

**APPENDIX C**

**GENERAL CLASSROOM TEACHER  
QUESTIONNAIRES**

**Early Childhood Longitudinal Study, Kindergarten Class of 2010-11  
(ECLS-K:2011)**

**Spring First-Grade and Fall Second-Grade National Data Collections**

**OMB Clearance Package  
# 1850-0750 v.10**

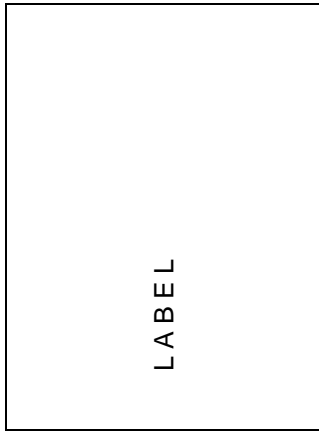
**Spring First-Grade General Classroom Teacher  
Teacher-/Classroom-Level Questionnaire for  
Teachers of Study Children in First Grade**



# Spring 2012 Teacher Questionnaire

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

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

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 5/31/2013. 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 except as required 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 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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 pre-first) 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 a certified teacher uses a student's home language 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.

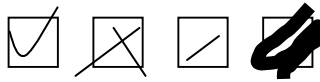
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### 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."**

|  | <u>Number of children</u> |
|--|---------------------------|
| a. Are currently enrolled in your class?                         | <input type="text"/>      |
| b. Have joined the class since the beginning of the school year? | <input type="text"/>      |
| c. Have left the class since the beginning of the school year?   | <input type="text"/>      |

|   | <u>Hours/day</u>     |
|---|----------------------|
| <b>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.</b> | <input type="text"/> |

|   | <u>Days/week</u>     |
|---|----------------------|
| <b>A3. How many days per week does your class normally meet? WRITE NUMBER IN BOX.</b> | <input type="text"/> |

**A4. Do you currently teach a multigrade class? MARK ONE RESPONSE.**

- Yes  
 No (**SKIP TO Q A6**)

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

- |   |                          |
|---|--------------------------|
| a. Prekindergarten                          | <input type="checkbox"/> |
| b. Transitional (or readiness) kindergarten | <input type="checkbox"/> |
| c. Regular kindergarten                     | <input type="checkbox"/> |
| d. Transitional/pre-1st grade               | <input type="checkbox"/> |
| e. 1st grade                                | <input type="checkbox"/> |
| f. 2nd grade                                | <input type="checkbox"/> |
| g. 3rd grade                                | <input type="checkbox"/> |
| h. 4th grade or higher                      | <input type="checkbox"/> |

**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. <b>Total class enrollment (sum of a through g)</b> | <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"/>      |
| <b>h. Total class enrollment (sum of a through g)</b>                | <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"/>      |
| <b>c. Total class enrollment (sum of a and b)</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. How many children in your class...  
WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

**Number of children**

a. Are classified as Gifted and Talented?

b. Are participating in a Gifted and Talented program?

c. Are below grade level in their English reading skills?

d. Are about on grade level in their English reading skills?

e. Are above grade level in their English reading skills?

f. Are below grade level in their mathematics skills?

g. Are about on grade level in their mathematics skills?

h. Are above grade level in their mathematics skills?

i. Are tardy, on an average day?

j. Are absent, on an average day?

**A11. At this point in the school year, how would you rate the behavior of the children in your class? MARK ONE RESPONSE.**

- Group misbehaves very frequently and is almost always difficult to handle.
- Group misbehaves frequently and is often difficult to handle.
- Group misbehaves occasionally.
- Group behaves well.
- Group behaves exceptionally well.

**A12. How many children in your class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0" AND SKIP TO Q A15.**

**Number of  
children**

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**A13. How many of those children with a diagnosed disability are currently receiving special health or educational services or accommodations for their disabilities, for example, speech therapy, assistance by an aide in the classroom, or testing accommodations? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

**Number of  
children**

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**A14. How many of those children with a diagnosed disability need more help than they are currently receiving? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

**Number of  
children**

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**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? MARK ONE RESPONSE.**

- Yes
- No (SKIP TO Q A18)

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

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

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

- English
- Spanish
- French
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- An Asian Indian language
- Sign language
- Other language (PLEASE SPECIFY)

**A18. 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
- An Asian Indian language
- Sign language
- Other language (PLEASE SPECIFY)

**A19. 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 ONE RESPONSE.**

- Yes
- No (**SKIP TO Q A21**)

**A20. Which languages other than English are spoken by one or more children in your class? MARK ALL THAT APPLY.**

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- An Asian Indian language
- Sign language
- Other language (PLEASE SPECIFY)

**A21. 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 ONE RESPONSE.**

- Yes
- No (SKIP TO Q B1)

**A22. How many English language learners (ELL) do you have in your class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

|                        | <u>Number of<br/>children</u>   |
|------------------------|---|
| Number of ELL children | <div style="border: 1px solid black; width: 80px; height: 25px;"></div> |

**A23. 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<br/>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"/>          |

**A24. If you provide specialized language instruction in your classroom for English language learners, would you say this instruction is primarily...(MARK ONE RESPONSE):**

|   |                          |
|---|--------------------------|
| 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"/> |

**A25. 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.**

- No language other than English
- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- An Asian Indian language
- Sign language
- Other language (PLEASE SPECIFY)

**A26. How often do English language learners (ELL children) in your class do each of the following activities? MARK ONE RESPONSE ON EACH ROW. INCLUDE ACTIVITIES IN YOUR CLASSROOM OR IN A PULL-OUT PROGRAM.**

|  | <u>Once a<br/>month<br/>or less</u> | <u>2-3<br/>times a<br/>month</u> | <u>1-2<br/>times a<br/>week</u> | <u>3-4<br/>times a<br/>week</u> | <u>Daily</u>             |
|--|-------------------------------------|----------------------------------|---------------------------------|---------------------------------|--------------------------|
| a. Take assessments to monitor their English language proficiency  | <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 (that is, 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 types of activities? MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.**

|  | <b>No<br/>time</b>       | <b>Half<br/>hour or<br/>less</b> | <b>About<br/>one<br/>hour</b> | <b>About<br/>two<br/>hours</b> | <b>About<br/>three<br/>hours</b> | <b>Four<br/>hours<br/>or<br/>more</b> |
|--|--------------------------|----------------------------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------------|
| a. Working independently   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>              |
| b. Working on individual tasks under teacher direction                           | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>              |
| c. Working with peers under teacher direction                                    | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>              |
| d. Working in small groups with teacher  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>              |
| e. Teacher lecture with large group and/or large group discussion led by teacher | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>         | <input type="checkbox"/>              |

**B2. During a typical day, how much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior? MARK ONE RESPONSE.**

- Less than 15 minutes a day
- 15 minutes to less than 30 minutes a day
- 30 minutes to less than 45 minutes a day
- 45 minutes to less than 1 hour a day
- 1 hour to less than 2 hours a day
- 2 hours or more a day

**B3. 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 RESPONSE ON EACH ROW.**

|  | <u>Never</u>             | <u>Less than once a week</u> | <u>1 day a week</u>      | <u>2 days a week</u>     | <u>3 days a week</u>     | <u>4 days a week</u>     | <u>5 days a week</u>     |
|--|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading 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 (excluding English for ELL students) | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B4. 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 RESPONSE ON EACH ROW.**

|  | Not Applicable/<br>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 (excluding English for ELL students) | <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 RESPONSE 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, 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.**

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

**B7. How often do the children in your class do the following activities? MARK ONE RESPONSE ON EACH ROW.**

|  | No library or media center in this school | Once a month or less     | Two or three times a month | Once or twice a week     | Three or four times a week | Daily                    |
|--|---|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| 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 ONE RESPONSE.**

- 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 RESPONSE ON EACH ROW.**

|  | <u>No time</u>           | <u>1-15 minutes</u>      | <u>16-30 minutes</u>     | <u>31-45 minutes</u>     | <u>Longer than 45 minutes</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| a. Lunch                                 | <input type="checkbox"/> | <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. Do any of the following staff members provide direct instruction to students in your class who are struggling or at risk of failure in reading or math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN YOUR CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. A READING specialist/interventionist who has specialized training in reading instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A MATH specialist/interventionist who has specialized training in math instruction       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A special education teacher  | <input type="checkbox"/> | <input type="checkbox"/> |

**B12. How many hours a week do different types of paid paraprofessionals/aides and/or volunteers usually work directly with children on instructional tasks either in your classroom or in a pull-out setting? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."**

|  |                      |                |
|--|----------------------|----------------|
| a. General paraprofessionals/aides                                     | <input type="text"/> | Hours per week |
| b. Special education paraprofessionals/aides                           | <input type="text"/> | Hours per week |
| c. ESL or bilingual education paraprofessionals/aides                  | <input type="text"/> | Hours per week |
| d. Volunteers (e.g., parents, high school students, community members) | <input type="text"/> | Hours per week |

**B13. How often are the following materials or resources used in your class? MARK ONE RESPONSE 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. 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"/> |

**B14. Please report the following about the computers in your classroom. Please include any desktop, laptop, or other computer-type device (for example, tablets) used for instructional or administrative purposes.**

**In row a, report the number of computers that are located in your classroom everyday and the number of these with Internet access. IF NONE, WRITE "0."**

**In row b, report the number of computers that can be brought into your classroom (for example, laptops on carts) and the number of these that have Internet access. Indicate the number that are generally brought in at one time. IF NONE, WRITE "0."**

|   | Total number of devices | Number with Internet access |
|---|-------------------------|-----------------------------|
| a. Located in your classroom every day                        | <input type="text"/>    | <input type="text"/>        |
| b. Can be brought into your classroom (e.g., laptop on carts) | <input type="text"/>    | <input type="text"/>        |

**B15. How frequently do you or your students use computers or the following electronic devices for instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.**

|  | <b>Not available</b>     | <b>Never</b>             | <b>Rarely</b>            | <b>Sometimes</b>         | <b>Often</b>             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Computer (desktop, laptop or other computer-type device such as a tablet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. LCD or DLP projector  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Interactive whiteboard (e.g., SMART Board, Activboard)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Digital camera (still or video)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. CD player or MP3 player/iPod  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. DVD player or VCR   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. TV  | <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 RESPONSE ON EACH ROW.**

|   | <u>Never or<br/>hardly ever</u> | <u>Once or<br/>twice a<br/>month</u> | <u>Once or<br/>twice a<br/>week</u> | <u>Almost<br/>every day</u> |
|---|---------------------------------|--------------------------------------|-------------------------------------|-----------------------------|
| a. Basal reading series (a core or primary reading text for all students)   | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| b. Leveled or guided reading books (multiple books, each at a specific reading level)   | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| c. Newspapers and/or magazines  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| d. Reading kits (usually a boxed product, which may contain student and teacher materials, assessment materials, and manipulatives) | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| e. Computer software for reading instruction  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| f. A variety of trade books (e.g., novels, collections of poetry, nonfiction)   | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| g. Materials from other subjects (e.g., science, social studies)  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| h. Manipulatives (e.g., plastic letters, picture cards, letter cards, tiles)  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| i. Big books  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| j. Decodable books, sound/symbol books  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| k. Read-along books paired with audiobooks  | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| l. Anthology (collection of literary works, which may include poems, short stories, plays, songs, excerpts, etc.)                   | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |



**C2. From the first day of school until today, please indicate how many days each of the following READING skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

|  | Not taught               | On 1-10 days             | On 11-20 days            | On 21-40 days            | On 41-80 days            | On more than 80 days     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Key Ideas and Details</b>   |                          |                          |                          |                          |                          |                          |
| a. Identifying main ideas in a story   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Retelling stories, including main ideas and details                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Describing characters, settings, and major events in a story                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Craft and Structure</b>   |                          |                          |                          |                          |                          |                          |
| d. Identifying words and phrases that suggest feelings or appeal to the senses   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Identifying who is telling a story at different points in a text              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Integration of Knowledge and Ideas</b>  |                          |                          |                          |                          |                          |                          |
| f. Identifying main ideas and details in informational text                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Identifying the reasons an author gives to support points in an opinion piece | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Describing similarities and differences between two reading selections        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Range of Reading and Level of Text Complexity</b>                             |                          |                          |                          |                          |                          |                          |
| i. Recognizing the differences between fiction and non-fiction                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Reading informational selections of appropriate complexity for this grade     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Reading prose and poetry of appropriate complexity for this grade             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Phonological Awareness</b>  |                          |                          |                          |                          |                          |                          |
| l. Segmenting words into phonemes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Manipulating phonemes to form new words                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C2. (CONTINUED) From the first day of school until today, please indicate how many days each of the following READING skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

|  | <b>Not taught</b>        | <b>On 1-10 days</b>      | <b>On 11-20 days</b>     | <b>On 21-40 days</b>     | <b>On 41-80 days</b>     | <b>On more than 80 days</b> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Phonics and Word Recognition</b>  |                          |                          |                          |                          |                          |                             |
| n. Breaking spoken words into sounds   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| o. Blending sounds to form words   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| p. Reading irregularly spelled words   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>Fluency</b>   |                          |                          |                          |                          |                          |                             |
| q. Reading and rereading passages orally with guidance on pacing, intonation, and expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| r. Reading accurately and fluently to support comprehension                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>Vocabulary</b>  |                          |                          |                          |                          |                          |                             |
| s. Using text features such as glossaries and other references to learn word meanings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| t. Using sentence-level context to gain meaning of a word or phrase                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>Comprehension</b>   |                          |                          |                          |                          |                          |                             |
| u. Identifying character, setting, and plot  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| v. Generating questions about character, setting, and plot                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| w. Predicting what might occur next in the text  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>Writing</b>   |                          |                          |                          |                          |                          |                             |
| x. Writing an opinion piece, giving reasons for the opinion                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| y. Writing an informational piece that includes some facts on the topic                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| z. Writing a narrative with two or more appropriately sequenced events                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

**Mathematics Instruction**

**C3. From the first day of school until today, please indicate how many days each of the following MATH skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

|   | Not taught               | On 1-10 days             | On 11-20 days            | On 21-40 days            | On 41-80 days            | On more than 80 days     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Counting and Cardinality</b>   |                          |                          |                          |                          |                          |                          |
| a. Counting objects up to 20 to establish quantity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Labeling relative quantity using the terms “greater than,” “less than,” “equal to,” “fewest,” or “most”                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Operations and Algebraic Thinking</b>  |                          |                          |                          |                          |                          |                          |
| c. Solving word problems by adding or subtracting numbers equal to 20 or less   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Solving word problems by adding three numbers whose sum is 20 or less  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Working with problems that demonstrate the relationship between counting, addition, and subtraction                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The meaning of the equal sign  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Determining if both sides of an equation are equal or not equal using subtraction or addition (e.g., $7=8-1$ ; $5+2=2+5$ ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Solving for an unknown whole number in an addition or subtraction equation (e.g., $8 + ? = 11$ )                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Number and Operations in Base Ten</b>  |                          |                          |                          |                          |                          |                          |
| i. Counting to 120, starting at any number less than 120  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Reading and writing numerals up to 120   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Identifying the correspondence between number and quantity for quantities larger than 10                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Identifying the numbers that represent the tens and ones places in a two-digit number                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C3. (CONTINUED)** From the first day of school until today, please indicate how many days each of the following MATH skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. **MARK ONE RESPONSE ON EACH ROW.**

|   | Not taught               | On 1-10 days             | On 11-20 days            | On 21-40 days            | On 41-80 days            | On more than 80 days     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Number and Operations in Base Ten (continued)</b>  |                          |                          |                          |                          |                          |                          |
| m. Relative quantity when comparing two-digit numbers, using the symbols $>$ , $=$ , and $<$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Adding numbers that sum to 100 or less, including adding a two-digit number and a one-digit number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Finding 10 more or 10 less than a given two-digit number, without having to count  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Skip-counting by 5s, 10s, and/or 100s  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Measurement and Data</b>   |                          |                          |                          |                          |                          |                          |
| q. Arranging three objects by length  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Comparing the length of two objects indirectly by using a third object (nonstandard measurement)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Measuring the length of an object (e.g., a desktop) as a whole number of length units, by laying multiple copies of a shorter object (e.g., a pencil) end to end | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Measuring the length of an object in standard units, using tools such as rulers, yardsticks, meter sticks, and/or measuring tapes                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Estimating the length of an object in standard units, such as inches, feet, centimeters, and/or meters   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Telling time in hours and half hours   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Writing time in hours and half hours   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C3. (CONTINUED) From the first day of school until today, please indicate how many days each of the following MATH skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

|   | <b>Not taught</b>        | <b>On 1-10 days</b>      | <b>On 11-20 days</b>     | <b>On 21-40 days</b>     | <b>On 41-80 days</b>     | <b>On more than 80 days</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Measurement and Data (continued)</b>   |                          |                          |                          |                          |                          |                             |
| x. Solving word problems involving quarters, dimes, nickels, and pennies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| y. Drawing a picture graph and/or a bar graph to represent a data set with up to four categories  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| z. Answering questions about the data in a picture graph and/or a bar graph, for example, comparing one category with another                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>Geometry</b>   |                          |                          |                          |                          |                          |                             |
| aa. Identifying the difference between defining attributes of shapes (e.g., triangles are three-sided) versus non-defining attributes (e.g., color, size) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| bb. Putting two-dimensional or three-dimensional shapes together to create a composite shape  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| cc. Partitioning simple shapes into two and four equal shares   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| dd. Describing portions of simple shapes using the words halves, fourths, and quarters  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| ee. Identifying triangles, quadrilaterals, pentagons, hexagons, and cubes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

**Science and Social Studies Instruction**

**C4. From the first day of school until today, please indicate how many days each of the following SCIENCE skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

|   | <b>Not taught</b>        | <b>On 1-5 days</b>       | <b>On 6-10 days</b>      | <b>On 11-15 days</b>     | <b>On 16-20 days</b>     | <b>On more than 20 days</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. Using all 5 senses to make observations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. Using tools (e.g., lenses, thermometers, rulers) to gather information about objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. Classifying and comparing objects by their properties (e.g., weight or size)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| d. Making logical predictions (hypotheses) based on observations                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. Drawing conclusions based upon evidence  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. Communicating scientific findings orally or in writing                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| g. Using graphs or charts to describe findings  | <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 if each of the following SCIENCE or SOCIAL STUDIES topics or skills is taught either in your class in its own unit or lesson or as part of a unit/lesson on a different topic. MARK ONE RESPONSE ON EACH ROW.**

|   | <u>Taught in my class</u> | <u>Not taught in my class</u> |
|---|---------------------------|-------------------------------|
| a. Three states of matter (gas, liquid, solid)                        | <input type="checkbox"/>  | <input type="checkbox"/>      |
| b. Basic needs of plants (water, sunlight, etc.)                      | <input type="checkbox"/>  | <input type="checkbox"/>      |
| c. Characteristics of animal classes (mammals, reptiles, birds, etc.) | <input type="checkbox"/>  | <input type="checkbox"/>      |
| d. Natural resources  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| e. Shadows and light  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| f. Dinosaurs and fossils  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| g. Solar system and space   | <input type="checkbox"/>  | <input type="checkbox"/>      |
| h. Weather  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| i. Nutrition/healthy foods  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| j. Important figures and events in American history                   | <input type="checkbox"/>  | <input type="checkbox"/>      |
| k. Community resources (e.g., grocery store, police)                  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| l. Map-reading skills   | <input type="checkbox"/>  | <input type="checkbox"/>      |
| m. Different cultures   | <input type="checkbox"/>  | <input type="checkbox"/>      |
| n. Reasons for rules, laws, and government                            | <input type="checkbox"/>  | <input type="checkbox"/>      |
| o. Community service  | <input type="checkbox"/>  | <input type="checkbox"/>      |
| p. Current events in the news   | <input type="checkbox"/>  | <input type="checkbox"/>      |

**C6. In an average week, how many days a week is homework assigned? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.**

- 0 days (**SKIP TO Q D1**)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**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 ON EACH ROW.**

|                              | <u>I never<br/>assign<br/>homework</u> | <u>1 to 10<br/>minutes</u> | <u>11 to 20<br/>minutes</u> | <u>21 to 30<br/>minutes</u> | <u>More<br/>than 30<br/>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 ONE RESPONSE.**

- 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 RESPONSE 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 RESPONSE 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 for reporting to parents? MARK ONE RESPONSE ON EACH ROW.**

|   | <u>Not<br/>important</u> | <u>Somewhat<br/>important</u> | <u>Very<br/>important</u> | <u>Extremely<br/>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. Across all subjects, how often do you use the following to assess your students? MARK ONE RESPONSE ON EACH ROW.**

|  | Never                    | 1 or 2 times a year      | 3 to 8 times a year      | 1 or 2 times a month     | 1 or 2 times a week      | 3 or more times a week   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. State or local standardized tests   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Classroom tests or quizzes (including those made by you and those from other sources) | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| d. Worksheets that you grade   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Work samples (e.g., writing sample, brief story, report)                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Teacher observation of students' mastery of objectives or standards                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E3. How often do you use a formal assessment in READING for the following purposes? MARK ONE RESPONSE ON EACH ROW.**

|   | Never                    | Once a year              | 2 times a year           | 3 to 4 times a year      | 5 to 8 times a year      | 1 to 2 times a month     | 1 to 2 times a week      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To evaluate how well each student is responding to the core curriculum provided in the general education classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To monitor each student's progress on specific skills over the school year   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To identify the deficits in specific skills of struggling students   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To monitor the progress of students who fall below benchmark levels  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To determine whether students need placement in a more or less intensive level of instruction                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E4. How often do you use a formal assessment in MATH for the following purposes? MARK ONE RESPONSE ON EACH ROW.**

|   | Never                    | Once a year              | 2 times a year           | 3 to 4 times a year      | 5 to 8 times a year      | 1 to 2 times a month     | 1 to 2 times a week      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To evaluate how well each student is responding to the core curriculum provided in the general education classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To monitor each student's progress on specific skills over the school year   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To identify the deficits in specific skills of struggling students   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To monitor the progress of students who fall below benchmark levels  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To determine whether students need placement in a more or less intensive level of instruction                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E5. Which of the following do you use to provide parents with information about their children's performance? MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Standard report card (for example, 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. Standardized test scores   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Benchmark assessments  | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION F. SCHOOL AND STAFF ACTIVITIES

**F1. Did you participate in any professional development\* within the last 12 months? MARK ONE RESPONSE.**

- Yes  
 No (**SKIP TO Q F4**)

\*Professional development may include continuing formal education; courses, conferences, workshops, or in-service training; staff meetings that include staff development activities; and receiving coaching or mentoring.

