnaire easier to complete?

Those are all of the questions that I have for you. Thank you for participating. Your input will help us to develop a questionnaire that is easier for other teachers to complete. As a thank you, we will mail you a \$40 check. Please tell me the best address to send the check to.

[Verify the spelling of the respondent's name.]

Appendix C:
Recruitment Script for Cognitive Interview

Appendix C: Recruitment Script for Cognitive Interviews

Recruitment for Telephone Interviews

Bullet points for recruitment through the school coordinator

Hi, this is {YOUR NAME} with the Early Childhood Longitudinal Study, sponsored by the National Center for Education Statistics, part of the U.S. Department of Education. Your school participated in the field test of the student assessments in 2009 for the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). This spring our study is conducting interviews to help in the development of questionnaire items that may be included in the ECLS-K:2011. As you may know, ECLS-K:2011 focuses on children's early school experiences beginning with kindergarten and includes questionnaires for teachers and school administrators, among others. For this development phase, we are inviting some teachers and school administrators to provide feedback on questions to ensure that the items are easy for teachers and administrators to understand and are not overly burdensome to answer.

- We are requesting the help of:
 - one teacher at your school who is currently teaching first grade and
 - the school principal/administrator
- Teachers and administrators who agree to participate will be asked to take 5 minutes to review a questionnaire and then complete a telephone interview.
- The telephone interview with the teacher will take about an hour and the telephone interview with the administrator will take about an hour and 15 minutes. These interviews will take place during their own time (i.e., outside of work hours).
- Prior to the call, teachers and administrators will receive the questionnaire to review and a letter explaining the purpose of the call.
- As a thank you for their participation, administrators will receive a \$40 check in the mail, and teachers will receive a \$35 check. *[If asked, explain that administrators receive a little more because their interview will take a little longer].*

Can you provide me with the name and contact information for two first grade teachers in your school who might be interested in participating? *[If asked: We are asking for two names because if we are unable to reach one of the first grade teachers or one teacher declines, then we can contact the other teacher.]*

Thank you.

Can you provide me with the name and contact information for the principal/school administrator?

20 U.S. Code, Section 9541 authorizes the National Center for Education Statistics to conduct this study.

Script for setting up appointment with teacher

Westat is conducting interviews to help in the development of questionnaire items that may be included in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). As you may know, ECLS-K:2011 focuses on children's early school experiences beginning with kindergarten and includes questionnaires for teachers and school administrators, among others. For this development phase, we are inviting some teachers to provide

feedback on questions to ensure that the items are easy for teachers to understand and are not overly burdensome to answer.

We are requesting the help of teachers who are currently teaching first grade. Do you teach first grade?

Yes (continue)

No (Thank you, at this time we are only recruiting teachers who teach first grade.)

Great. If you agree to participate, you will be asked to take 5 minutes to review a teacher questionnaire and complete a telephone interview about your impression of some of the questions in that questionnaire. The interview will take about an hour and will cover topics like characteristics of the students in your classroom, classroom activities, and help you receive from classroom aides. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S. Code, Section 9573). As a thank you for your participation, you will receive a \$35 check in the mail after the interview.

What day and time would be best for an interviewer to call you? [*Just to be sure, you are in the [Eastern, Central, Mountain, Pacific] time zone?*] [*If necessary, indicate that the interview should be scheduled on the respondent's own time, outside of regular work hours.*]

What is the best telephone number for [her/him] to reach you on?

Thank you. Your insights will be very helpful. Before the interviewer calls, we would like to send you a brief letter explaining the purpose of the call and a questionnaire to review. **During your scheduled call, be sure to have the questionnaire in front of you.** The interviewer will ask you to read some of the questions out loud and then to think "out loud" about how you would go about answering the question and the answer you would give if you were completing the questionnaire.

Do you have a fax number, email address, or mailing address where I can send you the letter and questionnaire?

We will also send you a reminder of your appointment by email [*if email address was not collected, collect it now. If respondent does not have an email address, let him/her know that we will call 2 days before the appointment as a reminder.*]

To make sure that I have the spelling of your name correct, can you please spell your first and last name?

Thank you. Good bye.

20 U.S. Code, Section 9541 authorizes the National Center for Education Statistics to conduct this study.

Script for setting up appointment with a principal/school administrator

Westat is conducting interviews to help in the development of questionnaire items that may be included in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). As you may know, ECLS-K:2011 focuses on children's early school experiences beginning with kindergarten and includes questionnaires for teachers and school administrators, among others. For this development phase, we are inviting some school administrators to provide feedback on questions to ensure that the items are easy for administrators to understand and are not overly burdensome to answer.

If you agree to participate, you will be asked to take 5 minutes to review a questionnaire and complete a telephone interview about your impression of some of the questions in that questionnaire and ways that we can make the questionnaire easier for others to complete. The interview will take about a hour and 15 minutes and will cover a wide range of topics about your school, such as changes your school has experienced due to economic conditions, and staffing, as well as ways that we can make the questionnaire easier to complete. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S. Code, Section 9573). As a thank you for your participation, you will receive a \$40 check in the mail after the interview.

What day and time would be best for an interviewer to call you? [*Just to be sure, you are in the [Eastern, Central, Mountain, Pacific] time zone?*] [*If necessary, indicate that the interview should be scheduled on the respondent's own time, outside of regular work hours.*]

What is the best telephone number for [her/him] to reach you on?

Thank you. Your insights will be very helpful. Before the interviewer calls, we would like to send you a brief letter explaining the purpose of the call and a questionnaire to review. **During your scheduled call, be sure to have the questionnaire in front of you.** The interviewer will ask you to read some of the questions and then to think "out loud" about how you would go about answering the question and the answer that you would give if you were completing the questionnaire. The interviewer will also ask you questions that will help us develop a questionnaire that takes less time for administrators to complete.

Do you have a fax number, email address, or mailing address where I can send you the letter and the questionnaire?

We will also send you a reminder of your appointment by email [*if email address was not collected, collect it now. If respondent does not have an email address, let him/her know that we will call 2 days before the appointment as a reminder.*]

To make sure that I have the spelling of your name correct, can you please spell your first and last name?

Thank you. Good bye.

20 U.S. Code, Section 9541 authorizes the National Center for Education Statistics to conduct this study.

Appendix D:
Information Letters for the Cognitive Interviews

Letter for Telephone-based Cognitive Interviews for Teachers

[Date]

Dear [Teacher]

Thank you for agreeing to participate in an interview about the questionnaire for the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). The ECLS-K:2011 is a study of child development, early learning, and school progress that pulls together information from multiple sources to provide rich data about the population of children in kindergarten in the 2010-11 school year as they progress through school. Currently the study is developing questionnaires that will provide information about children's experiences during their first-grade school year. Your participation is very important because your comments will improve the questionnaires for the spring first-grade data collection of ECLS-K:2011. Westat, a social science research company, is conducting the study for the National Center for Education Statistics, a part of the U.S. Department of Education.

We are currently reviewing items that may be included in the teacher questionnaire. Your input, while voluntary, will be essential in developing a questionnaire that is clear and not overly burdensome to respondents like yourself. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S. Code, Section 9573).

