

# Appendix A:

## Subject-Specific Teacher Questionnaires

### REDACTED VERSION

#### Items to be Included in the Cognitive Labs

##### Reading Questionnaire:

- C1: Peer group evaluation
- C5: Peer relationships
- E1a-g: Reading skills
- E2e-m: Reading activities

##### Math Questionnaire:

- B1a-i: Math skills
- B2b, i, and m: Math activities

##### Supplemental Questions for Math Teachers Only:

- Communication with parents
- School liking
- Peer relationships

##### Science Questionnaire:

- B1a-f: Science skills
- B2g and l: Science activities

##### Supplemental Questions for Science Teachers Only:

- Communication with parents
- School liking
- Peer group evaluation





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## 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 teach **reading and language arts** to fourth grade students.

- As you complete this questionnaire, please think about a child who is currently in your fourth grade reading and language arts class.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (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. 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 page 5) 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:

- 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 Act (IDEA) are expected to have an IEP.
- 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.



## TYPES OF LANGUAGE INSTRUCTION EDUCATIONAL PROGRAMS (LIEPS)<sup>1</sup>

### Programs that focus on developing students' literacy in two languages

- Two-way immersion program (TWI) or two-way bilingual program: The goal of these programs is to develop strong skills and proficiency in both students' home language and English. These programs may also be called dual language programs. These programs include students whose native language is not English (but who all speak the same non-English language) and students whose native language is English. Instruction is provided in both languages, typically starting with a smaller proportion of instruction in English, and gradually moving to half of the instruction in each language. Students typically stay in these programs throughout elementary school.
- Developmental bilingual program, late exit transitional program, or maintenance bilingual education program: The goal of these programs is to develop some skills and proficiency in students' home language and strong skills and proficiency in English. Content is taught in both languages by teachers fluent in both languages. These programs may also be called dual language programs. Instruction at lower grades is in the students' home language with a gradual transition to English. Students typically transition into mainstream classrooms with their English-speaking peers. The programs can vary in the focus placed on acquiring literacy in students' home language, but students generally do continue to receive some degree of support in their home language after the transition to English classrooms.
- Transitional program, early exit bilingual program, or early exit transitional program: The goal of these programs is to develop English proficiency skills as soon as possible, without delaying learning of academic core content. Instruction begins in students' home language but rapidly moves to English. Students typically are transitioned into mainstream classrooms with their English-speaking peers as soon as possible.
- Heritage language program or indigenous language program: The goal of these programs is to develop literacy in two languages. Content is taught in both languages by teachers fluent in both languages. These programs typically target non-English speakers with weak literacy skills in their home language.

### Programs that focus on developing students' literacy solely in English

- Sheltered English instruction or content-based English as a Second Language (ESL) program: The goal of these programs is to develop proficiency in English while learning content in an all-English setting. Students from various linguistic and cultural backgrounds can be in the same class. Instruction is adapted to students' proficiency in English and is supported by visual aids and support in the students' home languages as available. Fully developed prototypes of this program include Sheltered Instruction Observational Protocol (SIOP) and Specially Designed Academic Instruction in English (SDAIE).
- Structured English Immersion (SEI): The goal of SEI is to develop fluency in English. This program usually serves only English language learners. All instruction is in English, though the instruction is adjusted to the English proficiency level of students so subject matter is comprehensible. Teachers may have some receptive skills in the students' home language(s) and generally use sheltered instructional techniques.
- Pull-out English as a Second Language (ESL) or English Language Development (ELD): The goal of these programs is to develop fluency in English. ELL students leave their mainstream classroom for part of the day to receive ESL instruction, which generally focuses on grammar, vocabulary, and communication skills, not academic content. There typically is no support provided for students' home languages.
- Push-in English as a Second Language (ESL) program: The goal of push-in ESL is to develop fluency in English. Students receive ESL instruction in a mainstream classroom, with instruction in English with some native language support if needed. The ESL teacher or an instructional aide provides clarification, translation if needed, and uses ESL strategies.

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

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<sup>1</sup> National Clearinghouse for English Language Acquisition. (n.d.). Types of language instruction educational programs (LIEPs). Retrieved [January 6, 2012] from [http://www.ncele.gwu.edu/files/uploads/5/Language\\_Instruction\\_Educational\\_Programs.pdf](http://www.ncele.gwu.edu/files/uploads/5/Language_Instruction_Educational_Programs.pdf).