**F2. During the past 12 months, how often have you participated in the following staff development and training activities? MARK ONE RESPONSE ON EACH ROW.**

|  | Never                    | Once                     | 2 times                  | 3 to 4 times             | More than 4 times        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Workshops involving study groups or small-group problem solving   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Direct instruction from an outside consultant on a specific topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Release time for attending professional conferences               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. College or university courses related to your profession          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Professional development via distance learning (web-based, etc.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Workshops on using computers and technology in the classroom      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F3. How often did you participate in professional development activities covering the following topics in last 12 months? MARK ONE RESPONSE ON EACH ROW.**

|  | Never                    | Once                     | 2 times                  | 3 to 4 times             | More than 4 times        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How to use assessment data to identify students who are struggling or at risk of failure in READING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How to use assessment data to identify students who are struggling or at risk of failure in MATH    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How to use and apply assessment data to guide READING instruction                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How to use and apply assessment data to guide MATH instruction                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How to implement the READING curriculum   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How to implement the MATH curriculum  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F4. Have you received support from any of the following staff members during the current academic year? MARK ONE RESPONSE ON EACH ROW. IF THE RESOURCE IS NOT AVAILABLE TO YOU, MARK THE LAST COLUMN.**

|   | Yes, support received    | No, support not received but available | Resource not available   |
|---|--------------------------|--|--------------------------|
| a. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective READING instruction | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| b. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective MATH instruction    | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| c. A school or district staff member who provides ongoing training and support to classroom teachers in the delivery of effective behavioral supports             | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| d. A school or district staff member to support teachers in collecting, organizing, and managing assessment data  | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| e. A school or district staff member to support teachers in the interpretation and use of assessment data to guide instruction                                    | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |

**F5. Have you been observed by a peer for the purpose of receiving instructional feedback during the current academic year? MARK ONE RESPONSE.**

- Never
- Once a year
- 2 times a year
- 3 or 4 times a year
- More than 4 times a year



**SECTION G. VIEWS ON SCHOOL CLIMATE, AND SCHOOL ENVIRONMENT**

**G1. Please indicate the extent to which you agree or disagree with each of the following statements about your school. MARK ONE 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. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Many of the children I teach are not capable of learning the material I am supposed to teach them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel accepted and respected as a colleague by most staff members   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Teachers in this school are continually learning and seeking new ideas   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Routine administrative duties and paperwork interfere with my job of teaching  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Parents are supportive of school staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. There is a great deal of cooperative effort among the staff members  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. In this school, staff members are recognized for a job well done   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The academic standards at this school are too low  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| j. There is broad agreement among the entire school faculty about the central mission of the school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The school administrator sets priorities, makes plans, and sees that they are carried out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| l. The school administration's behavior toward the staff is supportive and encouraging  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

**G2. To what extent do you agree or disagree with the following statements? MARK ONE RESPONSE 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"/> |
| e. I have the resources I need to teach the children in my class who have disabilities             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have the resources I need to teach the children in my class who are English language learners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**G3. To what extent do you agree or disagree with each of the following statements? MARK ONE 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. 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"/> |

**G4. Indicate how much you agree or disagree with the following statements about your school and staff. 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. 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"/> |

**G5. For each of the following statements about READING, indicate how strongly you agree or disagree. 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>    | <u>Don't know</u>        |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in reading in first grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This school has clear, predetermined criteria for determining the level of intervention first grade students will receive in reading.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This school has clear, predetermined criteria for determining when first grade students no longer need a reading intervention.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**G6. For each of the following statements about MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.**

|  | <b>Strongly disagree</b> | <b>Disagree</b>          | <b>Neither agree nor disagree</b> | <b>Agree</b>             | <b>Strongly agree</b>    | <b>Don't know</b>        |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in math in first grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This school has clear, predetermined criteria for determining the level of intervention first grade students will receive in math.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This school has clear, predetermined criteria for determining when first grade students no longer need a math intervention.   | <input type="checkbox"/> | <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 RESPONSE.**

- Male  
 Female

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

1 9   
YEAR

**H3. Are you Hispanic or Latino? MARK ONE RESPONSE.**

- Yes  
 No

**H4. Which best describes your race? MARK ONE OR MORE RESPONSES 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 ONE RESPONSE.**

- 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 (for example, Ph.D., MD)

**H6. What is the highest level of education completed by your own parents? MARK ONE RESPONSE.**

- 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 (for example, Ph.D., MD)

**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.**

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

**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 ONE RESPONSE.**

- 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

**H12. 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.



**H13. 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"/> |

**H14. 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"/> |

**H15. 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. Special education  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. English as a Second Language (ESL) or teaching English language learners | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child development  | <input type="checkbox"/> | <input type="checkbox"/> |

**H16. Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Using published research evidence to identify and select effective interventions and supports for students | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Using formal assessment data to inform the choice of READING interventions and supports for students       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using formal assessment data to inform the choice of MATH interventions and supports for students          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using data to inform the choice of behavioral interventions and supports for students                      | <input type="checkbox"/> | <input type="checkbox"/> |

**H17. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONE RESPONSE.**

- 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 Q H20)**

**H18. 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 or bilingual education              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (PLEASE SPECIFY)<br><div style="border: 1px solid black; height: 20px; width: 300px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> |

**H19. This school year, do you qualify as a “Highly Qualified Teacher (HQT)” according to your state’s requirements? MARK ONE RESPONSE.**

**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

**H20. Date Questionnaire Completed:**

MONTH

DAY

YEAR

**THANK YOU FOR YOUR COOPERATION**

**Spring First-Grade General Classroom Teacher  
Child-Level Questionnaire for Teachers of Study  
Children in First Grade**



# Spring 2012 Teacher Questionnaire (Child Level)

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

**Westat**  
**1600 Research Boulevard**  
**Rockville, Maryland 20850**

LABEL

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 05/31/2013. The time required to complete this information collection is estimated to average 20 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 except as required 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 a vital part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your class(es) are participants in this study. The child who is the subject of this questionnaire is identified on the cover. THIS QUESTIONNAIRE SHOULD BE COMPLETED BY TEACHERS OF CHILDREN IN FIRST GRADE OR HIGHER. IF THE CHILD IDENTIFIED ON THE COVER IS IN KINDERGARTEN, PLEASE REQUEST A KINDERGARTEN QUESTIONNAIRE AND COMPLETE THAT ONE.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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.

## **DEFINITIONS**

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

**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.

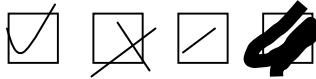
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



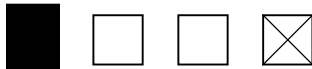
**Incorrect Marks:**

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**

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

## Academic Rating Scale

The Academic Rating Scale is separated into three areas: (1) Language and Literacy, (2) Science, and (3) Mathematical Thinking. Please rate the child's skills, knowledge, and behaviors within each of these three areas based on your experience with the child identified on the cover of this questionnaire. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate the identified skills and behaviors. **The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do.** The examples do, however, indicate a level of proficiency a child should have reached in order to receive the highest ratings. Some of these examples describe a very high level of performance (beyond typical students) in order to evaluate achievement levels of the highest performing students.

The following **five-point scale** is used for each of the questions. It reflects the degree to which a child has acquired and demonstrated the targeted skills, knowledge, and behaviors. In addition to the five-point scale, there is a sixth response option, Not Applicable/Skill Not Yet Taught.

|  |   |   |
|--|---|---|
| Not yet                                | = | Child <u>has not yet</u> demonstrated skill, knowledge, or behavior.  |
| Beginning                              | = | Child is <u>just beginning</u> to demonstrate skill, knowledge, or behavior but does so very inconsistently.                                |
| In progress                            | = | Child demonstrates skill, knowledge, or behavior <u>with some regularity</u> but varies in level of competence.                             |
| Intermediate                           | = | Child demonstrates skill, knowledge, or behavior <u>with increasing regularity and average competence</u> but is not completely proficient. |
| Proficient                             | = | Child demonstrates skill, knowledge, or behavior <u>competently and consistently</u> .  |
| Not Applicable or Skill Not Yet Taught | = | Skill, knowledge, or behavior has <u>not been introduced</u> in classroom setting.  |

Rate only the child's **current** skills, knowledge, and behaviors. Rate each child compared to other children of the same age level. Please consider the full range of ratings when answering. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child by placing an "X" in the appropriate box for your rating. Place an "X" in the box for "*Not Applicable or Skill Not Yet Taught*" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

**Child with Limited English Proficiency/English language learner:** Please answer the questions based on your knowledge of this child's skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child's native language in mind.

**Child with Special Needs:** It may be necessary to consider adaptations for some questions to make them more inclusive for this child's skills and/or use of adaptive equipment. Some children may utilize alternative forms of verbal communication (for example, sign language, communication boards) or written communication (for example, word processors, Braille, dictation). Please answer the questions with these adaptations in mind.



**SECTION I: LANGUAGE AND LITERACY**

If you are not the child's primary teacher in this area, you may want to consult with the person most familiar with the child's progress in this area when completing these scales.

| THIS CHILD ...   | MARK ONE RESPONSE FOR EACH ITEM. |                          |                          |                          |                          |  |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|  | Not Yet                          | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 1. <b>Contributes relevant information to classroom discussions</b> – for example, during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 2. <b>Understands and interprets a story or other text read to him/her</b> – for example, by writing a sequel to a story, or dramatizing part of a story, or posing a question about why a particular story event occurred as it did.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 3. <b>Reads words with regular vowel sounds</b> – for example, reads "coat," "junk," "lent," "chimp," "halt," or "bite."   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 4. <b>Reads words with irregular vowel sounds</b> – for example, reads "through," "point," "enough," or "shower."  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 5. <b>Reads first grade books independently with comprehension</b> – for example, reads most words correctly and answers questions about what was read, makes predictions while reading, and retells a story after reading it.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 6. <b>Reads first grade books fluently</b> – for example, easily reads words in meaningful phrases rather than reading word by word.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 7. <b>Composes a story with a clear beginning, middle, and end.</b>  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 8. <b>Demonstrates an understanding of some of the conventions of print</b> – for example, by appropriately using question marks, exclamation points, and quotation marks.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 9. <b>Demonstrates beginning writing skills</b> - for example writes sentences to express ideas while correctly spelling many short words like "hop" or "bed," and, if necessary, attempts approximate phonetic spelling for more difficult words (e.g., "vakashun" for "vacation"). | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

## SECTION II: SCIENCE

If you are not the child's primary teacher in this area, you may want to consult with the person most familiar with the child's progress in this area when completing these scales.