We ask that you take 5 minutes to review the full questionnaire that accompanies this letter. However, the interview will focus on questions that are highlighted in yellow in the questionnaire. During your scheduled interview on [DATE] at [TIME], the interviewer will call you and ask you to read each question highlighted in yellow then "think aloud" about how you would go about providing an answer. **For this reason it is important for you to have the questionnaire in front of you during the interview.**

The telephone interview should last about an hour. As a thank you for your help with the questionnaire, following the interview, a check for \$35 will be mailed to you.

If you have any questions, please call [interviewer] at Westat's toll-free number, 800-937-8281, ext. XXXX.

Again, thank you for your much needed assistance!

Sincerely,

Karen Tourangeau
Project Director
Westat

Enclosures

Letter for Telephone-based Cognitive Interviews for Administrators

[Date]

Dear [Administrator]

Thank you for agreeing to participate in an interview about the questionnaire for the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). The ECLS-K:2011 is a study of child development, early learning, and school progress that pulls together information from multiple sources to provide rich data about the population of children in kindergarten in the 2010-11 school year as they progress through school. Currently the study is developing questionnaires that will provide information about children's experiences during their first-grade school year. Your participation is very important because your comments will improve the questionnaires for the spring first-grade data collection of ECLS-K:2011. Westat, a social science research company, is conducting the study for the National Center for Education Statistics, a part of the U.S. Department of Education.

We are currently reviewing items that may be included in the school administrator questionnaire. Your input, while voluntary, will be essential in developing a questionnaire that is clear and not overly burdensome to respondents like yourself. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S. Code, Section 9573).

We ask that you take 5 minutes to review the full questionnaire that accompanies this letter. A portion of the interview will focus on questions that are highlighted in yellow in the questionnaire. During your scheduled interview on [DATE] at [TIME], the interviewer will call you and ask you to read each question highlighted in yellow then "think aloud" about how you would go about providing an answer. **For this reason it is important for you to have the questionnaire in front of you during the interview.** The interviewer will also ask you whether your answers to some of the questions about your school would likely change or remain the same from year to year.

The telephone interview should last about an hour and 15 minutes. As a thank you for your help with the questionnaire, following the interview, a check for \$40 will be mailed to you.

If you have any questions, please call [interviewer] at Westat's toll-free number, 800-937-8281, ext. XXXX.

Again, thank you for your much needed assistance!

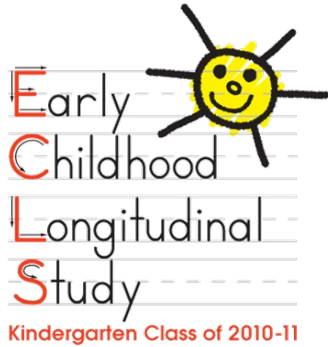
Sincerely,

Karen Tourangeau
Project Director
Westat

Enclosures

Appendix E:

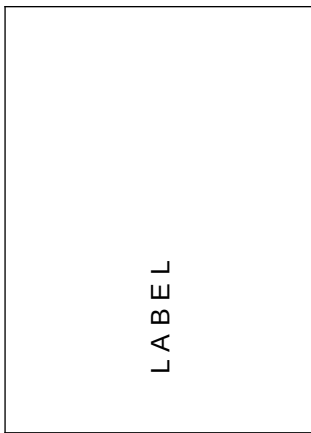
**Spring 2012
Teacher Questionnaire**



Spring 2012 Teacher Questionnaire

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
1600 Research Boulevard
Rockville, Maryland 20850



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 XX/XX/XXXX. 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 20 U.S. Code, Section 9541. 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 (20 U.S. Code, Section 9573). 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 SHOULD BE COMPLETED BY TEACHERS OF CHILDREN IN FIRST GRADE OR HIGHER. IF THE ECLS-K:2011 CHILDREN YOU TEACH ARE IN KINDERGARTEN, PLEASE REQUEST A KINDERGARTEN QUESTIONNAIRE AND COMPLETE THAT ONE.

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
- h) Teacher background

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

For the purposes of this study, the following definitions apply.

- Kindergarten: Traditional year of school primarily for 5-year olds prior to first grade.
- Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.
- Transitional first (or prefirst) grade: Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.

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 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.

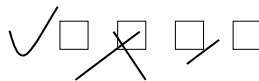
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



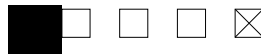
Incorrect Marks:

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:

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 one number per box like this:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Write words like this:

John Smith

SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS

A1. As of today's date, how many children...

WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN IN A PARTICULAR CATEGORY, WRITE "0."

Number of
Children

a. Are currently enrolled in your class?

b. Have joined the class since the beginning of the school year?

c. Have left the class since the beginning of the school year?

hours/day

A2. How many hours per day does your class normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 5.0, 5.5, 6.0.

days/week

A3. How many days per week does your class normally meet?

A4. Do you currently teach a multigrade class?

Yes

No (SKIP TO Q A6)

A5. What grade levels are included in your class? MARK ALL THAT APPLY.

- a. Prekindergarten
- b. Transitional (or readiness) kindergarten
- c. Regular kindergarten
- d. Transitional/pre-1st grade
- e. 1st grade
- f. 2nd grade
- g. 3rd grade
- h. 4th grade or higher

A6. As of today's date, how many children in your class are the following ages? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."

	<u>Number of Children</u>
a. 4 years old or younger	<input type="text"/>
b. 5 years old	<input type="text"/>
c. 6 years old	<input type="text"/>
d. 7 years old	<input type="text"/>
e. 8 years old	<input type="text"/>
f. 9 years old	<input type="text"/>
g. 10 years old or older	<input type="text"/>
h. Total class enrollment (sum of a through g)	<input type="text"/>

A7. As of today's date, how many children in your class belong to each of the following racial/ethnic groups? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR RACE/ETHNICITY, WRITE "0." IF YOU ARE NOT SURE ABOUT A CHILD'S RACE/ETHNICITY, PLEASE CATEGORIZE HIM OR HER WHERE YOU THINK HE OR SHE FITS BEST.

	<u>Number of Children</u>
a. Hispanic/Latino of any race	<input type="text"/>
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>
c. Asian, not Hispanic or Latino	<input type="text"/>
d. Black or African American, not Hispanic or Latino	<input type="text"/>
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>
f. White, not Hispanic or Latino	<input type="text"/>
g. Two or more races, not Hispanic or Latino	<input type="text"/>
h. Total class enrollment (sum of a through g)	<input type="text"/>

A8. As of today's date, how many boys and girls are there in your class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<u>Number of Children</u>
a. Number of boys	<input type="text"/>
b. Number of girls	<input type="text"/>
c. Total class enrollment (sum of a and b)	<input type="text"/>

A9. How many of the children in your class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

**Number of
Children**

Number of children repeating this grade

A10. What proportion of the children in your class demonstrated the following skills when they started school this year? MARK ONE.

a. Recognize letters

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

b. Read words

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

c. Read complete sentences

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

A10. (CONTINUED) What proportion of the children in your class demonstrated the following skills when they started school this year? MARK ONE.

d. Recognize numbers to 20

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

e. Count to 20

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

f. Add or subtract two numbers

Less than $\frac{1}{4}$ of the children

About $\frac{1}{4}$ of the children

About $\frac{1}{2}$ of the children

About $\frac{3}{4}$ of the children

More than $\frac{3}{4}$ of the children

A11. How many children in your class...
WRITE NUMBER IN BOX. IF NONE, WRITE "0."