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### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

### MARKING BOXES

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

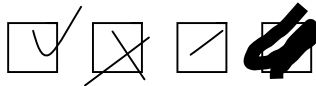
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



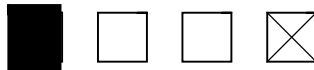
**Incorrect Marks:**

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:



Write words like this:



## Copyright Language to Use in Reading/Language Arts Teacher Questionnaire

### 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.

### Learning Disposition (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



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**A2. Please indicate how often each of these items applies to the child identified on the cover of this questionnaire. MARK ONE RESPONSE ON EACH ROW.**

- Doesn't apply → Child seldom displays this behavior
- Sometimes applies → Child occasionally displays this behavior
- Certainly applies → Child often displays this behavior

	<b>Doesn't apply</b> (seldom displays this behavior)	<b>Sometimes applies</b> (occasionally displays this behavior)	<b>Certainly applies</b> (often displays this behavior)
a. Likes to come to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dislikes school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has fun at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Likes being in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Seems unhappy in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Enjoys most classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Groans or complains about suggested activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: *Teacher version of the School Liking and Avoidance Questionnaire* (SLAQ; Adapted from Ladd & Price, 1987; Ladd, 1990)





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## SECTION B. CLASSROOM BEHAVIORS

Please continue to think about the child identified on the cover of this questionnaire.

**B1. Please read each statement and decide whether it is a "true" or "untrue" description of this child's reaction to a number of situations within the past six months. If you cannot answer one of the items because you have never seen the child in that situation, then mark "not applicable."**

<b>The child:</b>	<b>Almost always untrue</b>	<b>Usually untrue</b>	<b>Sometimes true, sometimes untrue</b>	<b>Usually true</b>	<b>Almost always true</b>	<b>Not applicable</b>
a. Is easily distracted when listening to a story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Can stop him/herself when s/he is told to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Looks around the room when doing school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Can stop him/herself from doing things too quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When working on an activity, has a hard time keeping her/his mind on it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Has an easy time waiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Has a hard time paying attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Has a hard time waiting his/her turn to talk when excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Needs to be told to pay attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Gets distracted when trying to pay attention in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Likes to plan carefully before doing something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Is good at following directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Has a hard time slowing down when rules say to walk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Adapted from the *Temperament in Middle Childhood Questionnaire*. © 2004 Jennifer Simonds and Mary K. Rothbart, University of Oregon. Used with permission.



### SECTION C. PEER RELATIONSHIPS

**C1.** For the items below, please think about the friends with whom the child identified on the cover of this questionnaire has associated the most during the past month or two. Please indicate how often you think each of these items applies to this group of children. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Almost always untrue</u>	<u>Usually untrue</u>	<u>Sometimes true, sometimes untrue</u>	<u>Usually true</u>	<u>Almost always true</u>
a. This is a good group of kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry when this child is with this group of kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Some of these kids are a bad influence on this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. These kids must be closely supervised by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. These kids are often in trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. These kids are excellent students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. These kids are hard workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child has a fun time with this group of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of these kids are kind to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Vandell, Deborah Lowe (2001). Relationships With Peers: Part D (Teacher). Unpublished scale, NICHD Study of Early Child Care and Youth Development, Form FLV18G3.



**C2. Please indicate how often each of these items applies to this child, particularly in the context of his or her behavior with peers. MARK ONE RESPONSE ON EACH ROW.**

	<b>Doesn't apply</b> (seldom displays this behavior)	<b>Sometimes applies</b> (occasionally displays this behavior)	<b>Certainly applies</b> (often displays this behavior)
a. Seems concerned when other children are distressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is not chosen as playmate by peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peers avoid this child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is kind toward peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is excluded from peers' activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is cooperative with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shows concern for moral issues (for example, fairness, welfare of others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is ignored by peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Offers help or comfort when other children are upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Adapted from the *Child Behavior Scale* © Gary W. Ladd. Used with permission.