| THIS CHILD ...  | MARK ONE RESPONSE FOR EACH ITEM. |                          |                          |                          |                          |  |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | Not Yet                          | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 10. <b>Uses his/her senses to explore and observe</b> – for example, observes how a push or pull can change the way an object is moving, or observes and describes properties of rocks, soil, and water, or uses tools (such as hand lenses, thermometers, rulers) to gather information about objects.           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 11. <b>Forms explanations based on observations and explorations</b> – for example, explains the best growing conditions for a plant after investigating with light and water.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 12. <b>Classifies and compares living and non-living things in different ways</b> – for example, classifies vegetables that grow above or below the ground, or measures objects and classifies them by size or weight.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 13. <b>Makes logical predictions when pursuing scientific investigations</b> – for example, predicts whether or not objects are magnetic based on the materials they are made of.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 14. <b>Communicates scientific information</b> – for example, records data from measurement tools (e.g., clocks, thermometers, etc.), or constructs bar graphs.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 15. <b>Demonstrates understanding of physical science concepts</b> – for example, identifies the three states of matter, identifies that heat causes change, or compares objects according to temperature.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 16. <b>Demonstrates understanding of life science concepts</b> – for example, understands that living organisms inhabit various environments and have various external features to help them satisfy their needs, or recognizes that all plants and animals have basic life needs (e.g., air, water, food, etc.). | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 17. <b>Demonstrates understanding of earth and space science concepts</b> – for example, describes how weather affects people's daily activities, or explains that shadows are caused when sunlight is blocked by objects, or identifies natural resources.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

### SECTION III: MATHEMATICAL THINKING

If you are not the child's primary teacher in this area, you may want to consult with the person most familiar with the child's progress in this area when completing these scales.

| THIS CHILD ...  | MARK ONE RESPONSE FOR EACH ITEM. |                          |                          |                          |                          |  |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | Not Yet                          | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 18. <b>Demonstrates an understanding of place value</b> – for example, by explaining that fourteen is ten plus four, or using two stacks of ten and five single cubes to represent the number 25.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 19. <b>Models, reads, writes, and compares whole numbers</b> – for example, recognizes that 30 is the same quantity if it is 30 rabbits or 30 tallies or 15 + 15 red dots, or understands that the number 25 is smaller than 41.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 20. <b>Counts change with two different types of coins</b> – for example, two quarters and a nickel, or three dimes and two pennies.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 21. <b>Surveys, collects, and organizes data into simple graphs</b> – for example, by making tally marks to represent the number of children who want to play jump rope at recess, or making a picture, bar, line, or circle graph to show the different kinds of fruit children bring to school and the quantity of each type. | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 22. <b>Makes reasonable estimates of quantities</b> – for example, looking at a group of objects and deciding if it is more than 10, about 50, or less than 100.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 23. <b>Measures to the nearest whole number using common instruments</b> – for example, rulers, tape measures, thermometers, or scales.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 24. <b>Uses a variety of strategies to solve math problems</b> – for example, by using manipulative materials, using trial and error, making an organized list or table, drawing a diagram, looking for a pattern, acting out a problem, or talking with others.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

THIS CHILD ...

| MARK ONE RESPONSE FOR EACH ITEM.  |                          |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Not Yet   | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 25. <b>Models, reads, writes, and compares fractions</b> – for example, shows that $\frac{1}{2}$ of the candy bar is $\frac{1}{4} + \frac{1}{4}$ , or shows that $\frac{1}{4}$ of a set of 12 is 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

## **Social Skills**

Twenty-six items ask teachers to rate children in their classroom on social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); problem behaviors (e.g., fighting, bullying, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions or “approaches to learning” (e.g., curiosity, self-direction, and inventiveness). The social skills items and the problem behavior items are not listed as they are copyright protected. The learning disposition items are not copyright protected and are listed below.

Source: *Social Skills Rating System (SSRS)*. Copyright © 1990 NCS Pearson. Adapted with permission. All rights reserved.

### **Approaches to Learning Scale items**

The teacher indicated how frequently the child exhibited the following behaviors. The response scale included four points ranging from “never” to “very often,” and there was also a “no opportunity to observe” option.

- Keeps belongings organized
- Shows eagerness to learn new things
- Works independently
- Easily adapts to changes in routine
- Follows classroom rules
- Persists in completing tasks
- Pays attention well

## **Classroom Behaviors**

Twelve items from the Child’s Behavior Questionnaire (short form) ask teachers to assess the attentional focusing and inhibitory control of the children in their classroom. The items are not listed as they are copyright protected.

Source: Putnam, S. P., & Rothbart, M. K. (2006). Development of Short and Very Short Forms of the Children’s Behavior Questionnaire. *Journal of Personality Assessment*, 87 (1), 103-113.

## **Student-Teacher Relationship**

Fifteen items from the Student-Teacher Relationship Scale that ask teachers to describe their relationship with sampled children in their classroom. The items are not listed as they are copyright protected.

Source: Pianta, R.C. & Steinberg, M. (Eds.) (1992). *Teacher-child relationships and the process of adjusting to school*. San Francisco, CA, US: Jossey-Bass. Used with permission.

## Student Information

1. **In which grade is this child enrolled? MARK ONE RESPONSE.**

- Kindergarten
- First grade
- Second grade
- Third grade
- This is an ungraded classroom

2. **How long has this child been in your classroom this school year? MARK ONE RESPONSE.**

- Entire school year
- More than one semester but less than the entire school year
- More than one quarter but less than one semester
- Less than one quarter of the school year

3. **Please indicate the total number of absences for this child for the current school year. MARK ONE RESPONSE.**

- No absences
- 1 to 4 absences
- 5 to 7 absences
- 8 to 10 absences
- 11 to 19 absences
- 20 or more absences

4. **Has this child ever fallen 2 or more weeks behind in school work this year? MARK ONE RESPONSE.**

- Yes
- No (**SKIP TO Q 6**)
- Not applicable (child has been enrolled in your class less than 2 weeks) (**SKIP TO Q 6**)

**5. Why has this child fallen behind in school work? MARK ALL THAT APPLY.**

- A health problem
- A disciplinary problem
- Lack of effort
- Disorganized
- Lacks pre-requisite skills
- Frequent absences
- Emotional/family problems
- Some other reason (PLEASE SPECIFY)

**6. Does this child receive (or has he/she received during this school year) instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Individual tutoring remedial program in reading/language arts                           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individual tutoring remedial program in mathematics                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pull-out (i.e., out of classroom) small group remedial program in reading/language arts | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pull-out (i.e., out of classroom) small group remedial program in mathematics           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gifted and talented program in reading/language arts                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Gifted and talented program in mathematics  | <input type="checkbox"/> | <input type="checkbox"/> |

**7. Does this child receive (or has he/she received during this school year) instruction and/or related services in your school at any of the following times outside of the regular school day? MARK ONE RESPONSE ON EACH ROW.**

|  | <u>Yes</u>               | <u>No</u>                | <u>Not offered</u>       | <u>Don't know</u>        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Instruction or services before school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Instruction or services after school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Instruction or services on weekends   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. **Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q 13)**
- No
- Don't know

9. **Does this child participate in an instructional program designed to teach English language skills to children with limited English proficiency? MARK ONE RESPONSE.**

- Yes
- No **(SKIP TO Q 13)**

10. **Would you say the instruction this child receives is primarily ...(MARK ONE RESPONSE)**

- English as a Second Language (ESL)?
- Bilingual education?
- Dual-language education?
- English-only instruction?
- Some other type of instruction? (PLEASE SPECIFY)

11. **How often AND how much time does this child usually receive specialized language instruction (ESL, bilingual education, dual-language program), whether as part of a whole class, in a small group, or in an individualized arrangement?**

11a. **How many days? MARK ONE RESPONSE.**

- Never
- Less than 1 day a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week



**11b. How much time per day (on the days instruction is received)? MARK ONE RESPONSE.**

- 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

**12. During this school year, how often is this child's academic instruction provided in his/her native language? MARK ONE RESPONSE.**

- None of the time
- Less than half of the time
- Half of the time
- More than half of the time
- Almost all the time

**13. Does this child have an IEP/IFSP on record with the school? MARK ONE RESPONSE.**

- Yes
- No

**14. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Speech-language therapy for children with speech or language disorders/impairments                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Special education services, not including speech therapy, whether provided in the classroom or in a pull-out setting | <input type="checkbox"/> | <input type="checkbox"/> |

15. Does this child receive special accommodations (for example, for a disability or limited English proficiency) to participate in the school's testing or assessment program? MARK ONE RESPONSE.

- Yes
- No
- Don't know
- Child does not participate in the school's testing or assessment program
- There is no testing or assessment program at this grade level

16. During *structured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most

17. During *unstructured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most

18. Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level? MARK ONE RESPONSE ON EACH ROW.

|                                 | <u>Far below average</u> | <u>Below average</u>     | <u>Average</u>           | <u>Above Average</u>     | <u>Far above average</u> |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Language and literacy skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mathematical skills          | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| d. Social studies               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. How many achievement groups in READING do you currently have in this child's class? MARK ONE RESPONSE.

- I do not use achievement groups for reading (SKIP TO Q 21)
- Two
- Three
- Four
- Five or more

20. In which reading group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE ACHIEVEMENT GROUP BELOW.

Achievement Group

21. How many achievement groups in MATHEMATICS do you currently have in this child's class? MARK ONE RESPONSE.

- I do not use achievement groups for mathematics (SKIP TO Q 23)
- Two
- Three
- Four
- Five or more

22. In which mathematics group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE ACHIEVEMENT GROUP BELOW.

|  |                   |
|--|-------------------|
|  | Achievement Group |
|--|-------------------|

23. During this school year, have this child's parents/guardians participated in the following activities? MARK ONE RESPONSE ON EACH ROW.

|  | <u>Yes</u>               | <u>No</u>                | <u>Not applicable/ Not offered</u> |
|--|--------------------------|--------------------------|------------------------------------|
| a. Attended regularly-scheduled conferences at your school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| b. Attended parent/teacher informal meetings that you initiated to talk about the child's progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| c. Returned your telephone calls or e-mails  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| d. Initiated contact with you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| e. Volunteered to help in your classroom or school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |

24. How involved at the school would you say this child's parents/guardians are? MARK ONE RESPONSE.

- Not involved at all
- Somewhat involved
- Very involved
- Don't know

25. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.

- Yes
- No (SKIP TO Q 27)

26. Was the purpose of the communication with this child's parents/guardians to discuss ... (MARK YES OR NO ON EACH ROW.)

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Behavior problems the child is having in school?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any problems the child is having with school work?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Anything the child is doing particularly well in or better in at school? | <input type="checkbox"/> | <input type="checkbox"/> |

27. Are you this child's primary teacher in the following subject areas? MARK YES OR NO ON EACH ROW.

|                          | <u>Yes</u>               | <u>No</u>                |
|--------------------------|--------------------------|--------------------------|
| a. Reading/Language Arts | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mathematics           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Science               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Social Studies        | <input type="checkbox"/> | <input type="checkbox"/> |

28. How far in school do you think this child will go? Do you think this child will... (MARK ONE RESPONSE.)

- Receive less than a high school diploma?
- Graduate from high school?
- Finish a four- or five-year college degree?
- Earn an advanced degree?