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

A12. At this point in the school year, how would you rate the behavior of the children in your class?

MARK ONE.

Group misbehaves very frequently and is almost always difficult to handle.	<input type="checkbox"/>
Group misbehaves frequently and is often difficult to handle.	<input type="checkbox"/>
Group misbehaves occasionally.	<input type="checkbox"/>
Group behaves well.	<input type="checkbox"/>
Group behaves exceptionally well.	<input type="checkbox"/>

A13. How many children in your class have a diagnosed disability and need special accommodations or services? IF NONE, WRITE "0" AND SKIP TO A15.

Number of children

A14. For how many of these children do the following apply? IF NONE IN A CATEGORY, WRITE "0."

	<u>Number of Children</u>
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"/>
b. Need more help than they are currently receiving	<input type="text"/>

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

A15. Are any languages other than English used by teachers, aides, or other adults in your classroom?

- Yes
- No (SKIP TO Q A19)

A16. How often is a non-English language used by teachers, aides, or other adults in your class in the following ways? MARK ONE.

a. For academic instruction in reading/literacy

Never

Less than half the time

About half the time

More than half the time

All the time

b. For academic instruction in mathematics

Never

Less than half the time

About half the time

More than half the time

All the time

c. For academic instruction in other subjects

Never

Less than half the time

About half the time

More than half the time

All the time

**d. For instructional support
(e.g., explaining directions, etc.)**

Never

Less than half the time

About half the time

More than half the time

All the time

A16. (CONTINUED) How often is a non-English language used by teachers, aides, or other adults in your class in the following ways? MARK ONE.

e. For conversation

Never	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>
About half the time	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>
All the time	<input type="checkbox"/>

A17. What languages are used for academic instruction in your class? MARK ALL THAT APPLY.

a. English	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>
c. French	<input type="checkbox"/>
d. Vietnamese	<input type="checkbox"/>
e. A Chinese language	<input type="checkbox"/>
f. Japanese	<input type="checkbox"/>
g. Korean	<input type="checkbox"/>
h. A Filipino language	<input type="checkbox"/>
i. Arabic	<input type="checkbox"/>
j. Other language (PLEASE SPECIFY)	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

A18. How much time per day do you and any other teacher or aide speak any non-English language in your class? MARK ONE.

1 - 15 minutes	<input type="checkbox"/>
16 - 30 minutes	<input type="checkbox"/>
31 - 60 minutes	<input type="checkbox"/>
More than 60 minutes	<input type="checkbox"/>

A19. In which languages other than English are the books or other written materials in your classroom? MARK ALL THAT APPLY.

- None other than English
- Spanish
- French
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other language (PLEASE SPECIFY)

A20. Do any of the children in your class speak a language other than English (aside from native English speakers who are learning a foreign language)? MARK YES OR NO.

Yes

No (SKIP TO Q A22)

A21. Which languages other than English are spoken by one or more children in your class? MARK ALL THAT APPLY.

- a. Spanish
- b. Vietnamese
- c. A Chinese language
- d. Japanese
- e. Korean
- f. A Filipino language
- g. Arabic
- h. Other language (PLEASE SPECIFY)

A22. Do you have any children who are English language learners in your class? (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.

- Yes
- No (SKIP TO Q B1)

A23. How many English language learners (ELL) do you have in your class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

**Number of
Children**

Number of ELL children

A24. How many of the ELL children in your class receive instruction designed to teach listening to, speaking, reading, and writing the English language to children with limited English proficiency in the following ways? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<u>Number of Children</u>
a. Receive no instruction for ELLs in the school	<input type="text"/>
b. Receive instruction for ELLs within the regular class	<input type="text"/>
c. Receive instruction for ELLs outside the regular class	<input type="text"/>

A25. If you provide specialized language instruction in your classroom for English language learners, would you say this instruction is primarily (MARK ONE):

a. English as a Second Language (ESL)?	<input type="checkbox"/>
b. Bilingual education?	<input type="checkbox"/>
c. Dual-language program (also called two-way immersion (TWI))?	<input type="checkbox"/>
d. No specialized language instruction provided.	<input type="checkbox"/>

A26. Which languages other than English are spoken by you or any other teacher or aide to the ELL children in your class for instructional support or conversation? MARK ALL THAT APPLY.

- a. No language other than English
- b. Spanish
- c. Vietnamese
- d. A Chinese language
- e. Japanese
- f. Korean
- g. A Filipino language
- h. Arabic
- i. Other language (PLEASE SPECIFY)

A27. How often do English language learners (ELL children) in your class do each of the following activities?

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

	Once a month or less	2-3 times a month	1-2 times a week	3-4 times a week	Daily
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 spend in the following activities? MARK ONE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

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

B2. In some schools, certain activities are used to make the transition from kindergarten to first grade less difficult for children. Are any of the following done in your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. The school sends information about the first grade program to parents	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten children spend some time in the first grade classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. Buddy or Big Brother/Big Sister programs that pair new first graders with older children at entry	<input type="checkbox"/>	<input type="checkbox"/>
d. Parents and children visit first grade for orientation	<input type="checkbox"/>	<input type="checkbox"/>
e. First grade teachers or counselors meet with children while they are still in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>

B3. How much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior? MARK ONLY ONE.

- Less than ½ hour a day
- ½ hour to less than 1 hour a day
- 1 to less than 1½ hours a day
- 1½ to less than 2 hours a day
- 2 to less than 2½ hours a day
- 2½ to less than 3 hours a day
- 3 hours or more a day

B4a. How often does the typical child in your class 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"/>	<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"/>
c. Social studies	<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"/>
e. Music	<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"/>
g. Physical education	<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"/>
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"/>
j. Foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4b. On the days children work in these areas, how much time does the typical child in your class usually work on lessons or projects in the following general subject areas? MARK ONE ON EACH ROW.

	Not Applicable / never	Less than ½ hour a day	½ hour to less than 1 hour	1 to less than 1 ½ hours	1 ½ to less than 2 hours	2 to less than 2 ½ hours	2 ½ to less than 3 hours	3 hours or more
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"/>

B5. In an average week, how often do you divide your class into achievement groups for reading and math activities or lessons? 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	<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 B7.

B6. On days when you use achievement grouping, how many groups do you have in your class? How many minutes is your class usually divided into achievement groups for reading and math activities or lessons?

IF YOU DO NOT USE ACHIEVEMENT GROUPING IN THE SUBJECT LISTED, PLEASE WRITE "0" IN THE NUMBER BOX AND SKIP TO THE NEXT QUESTION.