**C3. During this school year, how often have other students ... MARK ONE RESPONSE ON EACH ROW.**

	Never	Rarely	Sometimes	Often	Very often
a. Teased, made fun of, or called <u>this student</u> names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Told lies or untrue stories about <u>this student</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pushed, shoved, slapped, hit, or kicked <u>this student</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Intentionally excluded or left <u>this student</u> out from playing with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C4. During this school year, how often has this student ... MARK ONE RESPONSE ON EACH ROW.**

	Never	Rarely	Sometimes	Often	Very often
a. Teased, made fun of, or called <u>other students</u> names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Told lies or untrue stories about <u>other students</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pushed, shoved, slapped, hit, or kicked <u>other students</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Intentionally excluded or left <u>other students</u> out from playing with him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Espelage, D. L. & Holt, M. (2001). Bullying and peer victimization during early adolescence: Peer influences and psychosocial correlates. *Journal of Emotional Abuse*, 2, 123-142. Adapted and used with permission.

**C5. Please evaluate the performance of the child identified on the cover of this questionnaire in the following areas, using the categories below. MARK ONE RESPONSE ON EACH ROW.**

	Very poor	Somewhat poor	Average	Good	Very good
a. Understands others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accurately interprets what a peer is trying to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generates good quality solutions to interpersonal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is aware of the effects of his/her behavior on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Pierce, K. M., Hamm, J. V., & Vandell, D. L. (1999). Experiences in after-school programs and children's adjustment in first-grade classrooms. *Child Development*, 70, 756-767.



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### SECTION D. STUDENT INFORMATION

Please continue to think about the child identified on the cover of this questionnaire.

**D1. How long has this child been in your reading class this school year until now? MARK ONE RESPONSE.**

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

**D2. 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

**D3. 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 or remedial program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
b. Gifted and talented program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
c. Gifted and talented program with no specific content focus	<input type="checkbox"/>	<input type="checkbox"/>

**D4. Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q D10)**
- No
- Don't know



**D5. 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 D10)

**D6. Would you say the instruction this child receives is primarily... MARK ONE RESPONSE.**

EXAMPLES OF THE PROGRAMS INCLUDED IN EACH CATEGORY ARE PROVIDED BELOW.  
SEE PAGE 4 FOR DEFINITIONS OF THESE EXAMPLES.

**Programs that focus on developing students' literacy in two languages. For example:**

- Two-way immersion program or two-way bilingual program
- Developmental bilingual program, late exit transitional program, or maintenance bilingual education program
- Transitional program, early exit bilingual program, or early exit transitional program
- Heritage language program or indigenous language program

**Programs that focus on developing students' literacy solely in English. For example:**

- Sheltered English instruction or content-based English as a Second Language (ESL) program
- Structured English Immersion (SEI)
- Pull-out English as a Second Language (ESL) or English Language Development (ELD)
- Push-in ESL program

**Other program(s) (PLEASE SPECIFY)**

**No specialized language program is provided to this child. (SKIP TO Q D9)**

**D7. How often does this child usually receive specialized language instruction of the following program types? 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. Program that focuses on developing students' literacy in two languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Program that focuses on developing students' literacy solely in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D8. On the days when this child receives specialized language instruction, for how much time does he/she receive instruction of the following program types? MARK ONE RESPONSE ON EACH ROW.**

	<b>Not applicable/ never</b>	<b>Less than ½ hour</b>	<b>½ hour to less than 1 hour</b>	<b>1 to less than 1 ½ hours</b>	<b>1 ½ to less than 2 hours</b>	<b>2 to less than 2 ½ hours</b>	<b>2 ½ to less than 3 hours</b>	<b>3 hours or more</b>
a. Program that focuses on developing students' literacy in two languages	<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. Program that focuses on developing students' literacy solely in English	<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. Other program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D9. During this school year, how often is this child's reading 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

**D10. Does this child have an IEP on record with the school? MARK ONE RESPONSE.**

- Yes
- No

**D11. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
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"/>



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**D12. Overall, how would you rate this child's academic skills in each of the following areas, based on curriculum standards for his/her current grade level? MARK ONE RESPONSE ON EACH ROW.**

	Below grade level	About on grade level	Above grade level
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D13. How often does this child work to the best of her/his ability in reading and language arts? MARK ONE RESPONSE.**

- Never
- Seldom
- Usually
- Always

**D14. How many instructional groups based on achievement or ability levels in READING do you currently have in this child's class? MARK ONE RESPONSE.**

- I do not use instructional groups for reading (SKIP TO Q D16)
- Two
- Three
- Four
- Five or more

**D15. In which reading instructional group is this child currently placed? USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP BELOW.**

		Instructional Group
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**D16. 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

**D17. 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"/>



# PART 2.

## SECTION E. READING AND LANGUAGE ARTS INSTRUCTION

Please answer the following questions for the reading class in which the child identified on the cover of this questionnaire receives reading and language arts instruction.