29. DATE QUESTIONNAIRE COMPLETED:

|       |     |      |
|-------|-----|------|
|       |     | 2012 |
| MONTH | DAY | YEAR |

**THANK YOU FOR YOUR COOPERATION**

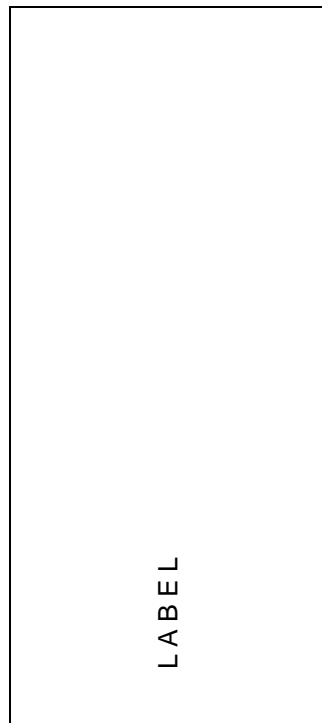
**Spring First-Grade General Classroom Teacher  
Teacher-/Classroom-Level Questionnaire  
Teachers of Study Children in Kindergarten**



# Spring 2012 Kindergarten 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 5/31/2013. 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 except as required 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 KINDERGARTEN. IF THE ECLS-K:2011 CHILDREN YOU TEACH ARE IN FIRST GRADE OR HIGHER, PLEASE REQUEST A QUESTIONNAIRE FOR TEACHERS OF CHILDREN IN THOSE GRADES 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

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

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

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

## DEFINITIONS

Reference is made 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.

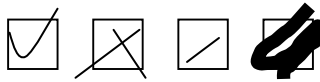
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

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

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

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

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

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

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

|  | Morning class   | Afternoon class  | Full-day class   |
|--|---|--|--|
|  | <b>A3. How many hours per day does each of your classes normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.0, 3.5.</b> | <input type="text"/> . <input type="text"/><br>hours/day | <input type="text"/> . <input type="text"/><br>hours/day |
| <b>A4. How many days per week does each of your classes normally meet?</b> | <input type="text"/><br>days/week   | <input type="text"/><br>days/week                        | <input type="text"/><br>days/week                        |

**A5. What type(s) of kindergarten program(s) do you teach? MARK ONE PROGRAM TYPE FOR EACH CLASS YOU TEACH.**

|  | <u>Morning<br/>class</u> | <u>Afternoon<br/>class</u> | <u>Full-day<br/>class</u> |
|--|--------------------------|----------------------------|---------------------------|
| a. <b>Regular kindergarten class</b> 1-year program; traditional year of school primarily for 5-year-olds prior to first grade   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| b. 1st year of a <b>2-year kindergarten program</b>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| c. 2nd year of a <b>2-year kindergarten program</b>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| d. <b>Transitional (or readiness) kindergarten</b> (extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten)   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| e. <b>Transitional/pre-1st grade class</b> (extra year of school for children who have attended kindergarten but have been judged not ready for first grade)   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| f. <b>Ungraded class</b> with at least some kindergarten-aged children (a classroom containing kindergarten-aged children, possibly in combination with other ages, not formally identified as a "kindergarten" class) | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| g. <b>Multigrade class</b> with at least some kindergarten-aged children (a classroom containing kindergarten and some combination of other grades – for example a combination prekindergarten/kindergarten)           | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
| h. <b>Special education class</b> (a classroom containing primarily children with disabilities)  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |

**A6. Do you currently teach a multigrade class? MARK ONE RESPONSE.**

- Yes
- No (**SKIP TO Q A8**)

**A7. What grade levels are included in each of the classes that you teach? MARK ALL GRADE LEVELS THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

|   | <u>Morning class</u>     | <u>Afternoon class</u>   | <u>Full-day class</u>    |
|---|--------------------------|--------------------------|--------------------------|
| a. Prekindergarten                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Transitional (or readiness) kindergarten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Regular kindergarten                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Transitional/pre-1st grade               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 1st grade                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 2nd grade                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 3rd grade or higher                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A8. As of today's date, how many children in each of your classes are the following ages? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."**

|   | <u>Number of children</u> |                        |                       |
|---|---------------------------|------------------------|-----------------------|
|   | <u>Morning class</u>      | <u>Afternoon class</u> | <u>Full-day class</u> |
| a. 3 years old or younger                             | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| b. 4 years old  | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| c. 5 years old  | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| d. 6 years old  | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| e. 7 years old  | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| f. 8 years old  | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| g. 9 years old or older                               | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |
| <b>h. Total class enrollment (sum of a through g)</b> | <input type="text"/>      | <input type="text"/>   | <input type="text"/>  |

**A9. As of today's date, how many children in each of your classes 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.**

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

**A10. As of today's date, how many boys and girls are there in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

|   | Number of children   |                      |                      |
|---|----------------------|----------------------|----------------------|
|   | Morning class        | Afternoon class      | Full-day class       |
| a. Number of boys                                 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Number of girls                                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>c. Total class enrollment (sum of a and b)</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**A11. How many of the children in each of your classes are repeating kindergarten this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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

**A12. What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

| a. Recognize letters                    | Morning class            | Afternoon class          | Full-day class           |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| b. Read words                           | Morning class            | Afternoon class          | Full-day class           |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| c. Read complete sentences              | Morning class            | Afternoon class          | Full-day class           |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A12. (CONTINUED) What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

| <b>d. Recognize numbers to 20</b>       | <b>Morning class</b>     | <b>Afternoon class</b>   | <b>Full-day class</b>    |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>e. Count to 20</b>                   | <b>Morning class</b>     | <b>Afternoon class</b>   | <b>Full-day class</b>    |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>f. Add or subtract two numbers</b>   | <b>Morning class</b>     | <b>Afternoon class</b>   | <b>Full-day class</b>    |
|---|--------------------------|--------------------------|--------------------------|
| Less than $\frac{1}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{1}{2}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| About $\frac{3}{4}$ of the children     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than $\frac{3}{4}$ of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**A13. How many children in each of your classes...**

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

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

**A14. At this point in the school year, how would you rate the behavior of the children in each of your classes?**

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

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

**A15. How many children in each of your classes have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0" AND SKIP TO Q A18 FOR THAT CLASS.**

| Number of children |                 |                |
|--------------------|-----------------|----------------|
| Morning class      | Afternoon class | Full-day class |
|                    |                 |                |

**A16. In each of your classes, how many of those children with a diagnosed disability are currently receiving special health or educational services or accommodations for their disabilities, for example, speech therapy, assistance by an aide in the classroom, or testing accommodations? WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0."**

| Number of children |                 |                |
|--------------------|-----------------|----------------|
| Morning class      | Afternoon class | Full-day class |
|                    |                 |                |

**A17. In each of your classes, how many of those children with a diagnosed disability need more help than they are currently receiving? WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0."**

| Number of children |                 |                |
|--------------------|-----------------|----------------|
| Morning class      | Afternoon class | Full-day class |
|                    |                 |                |

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

**A18. Are any languages other than English used by teachers, aides, or other adults in your classroom?**

- Yes
- No (SKIP TO Q A21)

**A19. How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.**

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

**A19. (CONTINUED) How often is a non-English language used in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.**

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

**A20. What languages are used for academic instruction in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

|                                    | <b>Morning class</b>     | <b>Afternoon class</b>   | <b>Full-day class</b>    |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| a. English                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spanish                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. French                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vietnamese                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A Chinese language              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Japanese                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Korean                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. A Filipino language             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Arabic                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. An Asian Indian language        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Sign language                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other language (PLEASE SPECIFY) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A21. In which languages other than English are the books or other written materials in your classroom? MARK ALL THAT APPLY. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.**

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

**A22. Do any of the children in each of your classes speak a language other than English (aside from native English speakers who are learning a foreign language)? MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.**

|  | Morning<br>class         | Afternoon<br>class       | Full-day<br>class        |
|--|--------------------------|--------------------------|--------------------------|
| Yes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No (IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q A24) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A23. Which languages other than English are spoken by one or more children in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.**

|   | Morning<br>class         | Afternoon<br>class       | Full-day<br>class        |
|---|--------------------------|--------------------------|--------------------------|
| a. Spanish  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Vietnamese   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A Chinese language   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Japanese   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Korean   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A Filipino language  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Arabic   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. An Asian Indian language   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sign language  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other language (PLEASE SPECIFY)<br><div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A24. Do you have any children who are English language learners in each of your classes? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.**

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

**A25. How many English language learners (ELL) do you have in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

|                        | Number of children                                      |   |   |
|------------------------|---|---|---|
|                        | Morning<br>class  | Afternoon<br>class                                      | Full-day<br>class                                       |
| Number of ELL children | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> |

**A26. How many of the ELL children in each of your classes 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."**

|   | Number of children   |                      |                      |
|---|----------------------|----------------------|----------------------|
|   | Morning class        | Afternoon class      | Full-day class       |
| a. Receive no instruction for ELLs in the school          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Receive instruction for ELLs within the regular class  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Receive instruction for ELLs outside the regular class | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**A27. If you provide specialized language instruction in your classroom for English language learners, would you say this instruction is primarily... (MARK ONE RESPONSE FOR EACH CLASS YOU TEACH):**

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

**A28. Which languages other than English are spoken by you or any other teacher or aide to the ELL children in each of your classes for instructional support or conversation? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.**

|  | <u>Morning class</u>     | <u>Afternoon class</u>   | <u>Full-day class</u>    |
|--|--------------------------|--------------------------|--------------------------|
| a. No language other than English                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spanish   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vietnamese  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A Chinese language                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Japanese  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Korean  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. A Filipino language                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Arabic  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. An Asian Indian language                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Sign language   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other language (PLEASE SPECIFY)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 300px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A29. How often do English language learners (ELL children) in your class or classes do each of the following activities? MARK ONE RESPONSE ON EACH ROW. INCLUDE ACTIVITIES IN YOUR CLASSROOM OR IN A PULL-OUT PROGRAM.**

|  | <u>Once a month or less</u> | <u>2-3 times a month</u> | <u>1-2 times a week</u>  | <u>3-4 times a week</u>  | <u>Daily</u>             |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Take assessments to monitor their English language proficiency  | <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 (that is, ELL child is paired with a non-ELL child)        | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**SECTION B. CLASS ORGANIZATION AND RESOURCES**

**B1. In a typical day, how much time does a child in your class or classes spend in the following types of activities? MARK ONE RESPONSE 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. Working independently   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| b. Working on individual tasks under teacher direction                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| c. Working with peers under teacher direction                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| d. Working in small groups with teacher  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| e. Teacher lecture with large group and/or large group discussion led by teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

**B2. Does your classroom have the following interest areas or centers for activities? MARK YES OR NO ON EACH ROW. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Reading area with books                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listening center                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Writing center or area                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Math area with manipulatives                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Area for playing with puzzles and blocks (Legos, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Water or sand table                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Computer area  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Science or nature area with manipulatives              | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dramatic play area or corner                           | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Art area   | <input type="checkbox"/> | <input type="checkbox"/> |

**B3. During a typical day, how much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior? MARK ONE RESPONSE.**

- Less than 15 minutes a day
- 15 minutes to less than 30 minutes a day
- 30 minutes to less than 45 minutes a day
- 45 minutes to less than 1 hour a day
- 1 hour to less than 2 hours a day
- 2 hours or more a day