	<u>Number of achievement groups</u>	<u>1-15 minutes/day</u>	<u>16-30 minutes/day</u>	<u>31-60 minutes/day</u>	<u>More than 60 minutes/day</u>
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"/>

B7. How often do the children in your class 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"/>

B8. How many days a week do children have recess? WRITE NUMBER IN BOX. IF NONE, WRITE "0" AND SKIP TO Q B10.

Days per week

B9. On days when children have recess, 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

B10. In a typical day, how much time do children in your class spend in the following activities? MARK ONE ON EACH ROW.

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

B11. How many hours a week do different types of paid aides and/or volunteers usually assist in you in working directly with children on instructional tasks? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."

	Number of hours a week
a. Regular aides	<input type="text"/>
b. Special education aides	<input type="text"/>
c. ESL or bilingual education aides	<input type="text"/>
d. Volunteers	<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. How often are the following materials or resources used in your class? 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? MARK ONE ON EACH ROW.

	<u>Never or hardly ever</u>	<u>Once or twice a month</u>	<u>Once or twice a week</u>	<u>Almost every day</u>
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 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. **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. 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
r. Conventional spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Alphabetizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. 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 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. 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. 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. MARK ONE ON EACH ROW.

	<u>Taught in my class</u>	<u>Not taught in my class</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. MARK ONE ON EACH ROW.

	<u>Taught in my class</u>	<u>Not taught in my class</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 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 have parents who participate in the following activities? MARK ONE ON EACH ROW.

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

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

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

SECTION E. EVALUATION AND GRADING PRACTICES

E1. How important is each of the following in evaluating the children in your class? 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. How often do you use the following to assess your students? MARK ONE ON EACH ROW.

	<u>Never</u>	<u>One or two times a year</u>	<u>One or two times a month</u>	<u>One or two times a week</u>	<u>Three or more times a week</u>
a. State or local standardized tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Standardized tests from other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual or group projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Teacher observation of specific objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3. Which of the following do you use to provide 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. 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.

	<u>Yes</u>	<u>No</u>
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. Release time for attending professional conferences	<input type="checkbox"/>	<input type="checkbox"/>
e. Enrollment in college or university courses related to your profession	<input type="checkbox"/>	<input type="checkbox"/>
f. Professional development via distance learning (web-based, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
g. 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 with each of the following statements on children's preparation for school. MARK ONE RESPONSE ON EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Children who begin formal reading and math instruction in kindergarten will do better in elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Most children should learn to read before first grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents should set aside time every day for their first grade children to practice schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Homework should be given to first grade children almost every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. Please indicate the extent to which you agree or disagree with each of the following statements about your school. MARK ONE ON EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
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"/>

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

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Not applicable</u>
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"/>

G4. To what extent do you agree or disagree with each of the following statements? MARK ONE ON EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
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"/>

SECTION H. TEACHER BACKGROUND

H1. What is your gender? MARK ONE.

- Male
 Female

H2. In what year were you born? WRITE IN YEAR BELOW.

1
YEAR

H3. Are you Hispanic or Latino? MARK ONLY ONE.

- Yes
 No

H4. 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

H5. 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

H6. 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

H7. 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.

	Total Years Grade or Program Taught
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"/>

H8. 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). IF THIS IS YOUR FIRST SEMESTER TEACHING IN THIS SCHOOL, WRITE 0.5

Years

H9. 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). IF THIS IS YOUR FIRST SEMESTER TEACHING, WRITE 0.5

Years

H10. 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

H11. What is the name of the college or university where you earned your highest degree?

COLLEGE OR UNIVERSITY

H11a. In what city and state is it located?

CITY AND STATE

CHECK HERE IF YOU DO NOT HAVE A DEGREE FROM A COLLEGE OR UNIVERSITY.

H12. 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"/>

H13. 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"/>

H14. 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"/>

H15. Did any of the college courses mentioned in item H14 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"/>

H16. 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 H19)**

H17. 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 (PLEASE SPECIFY) <div style="border: 1px solid black; height: 20px; width: 300px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

H18. 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

H19. Date Questionnaire Completed:

MONTH

DAY

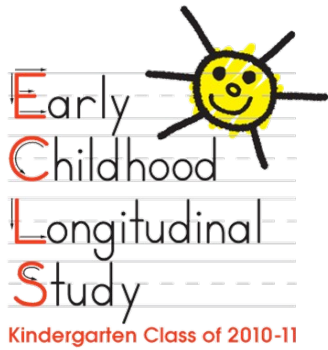
2012

YEAR

THANK YOU FOR YOUR COOPERATION

Appendix F:

**Spring 2012
School Administrator Questionnaire**



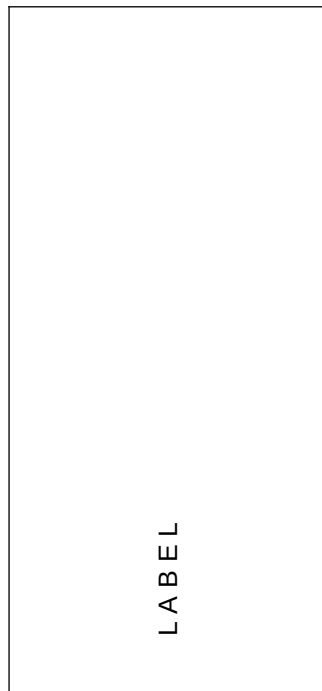
Spring 2012 School Administrator Questionnaire

Questionnaire A

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat

1600 Research Boulevard
Rockville, Maryland 20850



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 xx/xx/xxxx. The time required to complete this information collection is estimated to average 60 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 20 U.S. Code, Section 9541. 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 (20 U.S. Code, Section 9573). 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 School Administrator,

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 school are participants in this study.

This questionnaire contains several brief sections:

- a) School characteristics
- b) School facilities and resources
- c) School-community-family connections
- d) School policies and practices
- e) School programs for particular populations
- f) Federal programs: Title I, AYP, and Title III (if applicable)
- g) Staffing and teacher characteristics
- h) School administrator characteristics

This information is vital to the study. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the questionnaire. However, we ask that you, yourself, please complete the final section, which is about your own background and characteristics. 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. 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 described in the instructions below) or by writing your responses in the space provided. Your best estimates are acceptable answers.

DEFINITIONS

Several questions refer to different types of **kindergarten programs**. For the purposes of this study, the following definitions apply.

- **Kindergarten:** Traditional year of school primarily for 5-year olds prior to first grade.
- **Transitional (or readiness) kindergarten:** Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.
- **Transitional first (or prefirst) grade:** Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.
- **Multigrade:** A classroom containing kindergarten and some combination of other grades (for example, a combination prekindergarten/kindergarten).
- **Ungraded:** A classroom containing kindergarten-aged children (possibly in combination with other ages), not formally identified as a "kindergarten" class.

Special programs. Reference is made in this questionnaire to Title I and Title III programs, 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 have limited proficiency in English, 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.
- 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.

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:

- Language-minority (LM) student: A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students who are English language learners.
- 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 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.

