

**APPENDIX F**  
**TEACHER SURVEY**



# TITLE I EARLY CHILDHOOD LANGUAGE DEVELOPMENT STUDY

## *Teacher Survey*

*August 2, 2011*



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**A1. Which curriculum, if any, do you use most often for teaching Reading and Language Arts?**

**MARK (X) ONE RESPONSE FOR PRIMARY AND ANY SUPPLEMENTARY.**

**MARK (X) IN ROW "n" IF YOU DO NOT USE A SPECIFIC LANGUAGE ARTS OR READING SERIES OR PROGRAM**

	PRIMARY	SUPPLEMENTARY
a. Treasures (Macmillan/McGraw-Hill).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Reading Mastery Signature (Macmillan/McGraw-Hill).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Open Court Reading (Macmillan/McGraw-Hill)...	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Journeys (Houghton Mifflin Harcourt).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. StoryTown (Houghton Mifflin Harcourt).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Trophies (Houghton Mifflin Harcourt).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Reading (Houghton Mifflin Harcourt).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Reading Street (Scott Foresman).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Renaissance Learning Accelerated Reader.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Scholastic Reading Counts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Locally designed curriculum.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. State-specific curriculum.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Other ( <i>Please print curriculum name and publisher</i> )..... _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. None.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A2. Teachers sometimes meet to discuss curriculum and lesson planning, student progress, and coordination. During this school year (2011-2012), how frequently did you meet with other teachers in this school?**

**MARK (X) ONE PER ROW**

	<b>Never</b>	<b>Less Than Once a Month</b>	<b>1-3 Times Per Month</b>	<b>1-2 Times Per Week</b>	<b>3-4 Times Per Week</b>	<b>Every Day</b>
a. Teachers in the same grade for grade-level planning .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Teachers in other grades for cross-grade planning .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**IF A2a=0 AND A2b=0, THEN SKIP TO B1**

**A3. What topics are discussed when you meet with other teachers for planning?**

**MARK (X) YES OR NO IN EACH ROW**

	<b>Yes</b>	<b>No</b>
a. Plan lessons using the same core or basal curriculum.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Plan lessons using the same supplementary curriculum.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Align the schedule for introducing topics in the curriculum....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Share lesson plans.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Prepare for team teaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discuss how effective particular lessons were and how to improve them.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Examine and modify the scope or sequence of coverage of specific curricular topics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Develop thematic units or other approaches to integrating instruction across curricular areas within grades.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Develop school-wide themes to integrate instruction across grade levels.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. In-depth discussion and analysis of students' classroom work to clarify standards for student learning.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Examine the alignment of curricular materials and student assessments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**B1. During the last FULL DAY of instruction, how long did students spend on the following reading/language arts activities?**