**B4a. How often does the typical child in your class or classes usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE RESPONSE 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 (excluding English for ELL students) | <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 or classes usually work on lessons or projects in the following general subject areas? MARK ONE RESPONSE ON EACH ROW.**

|  | <u>Not Applicable /Never</u> | <u>Less than ½ hour a day</u> | <u>½ hour to less than 1 hour</u> | <u>1 to less than 1 ½ hours</u> | <u>1 ½ to less than 2 hours</u> | <u>2 to less than 2 ½ hours</u> | <u>2 ½ to less than 3 hours</u> | <u>3 hours or more</u>   |
|--|------------------------------|-------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------|
| a. Reading and language arts                             | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| b. Mathematics   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| c. Social studies  | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| d. Science   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| e. Music   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| f. Art   | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| g. Physical education                                    | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| h. Dance/creative movement                               | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| i. Theater/creative dramatics                            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/> |
| j. Foreign language (excluding English for ELL students) | <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 or classes into achievement groups for reading and math activities or lessons? MARK ONE RESPONSE ON EACH ROW.**

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

**IF YOUR RESPONSE IS "NEVER" FOR BOTH a AND b, SKIP TO Q B7.**

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

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

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

**B7. How often do the children in your class or classes do the following activities? MARK ONE RESPONSE ON EACH ROW.**

|  | No library or media center in this school | Once a month or less     | Two or three times a month | Once or twice a week     | Three or four times a week | Daily                    |
|--|---|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| 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 ONE RESPONSE.**

- Once
- Twice
- Three or more times

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

|  | <u>No time</u>           | <u>1-15 minutes</u>      | <u>16-30 minutes</u>     | <u>31-45 minutes</u>     | <u>Longer than 45 minutes</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| a. Lunch                                 | <input type="checkbox"/> | <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. Do any of the following staff members provide direct instruction to students in your class who are struggling or at risk of failure in reading or math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN YOUR CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. A READING specialist/interventionist who has specialized training in reading instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A MATH specialist/interventionist who has specialized training in math instruction       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A special education teacher  | <input type="checkbox"/> | <input type="checkbox"/> |

**B12. How many hours a week do different types of paid paraprofessionals/aides and/or volunteers usually work directly with children on instructional tasks either in your classroom or in a pull-out setting? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."**

|   |                      |                |
|---|----------------------|----------------|
| a. General paraprofessionals/aides  | <input type="text"/> | Hours per week |
| b. Special education paraprofessionals/aides                                  | <input type="text"/> | Hours per week |
| c. ESL or bilingual education paraprofessionals/aides                         | <input type="text"/> | Hours per week |
| d. Volunteers (for example, parents, high school students, community members) | <input type="text"/> | Hours per week |

**B13. How often are the following materials or resources used in your class or classes? MARK ONE RESPONSE ON EACH ROW.**

|  | <b>Not available</b>     | <b>Never</b>             | <b>Once a month or less</b> | <b>Two or three times a month</b> | <b>Once or twice a week</b> | <b>Three or four times a week</b> | <b>Daily</b>             |
|--|--------------------------|--------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------------|--------------------------|
| 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<br>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<br>related items  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>          | <input type="checkbox"/>    | <input type="checkbox"/>          | <input type="checkbox"/> |
| e. Science equipment<br>(for example,<br>magnifying glass,<br>scales,<br>thermometers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>          | <input type="checkbox"/>    | <input type="checkbox"/>          | <input type="checkbox"/> |

**B14. Please report the following about the computers in your classroom. Please include any desktop, laptop, or other computer-type device (for example, tablets) used for instructional or administrative purposes.**

**In row a, report the number of computers that are located in your classroom everyday and the number of these with Internet access. IF NONE, WRITE "0"**

**In row b, report the number of computers that can be brought into your classroom (for example, laptops on carts) and the number of these that have Internet access. Indicate the number that are generally brought in at one time. IF NONE, WRITE "0"**

|  | <u>Total number of devices</u> | <u>Number with Internet access</u> |
|--|--------------------------------|------------------------------------|
| a. Located in your classroom every day                               | <input type="text"/>           | <input type="text"/>               |
| b. Can be brought into your classroom (for example, laptop on carts) | <input type="text"/>           | <input type="text"/>               |

**B15. How frequently do you or your students use computers or the following electronic devices for instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.**

|  | <u>Not available</u>     | <u>Never</u>             | <u>Rarely</u>            | <u>Sometimes</u>         | <u>Often</u>             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Computer (desktop, laptop or other computer like device such as a tablet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. LCD or DLP projector  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Interactive whiteboard (for example, SMART Board, Activboard)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Digital camera (still or video)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. CD player or MP2 player/iPod  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. DVD player or VCR   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. TV  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION C. INSTRUCTIONAL ACTIVITIES AND CURRICULAR FOCUS**

**Reading and Language Arts Instruction**

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

|   | <u>Never or<br/>hardly ever</u> | <u>Once or<br/>twice a<br/>month</u> | <u>Once or<br/>twice a<br/>week</u> | <u>Almost<br/>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<br>(for example, novels, collections of poetry, nonfiction) | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |
| f. Materials from other subjects<br>(for example, science, social studies)              | <input type="checkbox"/>        | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/>    |



**C2. How often do children in your class or classes do each of the following READING and LANGUAGE ARTS activities? MARK ONE RESPONSE 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 (for example, 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"/> |

**C3. For this school year as a whole, please indicate how often each of the following READING and LANGUAGE ARTS skills is taught in your class or classes. MARK ONE RESPONSE 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 (for example, "/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 (for example, what is cowboy without cow?) | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reading multi-syllable words, like adventure   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Common prepositions such as over and under, up and down                                  | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Identifying the main idea and parts of a story   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Making predictions based on text   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Using context cues for comprehension   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Communicating complete ideas orally  | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Remembering and following directions that include a series of actions                    | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Using capitalization and punctuation   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Composing and writing complete sentences   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Composing and writing stories with an understandable beginning, middle, and end          | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

**C5. For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. MARK ONE RESPONSE 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 (for example, equal, less, more, least, most) | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sorting objects into subgroups according to a rule                          | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ordering objects by size or other properties                                | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Making, copying, or extending patterns                                      | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Recognizing the value of coins and currency                                 | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Adding single-digit numbers   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Subtracting single-digit numbers  | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Place value   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Reading two-digit numbers   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Reading three-digit numbers   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C5. (CONTINUED) For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. MARK ONE RESPONSE 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 (for example, 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 (for example, first, second, third)                            | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Using measuring instruments accurately   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Telling time   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Estimating quantities  | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Estimating probability   | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Writing math equations to solve word problems                                  | <input type="checkbox"/>       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Science and Social Studies Instruction**

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

|   | <u>Taught in my class or classes</u> | <u>Not taught in my class or classes</u> |
|---|--------------------------------------|--|
| a. Human body   | <input type="checkbox"/>             | <input type="checkbox"/>                 |
| b. Plants and animals                                       | <input type="checkbox"/>             | <input type="checkbox"/>                 |
| c. Dinosaurs and fossils                                    | <input type="checkbox"/>             | <input type="checkbox"/>                 |
| d. Solar system and space                                   | <input type="checkbox"/>             | <input type="checkbox"/>                 |
| e. Weather (for example, 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 (for example, grocery store, police) | <input type="checkbox"/>             | <input type="checkbox"/>                 |
| p. Map-reading skills                                       | <input type="checkbox"/>             | <input type="checkbox"/>                 |

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

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

**C7. In an average week, how many days a week is homework assigned? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.**

- 0 days (**SKIP TO Q D1**)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



**C8.** On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? **MARK ONE RESPONSE ON EACH ROW.**

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

## SECTION D. PARENT INVOLVEMENT

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

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

**D2. What percentage of children in your class or classes have parents who participate in the following activities? MARK ONE RESPONSE 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 RESPONSE 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 or classes for reporting to parents? MARK ONE RESPONSE 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. Across all subjects, how often do you use the following to assess your students? MARK ONE RESPONSE ON EACH ROW.**

|  | <b>Never</b>             | <b>1 or 2 times a year</b> | <b>3 to 8 times a year</b> | <b>1 or 2 times a month</b> | <b>1 or 2 times a week</b> | <b>3 or more times a week</b> |
|--|--------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|
| a. State or local standardized tests   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>      |
| b. Classroom tests or quizzes (including those made by you and those from other sources) | <input type="checkbox"/> | <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"/>   | <input type="checkbox"/>      |
| d. Worksheets that you grade   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>      |
| e. Work samples (e.g., writing sample, brief story, report)                              | <input type="checkbox"/> | <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.**

|   | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|---|--------------------------|--------------------------|
| a. Standard report card (for example, 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. Standardized test scores   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Benchmark assessments  | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION F. SCHOOL AND STAFF ACTIVITIES**

**F1. Did you participate in any professional development\* within the last 12 months? MARK ONE RESPONSE.**

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

\*Professional development may include continuing formal education; courses, conferences, workshops, or in-service training; staff meetings that include staff development activities; and receiving coaching or mentoring.

**F2. During the past 12 months, how often have you participated in the following staff development and training activities? MARK ONE RESPONSE ON EACH ROW.**

|  | Never                    | Once                     | 2 times                  | 3 to 4 times             | More than 4 times        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Workshops involving study groups or small-group problem solving   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Direct instruction from an outside consultant on a specific topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Release time for attending professional conferences               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. College or university courses related to your profession          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Professional development via distance learning (web-based, etc.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Workshops on using computers and technology in the classroom      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F3. How often did you participate in professional development activities covering the following topics in last 12 months? MARK ONE RESPONSE ON EACH ROW.**

|  | <u>Never</u>             | <u>Once</u>              | <u>2 times</u>           | <u>3 to 4 times</u>      | <u>More than 4 times</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How to use assessment data to identify students who are struggling or at risk of failure in READING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How to use assessment data to identify students who are struggling or at risk of failure in MATH    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How to use and apply assessment data to guide READING instruction                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How to use and apply assessment data to guide MATH instruction                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How to implement the READING curriculum   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How to implement the MATH curriculum  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

**G1. How important do you believe the following characteristics are for a child to be ready for kindergarten? MARK ONE RESPONSE ON EACH ROW.**

|   | <u>Not<br/>important</u> | <u>Not very<br/>important</u> | <u>Somewhat<br/>important</u> | <u>Very<br/>important</u> | <u>Essential</u>         |
|---|--------------------------|-------------------------------|-------------------------------|---------------------------|--------------------------|
| a. Finishes tasks   | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Can count to 20 or more  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. Takes turns and shares   | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| d. Has good problem-solving skills                                      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| e. Is able to use pencils and paint brushes                             | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| f. Is not disruptive of the class                                       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| g. Knows the English language   | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| h. Is sensitive to other children's feelings                            | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| i. Sits still and pays attention  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| j. Knows most of the letters of the alphabet                            | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| k. Can follow directions  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| l. Identifies primary colors and shapes                                 | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/> |
| m. Communicates needs, wants, and thoughts verbally in primary language | <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 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. 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 RESPONSE ON EACH ROW.**

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

**G5. Indicate how much you agree or disagree with the following statements about your school and staff. MARK ONE RESPONSE ON EACH ROW.**

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

**SECTION H. TEACHER BACKGROUND**

**H1. What is your gender? MARK ONE RESPONSE.**

- Male
- Female

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

1 9   
YEAR

**H3. Are you Hispanic or Latino? MARK ONE RESPONSE.**

- Yes
- No

**H4. Which best describes your race? MARK ONE OR MORE RESPONSES 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 ONE RESPONSE.**

- 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 (for example, Ph.D., MD)

**H6. What is the highest level of education completed by your own parents? MARK ONE RESPONSE.**

- 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 (for example, Ph.D., MD)

**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.**

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

**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 ONE RESPONSE.**

- 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. Special education  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. English as a Second Language (ESL) or teaching English language learners | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child development  | <input type="checkbox"/> | <input type="checkbox"/> |



**H15. Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Using published research evidence to identify and select effective interventions and supports for students | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Using formal assessment data to inform the choice of READING interventions and supports for students       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using formal assessment data to inform the choice of MATH interventions and supports for students          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using data to inform the choice of behavioral interventions and supports for students                      | <input type="checkbox"/> | <input type="checkbox"/> |

**H16. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONE RESPONSE.**

- 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 Q 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 or bilingual education | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (PLEASE SPECIFY)   | <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? MARK ONE RESPONSE.