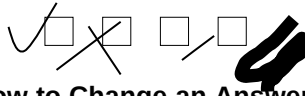
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

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:

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 one number per box like this:

1	2	3	4	5	6	7	8	9	0
----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

Write words like this:

John Smith

SECTION A. SCHOOL CHARACTERISTICS

A1. How many days are children required to attend school this academic year? WRITE IN NUMBER BELOW.

	Number of School Days
--	-----------------------

A2. What are the start and end dates for this school for the 2011-2012 school year?

START

		2011
MONTH	DAY	YEAR

END

		2012
MONTH	DAY	YEAR

A3. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.

	<u>Number of children</u>
a. Total enrollment in your school around October 1, 2011, or the date nearest to that for which data are available	<input style="width: 80px; height: 25px;" type="text"/>
b. Number of children who have enrolled in your school since October 1, 2011	<input style="width: 80px; height: 25px;" type="text"/>
c. Number of children who have left your school since October 1, 2011, and have not returned	<input style="width: 80px; height: 25px;" type="text"/>

A4. Approximately, what is the Average Daily Attendance for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.

	% Average Daily Attendance
--	----------------------------

$$\left[\text{i.e., } \frac{\text{number of students attending on an average day}}{\text{number of students enrolled}} \times 100 \right]$$

OR

	Average Number Attending Daily
--	--------------------------------

A5. Mark all grade levels included in your school. SEE LIST OF DEFINITIONS AT THE BEGINNING OF THIS QUESTIONNAIRE FOR DEFINITIONS OF DIFFERENT TYPES OF KINDERGARTEN PROGRAMS.

- | | | |
|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Ungraded | <input type="checkbox"/> 1st | <input type="checkbox"/> 7th |
| <input type="checkbox"/> Prekindergarten | <input type="checkbox"/> 2nd | <input type="checkbox"/> 8th |
| <input type="checkbox"/> Transitional (or readiness) kindergarten | <input type="checkbox"/> 3rd | <input type="checkbox"/> 9th |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 4th | <input type="checkbox"/> 10th |
| <input type="checkbox"/> Transitional first (or prefirst) grade | <input type="checkbox"/> 5th | <input type="checkbox"/> 11th |
| | <input type="checkbox"/> 6th | <input type="checkbox"/> 12th |

A6. Which of the following characterizes your school? MARK ALL THAT APPLY.

- Regular public school (not including magnet school or school of choice)
- Public magnet school
- Charter school
- Public school of choice (including those with open enrollment)

- Catholic school
 - Diocesan
 - Parish
 - Private order
- Other private school, religious affiliation
- Private school affiliated with NAIS, no religious affiliation
- Other private school, no religious or NAIS affiliation

- Early Childhood Center (school/center includes preschool and/or early grades)
- Special education school – primarily serves children with disabilities
- Year-round school
- Bureau of Indian Affairs (BIA) or tribal school

IF YOU MARKED “CHARTER SCHOOL” IN A6, GO TO QUESTION A6a. IF YOU DID NOT MARK “CHARTER SCHOOL”, THEN SKIP TO QUESTION A7.

A6a. In what year did this school start providing instruction as a public CHARTER school? WRITE IN NUMBER BELOW.

Year

A7. Approximately, what percentage of the children in your school belongs to each of the following racial/ethnic groups? COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO CHILDREN IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD TO YOUR TOTAL SCHOOL ENROLLMENT OR THE PERCENT COLUMN SHOULD ADD TO 100%.

	<u>Number of children</u>	OR	<u>Percent</u>
a. Hispanic/Latino of any race	<input type="text"/>		<input type="text"/> %
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
c. Asian, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
d. Black or African American, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
f. White, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
g. Two or more races, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
h. Total school enrollment (sum of a through g)	<input type="text"/>		100%

A8. About what percentage of the children enrolled in this school are....WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."

	<u>Percent</u>
a. From the surrounding neighborhood?	<input type="text"/> %
b. Bussed to achieve racial integration?	<input type="text"/> %
c. Have special needs (gifted and talented, children with disabilities, etc.) and attend from outside of the surrounding neighborhood to receive a specialized program or service?	<input type="text"/> %
d. Eligible for free or reduced-price lunch?	<input type="text"/> %
e. Attending the school under public school choice? (IF YOURS IS A PRIVATE SCHOOL, PLEASE SKIP THIS ITEM.)	<input type="text"/> %

A9. By what date did a child need to turn five to enter kindergarten for this school year, 2011 – 2012? WRITE IN MONTH, DAY, AND YEAR. IF NO CUTOFF DATE, MARK BOX BELOW.

No cutoff date

MONTH

DAY

YEAR

Morning School Schedule

A10. What time does the first bus usually arrive in the morning? WRITE IN TIME BELOW.

 AM

A11. What time does the last bus usually arrive in the morning? WRITE IN TIME BELOW.

 AM

A12. What time does school officially start in the morning? WRITE IN TIME BELOW.

 AM

School-Level Breakfast and Lunch Eligibility and Participation

A13. Does your school participate in the U.S. Department of Agriculture's (USDA's) school breakfast program?

Yes (SKIP TO Q A15)

No

A14. What are the reasons why your school does not participate in USDA’s school breakfast program? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Too few eligible students	<input type="checkbox"/>	<input type="checkbox"/>
b. Program too costly	<input type="checkbox"/>	<input type="checkbox"/>
c. School starts too late to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
d. School lacks facilities to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
e. School lacks staff to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 400px; height: 20px;" type="text"/>		

IF YOU RESPONDED TO Q A14 THEN SKIP TO Q A21

A15. What time is breakfast served at the school? WRITE IN TIME BELOW.

START TIME	END TIME
AM	AM

A16. Where is the breakfast typically served for first-grade students? MARK ONLY ONE.

- Cafeteria
- Classroom
- In some other common area of school (as a bag breakfast)
- School bus (as a bag breakfast)
- Other (Please specify)

A17. Are children who are served breakfast in the cafeteria allowed to take it to the classroom?

- Yes
- No

A18. How many federally-reimbursable school breakfasts did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."

**Total meals
served in October**

a. Paid school breakfasts

b. Free school breakfasts

c. Reduced-price breakfasts

A19. What is the price of a USDA-reimbursable breakfast for students who pay the full price? Record the most common price (standard price) if your cafeteria offers breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

STANDARD FULL PRICE

A20. What is the price of a USDA-reimbursable breakfast for students who pay the reduced price?

REDUCED PRICE

A21. Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program? MARK ONLY ONE.

- Yes
- No (SKIP TO Q A25)

A22. How many federally-reimbursable school lunches did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."

	Total meals served in October
a. Paid school lunches	<input type="text"/>
b. Free school lunches	<input type="text"/>
c. Reduced-price lunches	<input type="text"/>

A23. What is the price of a USDA-reimbursable lunch for students who pay the full price? Record the most common price (standard price) if your cafeteria offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

STANDARD FULL PRICE

\$

A24. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

REDUCED PRICE

\$

A25. How many children in your school were approved for free or reduced-price meals as of October 1, 2011, or the date nearest to that for which data are available? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."