**MARK (X) ONE PER ROW**

	<b>None</b>	<b>20 Minutes or Less</b>	<b>21-40 Minutes</b>	<b>41-60 Minutes</b>	<b>More Than 60 Minute s</b>
a. Word-level reading skills such as phonics skills and practicing sight vocabulary.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Oral reading fluency practice (choral reading, partner reading, re-reading text, reading aloud).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Independent silent reading.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Vocabulary activities to learn the meaning of new words.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Listening comprehension (listening to a book or story being read aloud).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Reading comprehension.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Writing.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**B2. Teachers use a variety of instructional activities to help students understand books that are read to them or their own reading. During this school year (2011-2012), how frequently have the students in your classroom done the following?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Listen to you read stories.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Stop to discuss text while students read aloud or you read aloud to them.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Discuss conventions of print (left to right orientation, book holding).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Answer questions about what's explicitly stated in a text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Answer questions that require them to make inferences about what's stated in a text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Pose their own questions about a text....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Use an art form (picture, skit, or music) to demonstrate their understanding of a text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Create a graphic representation of a text	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Watch a video based on text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Talk with a partner about a text while under supervision.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Choose which reading comprehension strategies to use in their work.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Do a think-aloud or explain how they apply a skill or strategy.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Complete practice exercises or worksheets to demonstrate comprehension.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Take notes on what they are reading (e.g., highlight information in the text, prepare "sticky notes" regarding ideas in the text).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Other ( <i>Specify</i> )..... _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B3. During this school year (2011-2012), how often have you used the following approaches to group students for reading or language arts instruction?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Whole class grouping (e.g., all students are taught the same thing at the same time).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability or achievement grouping (e.g., the most proficient readers are in one group, the next most proficient are in a second group, and the rest are in a third group).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Mixed ability grouping (e.g., students are grouped according to interest/genre, cooperative-learning groups, etc.).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Individualized instruction (e.g., students work individually on learning assignments specifically tailored to their achievement or interest).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Grouping or pairing of students with Limited English Proficiency.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Grouping based on students needing specific help.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B4. During this school year (2011-2012), how often were students in your class expected to read books at home or have someone work with them on reading at home?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Someone at home is expected to read to the child or to work with the child on reading.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Child is expected to read independently at home.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**B5. During this school year (2011-2012), how often did your students work on LISTENING COMPREHENSION (doing things like answering questions about a reading or trying to understand what an author has stated or implied) using the following types of texts that are read to the student?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Informational text (e.g., on social studies or science topics).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Narrative text (e.g., stories).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Texts with strong phonetic patterns (e.g., cat/hat/fat) or predictable language (e.g., brown bear, brown bear).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Texts with controlled vocabulary (e.g., sight words and/or easily sounded out).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Texts without controlled vocabulary.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Chapter books.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Books students chose for themselves.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B6. During this school year (2011-2012), how often did your students work on READING COMPREHENSION (doing things like answering questions about a reading or trying to understand what an author has stated or implied) using the following types of texts that the student reads independently or with help?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Informational text (e.g., on social studies or science topics).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Narrative text (e.g., stories).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Texts with strong phonetic patterns (e.g., cat/hat/fat) or predictable language (e.g., brown bear, brown bear).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Texts with controlled vocabulary (e.g., sight words and/or easily sounded out).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Texts without controlled vocabulary.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Chapter books.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Books students chose for themselves.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B7. During this school year (2011-2012), how often were the following comprehension topics a PRIMARY FOCUS of your instruction in any subjects (e.g., reading, social studies, science)?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Activating prior knowledge or making personal connections to text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Students generating their own questions about text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Summarizing important or critical details.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Identifying the main idea and parts of a story.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Analyzing or evaluating text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Making predictions based on text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Examining literary techniques.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Identifying the author's purpose.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Using concept maps, story maps, text structure frames, or other graphic organizers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Answering questions that have answers directly stated in the text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Remembering and following directions that include a series of actions.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Answering questions that require inferences based on what is stated.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Answering questions that require drawing on information outside the text.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B8. During this school year (2011-2012), how often did you ask students to work on the following types of writing activities?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Dictate stories to a teacher, aide, or volunteer.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Compose and write using only letter strings or words (with or without illustrations).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Compose and write a single complete sentence or separate complete sentences (with or without illustrations).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Compose and write a single paragraph or separate paragraphs.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Compose and write two or more connected paragraphs.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Compose and write an open response to a text (without a specific prompt).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Write about a text in response to a prompt.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Compose and write a story with an understandable beginning, middle, and end.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Write a report based on reading one or more texts.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Write journal entries.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B9. During this school year (2011-2012), how often have children in this class done each of the following VOCABULARY activities in reading, social studies, or science lessons?**

**(NOTE: Vocabulary refers to instruction that emphasizes word meanings rather than word recognition, decoding, or spelling.)**

**MARK (X) ONE PER ROW**

**For each strategy, mark only if it was used to practice or learn the meaning of words rather than for decoding or spelling.**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Students discussed common prepositions such as over and under, up and down.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Students restated the definition in their own words.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Students added words with definitions to a personal "word store" (e.g., word bank, index cards, word wall, journal) to learn the meaning of words.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Students read a text with target vocabulary word(s) or explored the meaning of words encountered in text based on context.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Students identified words/terms in the text they did not understand.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Students wrote definitions of the target vocabulary word(s) using a glossary or dictionary.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Students completed a vocabulary web or map to learn word relations or word origins.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Students used target word(s) in a sentence to clarify meaning.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Students wrote a paragraph or more using the target word(s) for meaning.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Students learned a specific strategy to understand word meanings.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Students engaged in word-play activities (e.g., word games, puzzles, riddles) with a focus on the meaning of words.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Other ( <i>Specify</i> ).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C1. During this school year (2011-2012), have any of your students who are at-risk or struggling readers received any of the following supports?**

**MARK (X) ONCE IN EACH ROW**

	Received	No students received
a. Materials that supplement the core reading program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Placement in a different level of the core reading program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Placement in a separate core reading program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Placement in English as a Second Language instruction.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Placement in a special intervention program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**C2. During this school year (2011-2012), how often have you used any of the following types of assessments and extra instruction to support the needs of at-risk or struggling readers?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Diagnostic assessment to determine weaknesses or deficits in phonemic awareness, phonics/decoding, and fluency.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Diagnostic assessment to determine weaknesses in reading or listening comprehension.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Extra instruction or practice in the classroom with phonemic awareness or decoding.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Extra instruction or practice in the classroom with fluency.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Extra instruction or practice in the classroom with vocabulary (e.g., meanings of unfamiliar words).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Extra instruction or practice in the classroom with oral language.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Extra instruction or practice in the classroom with comprehension strategies.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Extra time devoted to building up student background information about the texts they will read or listen to.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Extra instruction or practice in the classroom with social studies or science content.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Extra time spent discussing content of reading material.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C3. During this school year (2011-2012), how often did you provide at risk or struggling readers with any of the following types of supports?**