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:

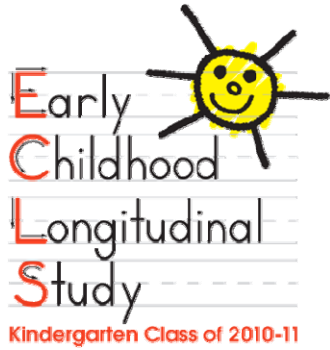
MONTH

DAY

YEAR

THANK YOU FOR YOUR COOPERATION

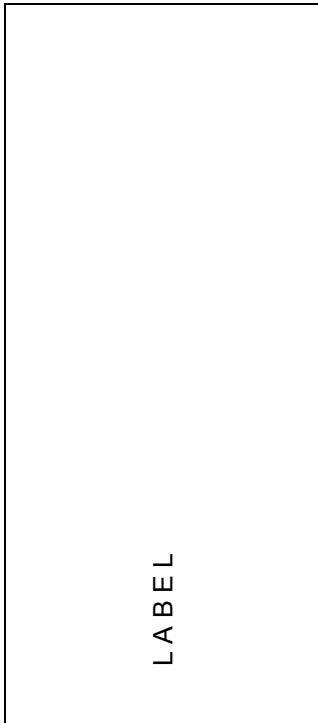
**Spring First-Grade General Classroom Teacher  
Child-Level Questionnaire  
Teachers of Study Children in Kindergarten**



# Spring 2012 Kindergarten Teacher Questionnaire (Child Level)

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

**Westat**  
**1600 Research Boulevard**  
**Rockville, Maryland 20850**



LABEL

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 05/31/2013. The time required to complete this information collection is estimated to average 20 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 except as required 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 a vital part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your class(es) are participants in this study. The child who is the subject of this questionnaire is identified on the cover. THIS QUESTIONNAIRE SHOULD BE COMPLETED BY TEACHERS OF CHILDREN IN KINDERGARTEN. IF THE CHILD IDENTIFIED ON THE COVER IS IN FIRST GRADE OR HIGHER, PLEASE REQUEST A QUESTIONNAIRE FOR TEACHERS OF CHILDREN IN THOSE GRADES AND COMPLETE THAT ONE.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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.

## **DEFINITIONS**

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

**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.

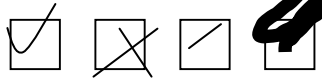
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



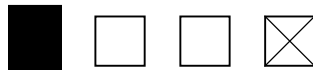
**Incorrect Marks:**

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 |
|------------|

## Academic Rating Scale

The Academic Rating Scale is separated into two areas: (1) Language and Literacy, (2) Mathematical Thinking. Please rate the child's skills, knowledge, and behaviors within each of these areas based on your experience with the child identified on the cover of this questionnaire. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate the identified skills and behaviors. **The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do.** The examples do, however, indicate a level of proficiency a child should have reached in order to receive the highest ratings. Some of these examples describe a very high level of performance (beyond typical students) in order to evaluate achievement levels of the highest performing students.

The following **five-point scale** is used for each of the questions. It reflects the degree to which a child has acquired and demonstrated the targeted skills, knowledge, and behaviors. In addition to the five-point scale, there is a sixth response option, Not Applicable/Skill Not Yet Taught.

|  |   |   |
|--|---|---|
| Not yet                                | = | Child <u>has not yet</u> demonstrated skill, knowledge, or behavior.  |
| Beginning                              | = | Child is <u>just beginning</u> to demonstrate skill, knowledge, or behavior but does so very inconsistently.                                |
| In progress                            | = | Child demonstrates skill, knowledge, or behavior <u>with some regularity</u> but varies in level of competence.                             |
| Intermediate                           | = | Child demonstrates skill, knowledge, or behavior <u>with increasing regularity and average competence</u> but is not completely proficient. |
| Proficient                             | = | Child demonstrates skill, knowledge, or behavior <u>competently and consistently</u> .  |
| Not Applicable or Skill Not Yet Taught | = | Skill, knowledge, or behavior has <u>not been introduced</u> in classroom setting.  |

Rate only the child's **current** skills, knowledge, and behaviors. Rate each child compared to other children of the same age level. Please consider the full range of ratings when answering. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child by placing an "X" in the appropriate box for your rating. Place an "X" in the box for "*Not Applicable or Skill Not Yet Taught*" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

**Child with Limited English Proficiency/English language learner:** Please answer the questions based on your knowledge of this child's skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child's native language in mind.

**Child with Special Needs:** It may be necessary to consider adaptations for some questions to make them more inclusive for this child's skills and/or use of adaptive equipment. Some children may utilize alternative forms of verbal communication (for example, sign language, communication boards) or written communication (for example, word processors, Braille, dictation). Please answer the questions with these adaptations in mind.



**SECTION I: LANGUAGE AND LITERACY**

| THIS CHILD ...  | MARK ONE RESPONSE FOR EACH ITEM. |                          |                          |                          |                          |  |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | Not Yet                          | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 1. <b>Uses complex sentence structures</b> – for example, says "If she had brought her umbrella, she wouldn't have gotten wet," or "Yesterday it was raining cats and dogs," or "Why can't we go on the field trip at the same time as the first grade?"                            | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 2. <b>Understands and interprets a story or other text read to him/her</b> – for example, by retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to his/her own life.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 3. <b>Easily and quickly names all upper- and lower-case letters of the alphabet.</b>   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 4. <b>Predicts what will happen next in stories</b> by using the pictures and storyline for clues.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 5. <b>Reads simple books independently</b> – for example, reads books with a repetitive language pattern.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 6. <b>Uses different strategies to read unfamiliar words</b> – for example, examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 7. <b>Demonstrates early writing behaviors</b> – for example, by using initial consonants to spell words ("d" for the word "dog"), or using letter names to represent sounds ("r" for the word "are"), or phonetic spelling ("hrt") for the word "heart," to convey words or ideas. | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 8. <b>Composes simple stories</b> , for example, by writing about a personal experience in a journal.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| 9. <b>Demonstrates an understanding of some of the conventions of print</b> – for example, by using both upper and lower case letters when writing, or putting spaces between words, or using a period at the end of a sentence.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

**SECTION II: MATHEMATICAL THINKING**

| THIS CHILD ...   | MARK ONE RESPONSE FOR EACH ITEM. |                          |                          |                          |                          |  |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|  | Not Yet                          | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| <b>10. Sorts, classifies, and compares math materials by various rules and attributes</b> – for example, by creating a rule for sorting keys, such as "keys with numbers" in one pile and "keys without numbers" in another pile, or by sorting shapes by several attributes such as "large plastic shapes" and "small wooden shapes." | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>11. Orders a group of objects</b> – for example, by ordering rods or sticks by length, or arranging paints from lightest to darkest or musical instruments from softest to loudest.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>12. Shows an understanding of the relationship between quantities</b> – for example, knows that a group of ten small stones is the same quantity as a group of ten larger blocks.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>13. Solves problems involving numbers using concrete objects</b> – for example, "Vera has six blocks, George has three, how many blocks are there in all?" or "How many do I need to give George so he will have the same number of blocks as Vera?"  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>14. Demonstrates an understanding of graphing activities</b> – for example, by looking at a picture graph on favorite ice-cream flavors and knowing which flavor is the most popular and which one is the least popular.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>15. Uses instruments accurately for measuring</b> – for example, by using a balance scale to compare the weight of two objects, or using tablespoons and teaspoons during a cooking project, or using a measuring tape to measure the length of different objects.  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| <b>16. Uses a variety of strategies to solve math problems</b> – for example, by using manipulative materials, looking for a pattern, or acting out a problem.   | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

THIS CHILD ...

| MARK ONE RESPONSE FOR EACH ITEM.  |                          |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Not Yet   | Beginning                | In Progress              | Intermediate             | Proficient               | Not Applicable or Skill Not Yet Taught |
| 17. <b>Models, reads, writes, and compares fractions</b> – for example, shows that $\frac{1}{2}$ of the candy bar is $\frac{1}{4} + \frac{1}{4}$ , or shows that $\frac{1}{4}$ of a set of 12 is 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

## **Social Skills**

Twenty-five items ask teachers to rate children in their classroom on social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); problem behaviors (e.g., fighting, bullying, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions or “approaches to learning” (e.g., curiosity, self-direction, and inventiveness). The social skills items and the problem behavior items are not listed as they are copyright protected. The learning disposition items are not copyright protected and are listed below.

Source: *Social Skills Rating System (SSRS)*. Copyright © 1990 NCS Pearson. Adapted with permission. All rights reserved.

### **Approaches to Learning Scale items**

The teacher indicated how frequently the child exhibited the following behaviors. The response scale included four points ranging from “never” to “very often,” and there was also a “no opportunity to observe” option.

- Keeps belongings organized
- Shows eagerness to learn new things
- Works independently
- Easily adapts to changes in routine
- Follows classroom rules
- Persists in completing tasks
- Pays attention well

## **Classroom Behaviors**

Twelve items from the Child’s Behavior Questionnaire (short form) ask teachers to assess the attentional focusing and inhibitory control of the children in their classroom. The items are not listed as they are copyright protected.

Source: Putnam, S. P., & Rothbart, M. K. (2006). Development of Short and Very Short Forms of the Children’s Behavior Questionnaire. *Journal of Personality Assessment*, 87 (1), 103-113.

## **Student-Teacher Relationship**

Fifteen items from the Student-Teacher Relationship Scale that ask teachers to describe their relationship with sampled children in their classroom. The items are not listed as they are copyright protected.

Source: Pianta, R.C. & Steinberg, M. (Eds.) (1992). *Teacher-child relationships and the process of adjusting to school*. San Francisco, CA, US: Jossey-Bass. Used with permission.