	Number of children approved for free/reduced-price meals
a. Free school meals	<input type="text"/>
b. Reduced-price meals	<input type="text"/>

SECTION B. SCHOOL FACILITIES AND RESOURCES

B1. In general, how adequate are each of the following school facilities for meeting the needs of the children in your school? MARK ONE RESPONSE ON EACH ROW.

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW.

	Children
--	----------

B3. How many computers in this school are used for...
WRITE IN NUMBERS IN BOXES BELOW. IF NONE, WRITE "0."

	<u>Number of Computers</u>
a. Instructional purposes only?	<input type="text"/>
b. Both instructional and administrative purposes?	<input type="text"/>

B4. Please indicate whether or not each type of equipment is available at this school. If the equipment is available, please indicate whether it is available for use by students and whether it is used for online student assessment.

	Available at school?		Available for student use?		Used for online assessment?	
	YES	NO	YES	NO	YES	NO
a. Computers with access to local area networks (LAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computers with access to the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

C1. Are any of the following programs available for first-grade children and their families at your school site? Please include programs run by the school and those run by outside groups. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Before-school child care	<input type="checkbox"/>	<input type="checkbox"/>
b. After-school child care	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>
d. Vision screening	<input type="checkbox"/>	<input type="checkbox"/>

C2. Are any of the following programs or services for parents and families available at your school site? Please include programs run by the school and those run by outside groups. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Parenting education programs (e.g., classes on child development, education in being a parent, understanding children with special needs)	<input type="checkbox"/>	<input type="checkbox"/>
b. Adult literacy program (including Adult Basic Education)	<input type="checkbox"/>	<input type="checkbox"/>
c. Family literacy program	<input type="checkbox"/>	<input type="checkbox"/>
d. Health or social services offered collaboratively by service agencies such as hospitals	<input type="checkbox"/>	<input type="checkbox"/>
e. Orientation to school setting for new families	<input type="checkbox"/>	<input type="checkbox"/>
f. Child care so that parents can attend school parent meetings or events	<input type="checkbox"/>	<input type="checkbox"/>

C3. Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Once a year</u>	<u>2 to 3 times a year</u>	<u>4 to 6 times a year</u>	<u>7 or more times a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Written reports (report cards) of child's performance sent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores sent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Home visits to do one-on-one parent education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Classroom programs like class plays, book nights, or family math nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Indicate how much you agree or disagree with the following statements about the school's community and parents. MARK ONE RESPONSE ON EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Parents are actively involved in this school's programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The community served by this school is supportive of its goals and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents of children in this school are welcome to observe classes any time they are in session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. How much of a problem are the following in the neighborhood where this school is located? MARK ONE RESPONSE ON EACH ROW.

	<u>Big problem</u>	<u>Somewhat of a problem</u>	<u>No problem</u>	<u>Don't know</u>
a. Tensions based on racial, ethnic, or religious differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vacant houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. To the best of your knowledge how often do the following types of problems occur at your school? MARK ONE RESPONSE ON EACH ROW.

	<u>Happens daily</u>	<u>Happens at least once a week</u>	<u>Happens at least once a month</u>	<u>Happens on occasion</u>	<u>Never happens</u>
a. Children bringing weapons to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children bringing in or using alcohol at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children bringing in or using illegal drugs at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vandalism of school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Class cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Does your school take either of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Security guards	<input type="checkbox"/>	<input type="checkbox"/>
b. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>

C8. To what extent is each of the following matters a problem in this school? Indicate whether each is a **SERIOUS** problem, a **MODERATE** problem, a **MINOR** problem or **NOT** a problem in this school. **MARK ONE RESPONSE ON EACH ROW.**

	<u>Serious problem</u>	<u>Moderate problem</u>	<u>Minor problem</u>	<u>Not a problem</u>
a. Student tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student aggressive or disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overcrowding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C9. During the past three years, did any of the following changes occur at your school? **MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Funding levels decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment significantly increased	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment significantly decreased	<input type="checkbox"/>	<input type="checkbox"/>
d. Students' average family income decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing or a shortage of teachers	<input type="checkbox"/>	<input type="checkbox"/>
g. Class sizes increased significantly	<input type="checkbox"/>	<input type="checkbox"/>
h. Class sizes decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
i. Salaries and/or benefits were frozen or decreased	<input type="checkbox"/>	<input type="checkbox"/>
j. Salaries and/or benefits increased	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D. SCHOOL POLICIES AND PRACTICES

D1. Are first graders at this school required to wear a school uniform? Do not include required physical education uniforms.

- Yes
 No

D2. Which of the following statements describe your school's grade promotion and retention practices or policies? MARK TRUE OR FALSE ON EACH ROW.

	<u>True</u>	<u>False</u>
a. This school has a formal retention policy	<input type="checkbox"/>	<input type="checkbox"/>
b. Children can be promoted for social reasons (e.g., physical size)	<input type="checkbox"/>	<input type="checkbox"/>
c. Children can be retained for maturational reasons (e.g., social/emotional immaturity)		
d. Children can be retained at the request of their parents	<input type="checkbox"/>	<input type="checkbox"/>
e. Children can be retained due to academic deficiencies (e.g., below grade level)	<input type="checkbox"/>	<input type="checkbox"/>
f. Children can be retained due to failing a school-wide standardized test	<input type="checkbox"/>	<input type="checkbox"/>
g. Children can be retained more than once in each grade	<input type="checkbox"/>	<input type="checkbox"/>
h. Children can be retained without their parents' permission	<input type="checkbox"/>	<input type="checkbox"/>
i. Children with disabilities can be retained	<input type="checkbox"/>	<input type="checkbox"/>
j. Children can be retained in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>

D3. How many kindergarten children were retained at their current grade level last school year? IF NONE, WRITE "0."

NUMBER OF KINDERGARTEN CHILDREN RETAINED LAST YEAR

D4. How many first-grade children were retained at their current grade level last school year? IF NONE, WRITE "0."

NUMBER OF FIRST-GRADE CHILDREN RETAINED LAST YEAR

SECTION E. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

Language Minority Students and Families

E1. Do any of the children in this school come from a home where a language other than English is spoken?

- Yes
 No (SKIP TO Q E5)

E2. What percentage of children in this school and in first grade are English language learners (ELL)? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.

% ELL among all students in school

% ELL among all students in first grade

E3. What percentage of first-grade children receive ESL (English as a Second Language), bilingual, or dual-language (also known as two-way immersion) instruction?

SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE THE PERCENTAGE BELOW. WRITE "0" IF INSTRUCTION NOT PROVIDED OR IF INSTRUCTION IS PROVIDED BUT NO FIRST-GRADERS RECEIVE THE INSTRUCTION.