**MARK (X) ONE PER ROW**

	Never	Less Than Once a Month	1-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	Every Day
a. Work with a tutor or reading specialist on one-to-one basis.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Work with a speech and language teacher, pathologist, or specialist.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Work with reading specialist in a small group.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Children work on early reading skills using a computer-based intervention ( <i>NAME of software: _____</i> )....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Children work on early reading skills with a commercial print-based intervention program ( <i>NAME of program: _____</i> ).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Work with an ELL teacher on reading...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Provide reading instruction in home language.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Work with a more advanced peer.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Special materials are sent home for parents to provide practice.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**D1. Are you male or female?**

- 1  Male
- 2  Female

**D2. Are you of Hispanic or Latino origin?**

- 1  Yes
- 0  No

**D3. What is your race?**

**MARK (X) ONE OR MORE RACES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE**

- 1  White
- 2  Black or African American
- 3  Asian
- 4  Native Hawaiian or Other Pacific Islander
- 5  American Indian or Alaska Native

**D4. What is the highest level of education you have completed?**

**MARK (X) ONE ONLY**

- 1  High school diploma or GED
  - 2  Associate's degree
  - 3  Bachelor's degree
  - 4  At least one year of course work beyond a Bachelor's degree but not a graduate degree
  - 5  Master's degree
  - 6  Education specialist or professional diploma based on at least one year of course work past a Master's degree level
  - 7  Doctorate
  - 8  Other (*Specify*)
- 

**D4a. In what field is your Bachelor's degree?**

- 1  Early Childhood Education
  - 2  Education
  - 3  English Literature
  - 4  Mathematics
  - 5  Science or Technology
  - 6  Social Studies, including History, Psychology, Sociology, Economics, Political Science
  - 7  Business
  - 8  Other (*Specify*)
-

**D5. What type of teaching certification do you have?**

**MARK (X) ONE ONLY**

- None
- Temporary, probational, provisional, or emergency certification
- Regular or standard state certificate
- Advanced professional certificate

**D6. Are you certified in these areas?**

**MARK (X) YES OR NO IN EACH ROW**

General Education Areas	Yes	No
a. Elementary education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Early childhood or prekindergarten education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Secondary education (middle or secondary grades).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Special Education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Subject- Matter Specific Areas</b>		
e. English and Language Arts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. English as a Second Language (ESL).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Natural Sciences (biology, chemistry, physics, earth sciences).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Social Sciences (history, psychology, geography, sociology, government, etc.).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Other ( <i>Specify</i> ).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**D7. During the past year, how many hours in total have you spent in staff development workshops or seminars in the following content areas? Include attendance at professional meetings, conferences, workshops, and college or university courses. Overall, how useful were these activities to you?**

**COMPLETE HOURS AND THEN MARK BOX IN EACH ROW**

	TOTAL NUMBER OF HOURS	NOT AT ALL USEFUL	SLIGHTLY USEFUL	MODERATELY USEFUL	VERY USEFUL
a. Reading/language arts or teaching of reading/language arts.....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Mathematics or teaching of mathematics.....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Science or teaching of science.....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



COMPLETE HOURS AND THEN MARK BOX IN EACH ROW

d. Social studies or teaching of social studies.....

TOTAL NUMBER OF HOURS	NOT AT ALL USEFUL	SLIGHTLY USEFUL	MODERATELY USEFUL	VERY USEFUL
_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**D8. During this school year (2011-2012), have you received professional advice or other guidance related to your teaching duties from a mentor, coach, lead teacher or other school staff person?**

<sub>1</sub> Yes

<sub>0</sub> No

**D9. How many years have you worked as a FULL-TIME teacher at this school? Include the current school year.**

|\_|\_| YEARS

**D10. How many years have you worked as a FULL-TIME teacher, including all of the schools where you have worked? Include the current school year.**

|\_|\_| YEARS

**D11. How many years have you worked as a FULL-TIME teacher in prekindergarten through third grade, including all of the schools where you have worked? Include the current school year.**

|\_|\_| YEARS

**D12. During the past week, how often have you read books, magazines, or the newspaper for your own reading purposes (not including materials or books you have read to your class)?**

**MARK (X) ONE ONLY**

<sub>0</sub> Not at all

<sub>1</sub> Once or twice

<sub>2</sub> Three or more times, but not every day

<sub>3</sub> Every day

**As a token of our appreciation for your participation in this survey, we would like to send you a \$20 check. Please provide contact and mailing information.**

**This information will not be shared or published in any reports. We only ask for this information in the event we need to clarify the information provided in this survey.**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: |\_\_|\_|\_|\_| - |\_\_|\_|\_|\_| - |\_\_|\_|\_|\_|\_|\_|  
Area Code

|\_\_|\_|\_| / |\_\_|\_|\_| / |\_\_|\_|\_|\_|\_|\_|  
Month Day Year

***Thank you for completing this questionnaire.***