## Student Information

1. **In which grade is this child enrolled? MARK ONE RESPONSE.**

- Kindergarten (Full-day program)
- Kindergarten (Part-day program)
- First grade or higher
- This is an ungraded classroom

2. **How long has this child been in your classroom this school year? MARK ONE RESPONSE.**

- Entire school year
- More than one semester but less than the entire school year
- More than one quarter but less than one semester
- Less than one quarter of the school year

3. **Please indicate the total number of absences for this child for the current school year. MARK ONE RESPONSE.**

- No absences
- 1 to 4 absences
- 5 to 7 absences
- 8 to 10 absences
- 11 to 19 absences
- 20 or more absences

4. **Has this child ever fallen 2 or more weeks behind in school work this year? MARK ONE RESPONSE.**

- Yes
- No (**SKIP TO Q 6**)
- Not applicable (child has been enrolled in your class less than 2 weeks) (**SKIP TO Q 6**)

5. **Why has this child fallen behind in school work? MARK ALL THAT APPLY.**

- A health problem
- A disciplinary problem
- Lack of effort
- Disorganized
- Lacks pre-requisite skills
- Frequent absences
- Emotional/family problems
- Some other reason (PLEASE SPECIFY)

6. **Does this child receive (or has he/she received during this school year) instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Individual tutoring remedial program in reading/language arts                           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individual tutoring remedial program in mathematics                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pull-out (i.e., out of classroom) small group remedial program in reading/language arts | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pull-out (i.e., out of classroom) small group remedial program in mathematics           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gifted and talented program in reading/language arts                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Gifted and talented program in mathematics  | <input type="checkbox"/> | <input type="checkbox"/> |

7. **Does this child receive (or has he/she received during this school year) instruction and/or related services in your school at any of the following times outside of the regular school day? MARK ONE RESPONSE ON EACH ROW.**

|  | <u>Yes</u>               | <u>No</u>                | <u>Not offered</u>       | <u>Don't know</u>        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Instruction or services before school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Instruction or services after school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Instruction or services on weekends   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. **Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q 13)**
- No
- Don't know

9. **Does this child participate in an instructional program designed to teach English language skills to children with limited English proficiency? MARK ONE RESPONSE.**

- Yes
- No **(SKIP TO Q 13)**

10. **Would you say the instruction this child receives is primarily ...(MARK ONE RESPONSE)**

- English as a Second Language (ESL)?
- Bilingual education?
- Dual-language education?
- English-only instruction?
- Some other type of instruction? (PLEASE SPECIFY)

11. **How often AND how much time does this child usually receive specialized language instruction (ESL, bilingual education, dual-language program), whether as part of a whole class, in a small group, or in an individualized arrangement?**

11a. **How many days? MARK ONE RESPONSE.**

- Never
- Less than 1 day a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week

**11b. How much time per day (on the days instruction is received)? MARK ONE RESPONSE.**

- 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
- 2 ½ to less than 3 hours a day
- 3 hours or more a day

**12. During this school year, how often is this child's academic instruction provided in his/her native language? MARK ONE RESPONSE.**

- None of the time
- Less than half of the time
- Half of the time
- More than half of the time
- Almost all the time

**13. Does this child have an IEP/IFSP on record with the school? MARK ONE RESPONSE.**

- Yes
- No

**14. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Speech-language therapy for children with speech or language disorders/impairments                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Special education services, not including speech therapy, whether provided in the classroom or in a pull-out setting | <input type="checkbox"/> | <input type="checkbox"/> |



15. **Does this child receive special accommodations (for example, for a disability or limited English proficiency) to participate in the school's testing or assessment program? MARK ONE RESPONSE.**

- Yes
- No
- Don't know
- Child does not participate in the school's testing or assessment program
- There is no testing or assessment program at this grade level.

16. **During *structured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most

17. **During *unstructured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most

18. Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level? MARK ONE RESPONSE ON EACH ROW.

|                                 | <u>Far<br/>below<br/>average</u> | <u>Below<br/>average</u> | <u>Average</u>           | <u>Above<br/>average</u> | <u>Far<br/>above<br/>average</u> |
|---------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| a. Language and literacy skills | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |
| b. Mathematical skills          | <input type="checkbox"/>         | <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"/> | <input type="checkbox"/>         |
| d. Social studies               | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |

19. How many achievement groups in READING do you currently have in this child's class? MARK ONE RESPONSE.

- I do not use achievement groups for reading (SKIP TO Q 21)
- Two
- Three
- Four
- Five or more

20. In which reading group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE ACHIEVEMENT GROUP BELOW.

Achievement Group

21. How many achievement groups in MATHEMATICS do you currently have in this child's class? MARK ONE RESPONSE.

- I do not use achievement groups for mathematics (SKIP TO Q 23)
- Two
- Three
- Four
- Five or more

22. In which mathematics group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE ACHIEVEMENT GROUP BELOW.

|  |                   |
|--|-------------------|
|  | Achievement Group |
|--|-------------------|

23. During this school year, have this child's parents/guardians participated in the following activities? MARK ONE RESPONSE ON EACH ROW.

|  | <u>Yes</u>               | <u>No</u>                | <u>Not applicable/<br/>Not offered</u> |
|--|--------------------------|--------------------------|--|
| a. Attended regularly-scheduled conferences at your school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| b. Attended parent/teacher informal meetings that you initiated to talk about the child's progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| c. Returned your telephone calls or e-mails  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| d. Initiated contact with you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |
| e. Volunteered to help in your classroom or school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               |

24. How involved at the school would you say this child's parents/guardians are? MARK ONE RESPONSE.

- Not involved at all
- Somewhat involved
- Very involved
- Don't know

25. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.

- Yes
- No (SKIP TO Q 27)

26. Was the purpose of the communication with this child's parents/guardians to discuss ... MARK YES OR NO ON EACH ROW.

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Behavior problems the child is having in school?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any problems the child is having with school work?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Anything the child is doing particularly well in or better in at school? | <input type="checkbox"/> | <input type="checkbox"/> |

27. Are you this child's primary teacher in the following subject areas? MARK YES OR NO ON EACH ROW.

|                          | <u>Yes</u>               | <u>No</u>                |
|--------------------------|--------------------------|--------------------------|
| a. Reading/Language Arts | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mathematics           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Science               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Social Studies        | <input type="checkbox"/> | <input type="checkbox"/> |

28. How far in school do you think this child will go? Would you say you think he/she will... (MARK ONE RESPONSE).

- Receive less than a high school diploma?
- Graduate from high school?
- Finish a four- or five-year college degree?
- Earn an advanced degree?

29. DATE QUESTIONNAIRE COMPLETED:

|                      |                      |                                   |
|----------------------|----------------------|-----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text" value="2012"/> |
| MONTH                | DAY                  | YEAR                              |

**THANK YOU FOR YOUR COOPERATION**

**Fall Second-Grade General Classroom Teacher  
Child-Level Questionnaire**



# Fall 2012 Teacher Questionnaire (Child Level)

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

**Westat**  
**1600 Research Boulevard**  
**Rockville, Maryland 20850**

LABEL

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 05/31/2013. The time required to complete this information collection is estimated to average 15 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 except as required 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 a vital part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your class(es) are participants in this study. The child who is the subject of this questionnaire is identified on the cover.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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.

**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.

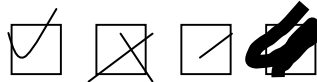
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### Correct Mark:



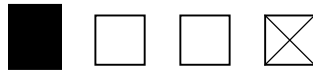
### Incorrect Marks:

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 digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith



## Language and Literacy Skills

For each of the items below, please rate the skills of the child whose name appears on the cover of this booklet. Rate only the child's **current** skills, knowledge, and behaviors, compared to other children of the same age level. Please consider the full range of ratings when answering. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child by placing an "X" in the appropriate box for your rating. Place an "X" in the box for "*Not Applicable or Skill Not Yet Taught*" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

The following **five-point scale** is used for each of the questions. It reflects the degree to which a child has acquired and demonstrated the targeted skills, knowledge, and behaviors. In addition to the five-point scale, there is a sixth response option: Not Applicable/Skill Not Yet Taught.

- Not yet = Child has not yet demonstrated skill, knowledge, or behavior.
- Beginning = Child is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently.
- In progress = Child demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence.
- Intermediate = Child demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient.
- Proficient = Child demonstrates skill, knowledge, or behavior competently and consistently.
- Not Applicable or Skill Not Yet Taught = Skill, knowledge, or behavior has not been introduced in classroom setting.

|  | <b>MARK ONE RESPONSE FOR EACH ITEM.</b> |           |                |              |            |   |
|--|---|-----------|----------------|--------------|------------|---|
|  | Not<br>Yet                              | Beginning | In<br>Progress | Intermediate | Proficient | Not<br>Applicable<br>or Skill Not<br>Yet Taught |
| <b>THIS CHILD ...</b>  |   |           |                |              |            |   |
| <b>1. Contributes relevant information to classroom discussions</b> – for example, during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion.   |   |           |                |              |            |   |
| <b>2. Composes a story with a clear beginning, middle, and end.</b>  |   |           |                |              |            |   |
| <b>3. Demonstrates an understanding of some of the conventions of print</b> – for example, by appropriately using question marks, exclamation points, and quotation marks.   |   |           |                |              |            |   |
| <b>4. Demonstrates beginning writing skills</b> - for example writes sentences to express ideas while correctly spelling many short words like "hop" or "bed," and, if necessary, attempts approximate phonetic spelling for more difficult words (e.g., "vakashun" for "vacation"). |   |           |                |              |            |   |

## Social Skills

Twenty-six items ask teachers to rate children in their classroom on social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); problem behaviors (e.g., fighting, bullying, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions or “approaches to learning” (e.g., curiosity, self-direction, and inventiveness). The social skills items and the problem behavior items are not listed as they are copyright protected. The learning disposition items are not copyright protected and are listed below.

Source: *Social Skills Rating System (SSRS)*. Copyright © 1990 NCS Pearson. Adapted with permission. All rights reserved.

### Approaches to Learning Scale items

The teacher indicates how frequently the child exhibits the following behaviors. The response scale includes four points ranging from “never” to “very often,” and there is also a “no opportunity to observe” option.

- Keeps belongings organized
- Shows eagerness to learn new things
- Works independently
- Easily adapts to changes in routine
- Follows classroom rules
- Persists in completing tasks
- Pays attention well

### Student Information

1. In which grade is this child enrolled? MARK ONE RESPONSE.

- Kindergarten
- First grade
- Second grade
- Third grade
- This is an ungraded classroom

2. Was this child given a school assignment to do over this past summer (or, if this is a year-round school, over the most recent break before the child began this school year)? MARK ONE RESPONSE.

- Yes
- No (**SKIP TO Q5**)
- I don't know (**SKIP TO Q5**)

3. What did the summer assignment include? MARK ALL THAT APPLY.

- Reading books from a list provided by the school
- Keeping a reading log
- Reading skills worksheets or activities
- Writing skills worksheets or activities
- Math skills worksheets or activities
- Science project
- Another assignment (PLEASE SPECIFY)

4. **Did this child complete the summer assignment(s)? MARK ONE RESPONSE.**

- Yes, completed all the assigned work
- Yes, completed some, but not all, of the assigned work
- No
- I don't know

5. **How many achievement groups in READING do you currently have in this child's class? MARK ONE RESPONSE.**

- I do not use achievement groups for reading **(SKIP TO Q7)**
- I use reading achievement groups but have not created them yet for this class **(SKIP TO Q7)**
- Two
- Three
- Four
- Five or more

6. **In which reading group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE CHILD'S ACHIEVEMENT GROUP BELOW.**

|  |                   |
|--|-------------------|
|  | Achievement Group |
|--|-------------------|

7. **How many achievement groups in MATHEMATICS do you currently have in this child's class? MARK ONE RESPONSE.**

- I do not use achievement groups for mathematics **(SKIP TO Q9)**
- I use mathematics achievement groups but have not created them yet for this class **(SKIP TO Q9)**
- Two
- Three
- Four
- Five or more

8. In which mathematics group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE CHILD'S ACHIEVEMENT GROUP BELOW.

Achievement Group

9. DATE QUESTIONNAIRE COMPLETED:

MONTH

DAY

YEAR

**THANK YOU FOR YOUR COOPERATION**