First-grade students

	<u>In regular classroom</u>	<u>In pull-out setting</u>
a. Percent receiving ESL instruction	<input type="text"/> %	<input type="text"/> %
b. Percent receiving bilingual instruction	<input type="text"/> %	<input type="text"/> %
c. Percent receiving dual-language instruction	<input type="text"/> %	<input type="text"/> %

E4. Are any of the following services provided to families of children from households where a language other than English is spoken? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of written communications are provided to these families	<input type="checkbox"/>	<input type="checkbox"/>
c. Home visits are made to families of these children	<input type="checkbox"/>	<input type="checkbox"/>
d. An outreach worker assists in enrolling these children when first entering school	<input type="checkbox"/>	<input type="checkbox"/>
e. The school conducts special parent meetings for families from a non-English background	<input type="checkbox"/>	<input type="checkbox"/>

Children with Special Needs

E5. Are there any children with disabilities in this school receiving special education through any of the following? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Individualized Education Programs (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
b. 504 plan based on section 504 of the Rehabilitation Act	<input type="checkbox"/>	<input type="checkbox"/>

E6. Approximately what percentage of your first-graders are in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN FIRST GRADE OR IN ANY GRADE IN YOUR SCHOOL.

	<u>Percent</u>	<u>Not offered in first grade</u>	<u>Not offered in any grade</u>
a. Special education (with Individualized Education Program (IEP))	<input style="width: 50px; height: 20px;" type="text" value=" %"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading instruction for students performing below grade level in reading	<input style="width: 50px; height: 20px;" type="text" value=" %"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Math instruction for students performing below grade level in math	<input style="width: 50px; height: 20px;" type="text" value=" %"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A gifted and talented program	<input style="width: 50px; height: 20px;" type="text" value=" %"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. Where are children with Individualized Education Programs (IEPs) typically served in this school? MARK ONLY ONE.

- Children with IEPs are not served in this school
- Children with IEPs typically spend most of their day in separate classes
- Children with IEPs typically spend most of their day in the regular classroom

SECTION F. FEDERAL PROGRAMS: TITLE I, ADEQUATE YEARLY PROGRESS, AND TITLE III⁸

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE (SKIP TO Q G1)

Title I Funding and Programs

F1. Did your school receive Federal Title I funds for this school year? MARK ONLY ONE.

Yes

No (SKIP TO Q F4)

**PLEASE NOTE THE FOLLOWING DEFINITIONS
THAT ARE RELEVANT TO QUESTION F2 BELOW:**

- A targeted assistance program uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific students, sometimes referred to as "Title I students," who have been identified as low achieving.
- A schoolwide program may use Title I funds to improve the quality of educational programs and services throughout the school. A school may use Title I funds for a schoolwide program if at least 40 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

F2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONLY ONE.

Targeted assistance program

Schoolwide program

⁸ Title I and Title III and their accompanying requirements are programs of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001. See the introductory section of this questionnaire for more information on these programs.

F3. Does your school use Title I funds for any of the following purposes? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. To serve children in a pull-out setting	<input type="checkbox"/>	<input type="checkbox"/>
b. To serve children in an in-class setting	<input type="checkbox"/>	<input type="checkbox"/>
c. To reduce class sizes	<input type="checkbox"/>	<input type="checkbox"/>
d. To provide extended time learning opportunities before and/or after school for children	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide professional development activities	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide family literacy services	<input type="checkbox"/>	<input type="checkbox"/>
g. To provide summer learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>

Title III Funding and Programs

F4. Did your school receive Federal Title III funds for this school year? (Title III is “Language Instruction for Limited English Proficient and Immigrant Students.”)

- Yes
- No (SKIP TO Q F6)

F5. Does your school use Title III funds for any of the following purposes? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. To serve children in a pull-out setting for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. To serve children in an in-class setting for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. To provide extended time learning opportunities before and/or after school for children	<input type="checkbox"/>	<input type="checkbox"/>
d. To improve the entire educational program through a schoolwide program	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide professional development activities for teachers who serve English language learners	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide family literacy services (usually done out of Title III immigrant funds)	<input type="checkbox"/>	<input type="checkbox"/>
g. To provide summer learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
h. To provide student support in the student’s home language for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>

Federal Requirements

F6. At the end of the LAST school year (2010-2011), did this school make Adequate Yearly Progress (AYP)? (Adequate yearly progress is your state’s measure of yearly progress toward achieving state academic standards.)

- Yes (SKIP TO Q F9)
- No
- Not applicable; our school district does not receive Title I funding. (SKIP TO Q G1)

F7. At the end of the LAST school year (2010-2011), was this school identified for improvement due to Adequate Yearly Progress (AYP) requirements? (A school is identified for improvement if it does not make Adequate Yearly Progress for two consecutive years or more in the same content area.)

- Yes
- No (SKIP TO Q F9)

F8. Which of the following actions has this school taken in response to being identified for improvement? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Developed or revised a two-year school improvement plan	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered students the choice to transfer to another public school	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered supplemental educational services to students from low-income families	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced school staff	<input type="checkbox"/>	<input type="checkbox"/>
e. Implemented a new curriculum based on scientifically based research	<input type="checkbox"/>	<input type="checkbox"/>
f. Extended the school day or school year	<input type="checkbox"/>	<input type="checkbox"/>
g. Appointed an outside expert to advise the school on its progress toward making AYP	<input type="checkbox"/>	<input type="checkbox"/>
h. Reorganized the school internally	<input type="checkbox"/>	<input type="checkbox"/>

F9. Does this school have grade 3 students?

- Yes
- No (SKIP TO Q G1)

F10. Based on recent state assessments, what percentage of the grade 3 students in your school in the prior school year (2010-2011) scored “proficient” or above in the subjects in this table? Please also indicate the percentage of students scoring proficient or above that was needed to meet your AYP (adequate yearly progress) goals for that school year. IF THE AYP COLUMN IS NOT APPLICABLE FOR YOUR SCHOOL BECAUSE YOUR DISTRICT DOES NOT RECEIVE TITLE I FUNDING, WRITE “NA” IN THE AYP COLUMN.

	Percentage of students whose achievement level is “proficient” or above	Percentage required by AYP goals in 2010-2011
a. Reading or verbal skills	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
b. Mathematics or quantitative skills	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
c. Science	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
d. English language proficiency for English Language Learners (WRITE NA IF NO STUDENTS WERE ASSESSED FOR THIS.)	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	

SECTION G. STAFFING AND TEACHER CHARACTERISTICS

G1. Approximately how many staff members does your school currently have in the following categories?

PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."

	(1) Number who work full time in the school	(2) Number who work part time in the school
a. Regular classroom teachers	<input type="text"/>	<input type="text"/>
b. Gym, drama, music, or art teachers	<input type="text"/>	<input type="text"/>
c. Special education and related service providers	<input type="text"/>	<input type="text"/>
d. ESL/bilingual education/dual-language immersion teachers	<input type="text"/>	<input type="text"/>
e. Reading teachers/specialists	<input type="text"/>	<input type="text"/>
f. Teachers of gifted/talented	<input type="text"/>	<input type="text"/>
g. School nurses or health professionals	<input type="text"/>	<input type="text"/>
h. School psychologists or social workers	<input type="text"/>	<input type="text"/>
i. Paraprofessionals (e.g., classroom aides)	<input type="text"/>	<input type="text"/>
j. Library media specialists/librarians	<input type="text"/>	<input type="text"/>

G2. **Teacher mobility. WRITE IN THE APPROXIMATE NUMBER OF REGULAR CLASSROOM TEACHERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	Number of teachers
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2011	<input type="text"/>
b. Number of regular classroom teachers who have left your school since October 1, 2011, and have not returned	<input type="text"/>

G3. What percentage of your part-time and full-time teachers, including regular classroom, ESL/bilingual, remedial, special education, art, and physical education teachers, belongs to each of the following racial/ethnic groups?

COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO TEACHERS IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD TO YOUR TOTAL NUMBER OF TEACHERS OR THE PERCENT COLUMN SHOULD ADD TO 100%

	Number of teachers	OR	Percent
a. Hispanic/Latino of any race	<input type="text"/>		<input type="text"/> %
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
c. Asian, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
d. Black or African American, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
f. White, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
g. Two or more races, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
h. Total number of teachers (sum of a through g)	<input type="text"/>		100%

G4. Indicate how much you agree or disagree with the following statements about your school and staff. MARK ONE RESPONSE FOR EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. There is a consensus among administrators and teachers on goals and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. We have an active professional development program for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers are very active in planning staff development activities in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is adequate time for teacher professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This school offers incentives for teachers to improve their classroom management and instructional techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G5. If a person other than the school principal has completed the previous sections, please provide the following information for the individual who completed them, or – if more than one individual – for the individual who completed the majority of the sections: PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

G6. How long has the individual listed above been employed at this school?

		:		
YEARS			MONTHS	

The school principal or headmaster should complete the remainder of this questionnaire. If a designee is chosen to complete this in his or her place, please be sure that the background and education characteristics provided are about the school's principal or headmaster.

SECTION H. SCHOOL ADMINISTRATOR CHARACTERISTICS

H1. What is your gender?

- Male
- Female

H2. In what year were you born? WRITE IN YEAR BELOW.

1
YEAR

H3. Are you Hispanic or Latino? MARK ONLY ONE.

- Yes
- No

H4. 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

H5. How many years experience do you have in each of the following positions? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5). PLEASE INCLUDE PART-TIME TEACHING.

	<u>Number of Years</u>
a. Years as a teacher before becoming a principal	<input type="text"/>
b. Total number of years as a principal	<input type="text"/>
c. Number of years as principal at this school	<input type="text"/>

H6. Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Traditional university-based training and certification program	<input type="checkbox"/>	<input type="checkbox"/>
b. District-based training program (e.g., the Boston Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)	<input type="checkbox"/>	<input type="checkbox"/>
c. City-based training program (e.g., Cleveland's First Ring Leadership Academy)	<input type="checkbox"/>	<input type="checkbox"/>
d. State-based training program (e.g., New Jersey EXCEL)	<input type="checkbox"/>	<input type="checkbox"/>
e. Training and/or certification program run by a national non-profit organization (e.g., KIPP School Leadership Program, New Leaders for New Schools)	<input type="checkbox"/>	<input type="checkbox"/>
f. Another school administration preparation program	<input type="checkbox"/>	<input type="checkbox"/>

H7. What is the highest level of education you have completed? MARK ONLY ONE.

- High school diploma or equivalent/GED
- Associate's degree
- Bachelor's degree
- At least one year of coursework beyond a Bachelor's degree but not a graduate degree
- Master's degree
- Education specialist or professional diploma based on at least one year of coursework past a Master's degree level
- Doctorate

H8. What was your major field(s) of study in the highest degree you completed? 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. Education administration/management	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education	<input type="checkbox"/>	<input type="checkbox"/>
e. Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

H9. Please estimate how many hours you spend on average per week in the following activities. WRITE IN NUMBER OF HOURS BELOW. IF NONE, WRITE "0."

	<u>Hours Per Week</u>
a. Working with teachers on instructional issues	<input type="text"/>
b. Internal school management (weekly calendars, vendors, office, memos, etc.)	<input type="text"/>
c. Student discipline/attendance	<input type="text"/>
d. Monitoring hallways, playground, lunchroom	<input type="text"/>
e. Teaching	<input type="text"/>
f. Talking and meeting with parents	<input type="text"/>
g. Meeting with students	<input type="text"/>
h. Paperwork required by local, state, or federal authorities	<input type="text"/>

**H10. What is your best estimate of the number of children in your school you know by name?
MARK ONLY ONE.**

- Nearly every child
- 76% or more
- 51% to 75%
- 26% to 50%
- 25% or less

Date Questionnaire Completed:

MONTH

DAY

YEAR

Questionnaire completed by:

LAST NAME

FIRST NAME

MIDDLE INITIAL

THANK YOU FOR YOUR COOPERATION

Appendix G:
Oral Consent Scripts

Appendix G: Oral Consent Scripts

Cognitive Interview Oral Consent Script: Teachers

Westat is conducting this research for the National Center for Education Statistics (NCES) of the U.S. Department of Education. The purpose of this interview is to evaluate the wording of questionnaire items that may be used in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), and to see how easy or difficult those questions are to answer. Your opinions are important and will assist in the development of the questionnaire.

- *[If respondent agreed to audio recording in cognitive interview script, read:]* As we discussed earlier, the interview will be audio recorded and notes will be taken. The audio recording and notes of this interview will be destroyed at the end of the ECLS-K:2011 study.
[If respondent declined to be audio recorded in cognitive interview script, read:] As we discussed earlier, notes will be taken during the interview. The notes will be destroyed at the end of the ECLS-K:2011 study.
- The interview should take about an hour.
- Your participation is completely voluntary. You may stop at any time, and you do not have to answer any questions you do not wish to answer.
- Your responses will be used for statistical purposes only and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [20 U.S. Code, Section 9573].
- The report summarizing the findings will not contain any names or identifying information.
- As a token of our appreciation for completing the interview, we will [mail/give] you a \$35 check.

Do you have any questions about what I have just explained?

If you agree to participate in this interview, please say “I agree to participate.”

Cognitive Interview Oral Consent Script: School Administrators

Westat is conducting this research for the National Center for Education Statistics (NCES) of the U.S. Department of Education. The purpose of this interview is to evaluate the wording of questionnaire items that may be used in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), to see how easy or difficult those questions are to answer, and to find ways to make the questionnaire easier to complete. Your opinions are important and will assist in the development of the questionnaire.

- *[If respondent agreed to audio recording in cognitive interview script, read:]* As we discussed earlier, the interview will be audio recorded and notes will be taken. The audio recording and notes of this interview will be destroyed at the end of the ECLS-K:2011 study.
[If respondent declined to be audio recorded in cognitive interview script, read:] As we discussed earlier, notes will be taken during the interview. The notes will be destroyed at the end of the ECLS-K:2011 study.
- The interview should take about an hour and 15 minutes.
- Your participation is completely voluntary. You may stop at any time, and you do not have to answer any questions you do not wish to answer.
- Your responses will be used for statistical purposes only and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (*20 U.S. Code, Section 9573*).
- The report summarizing the findings will not contain any names or identifying information.
- As a token of our appreciation for completing the interview, we will [mail/give] you a \$40 check.

Do you have any questions about what I have just explained?

If you agree to participate in this interview, please say "I agree to participate."