**E1. From the first day of school until today, please indicate how many days each of the following 4th grade **READING AND LANGUAGE ARTS** skills and concepts have been covered in this 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
a. <b>Understanding key ideas and details</b> , including identifying the main idea or theme in a text; drawing inferences from details in text; explaining procedures in a scientific or technical text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Understanding craft and structure</b> , including describing how the narrator's point of view influences the story; comparing different perspectives of the same event in the text(s); describing structural elements of poems and of dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Integration of knowledge and ideas</b> , including comparing and integrating information from two different texts; explaining how an author uses evidence to support a point; comparing a text to a visual presentation of the text such as a movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Writing</b> narratives, opinion pieces, and informational text with facts and details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Writing about topics covered in other subjects</b> , like math, science or social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Developing and strengthening writing</b> by planning, drafting, revising, and editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Building vocabulary</b> by studying words and their meanings in text; learning about roots, prefixes and suffixes; using context clues to derive meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**E2. How often do the children in this class engage in the following reading and language arts activities?**  
*MARK ONE RESPONSE ON EACH ROW.*

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Read silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read books they have chosen themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk with others about what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do a group activity or project about what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss different interpretations of what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Look up assigned vocabulary words and write definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use assigned vocabulary words orally in class or in written assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Write in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. When given specific questions, write responses that are at least 3 to 4 sentences long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Write responses to questions that are related to math, social studies, or science instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do research using books and/or the internet to gather evidence as they are writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Spend at least a week writing and revising things that they have written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Edit other students' writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### SECTION F. CLASSROOM AND STUDENT CHARACTERISTICS

Please answer the following questions about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**F1. As of today's date, how many children...**

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

	Number of children
a. Are currently enrolled in this class?	<input type="text"/> <input type="text"/>
b. Are boys?	<input type="text"/> <input type="text"/>
c. Are girls?	<input type="text"/> <input type="text"/>

**F2. What grade levels are included in this class? MARK ALL THAT APPLY.**

a. 2nd grade	<input type="checkbox"/>
b. 3rd grade	<input type="checkbox"/>
c. 4th grade	<input type="checkbox"/>
d. 5th grade	<input type="checkbox"/>
e. 6th grade or higher	<input type="checkbox"/>

**F3. How many of the children in this class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of children repeating this grade
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**F4. How many children in this class ...**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	Number of children
a. Are classified as Gifted and Talented?	<input type="text"/> <input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/> <input type="text"/>

**F5. How many children in this class are absent on an average day? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

Number of children absent, on an average day

**F6. How many children in this class are below grade level, about on grade level, or above grade level in each of the following subjects?**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	I do not teach this subject	Below grade level	About on grade level	Above grade level
a. English reading skills?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Mathematics skills?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Science?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**F7. At this point in the school year, how would you rate the behavior of the children in this 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.



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**F8. Approximately what percentage of the students in this classroom demonstrates the following problems? MARK ONE RESPONSE ON EACH ROW.**

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
a. Have difficulty paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack self-control (disruptive behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are rejected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do not accept authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Abry, T., Swanson, J., and Fabes, R. A. (2012). *The Classroom Environment Student Difficulties Scale*. Arizona State University, Unpublished measure. Adapted with permission.

**F9. How many children in this class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of children
----------------------	----------------------	--------------------

**F10. Do you have any children who are English language learners in this 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 G1)**

**F11. How many English language learners (ELLs) do you have in this class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of ELL children
----------------------	----------------------	------------------------



### SECTION G. CLASSROOM INSTRUCTION

Please continue to think about the specific reading class in which the child identified on the cover of this questionnaire receives instruction from you.

**G1. In a typical day, how much time do children in this class spend in the following activities?**

MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. 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"/>

**G2. Do any of the following staff members provide direct instruction to students in this class who are struggling or at risk of failure in reading?**

INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

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



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**G3. In this class, how frequently do you or your students use computers or the following electronic devices for reading instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.**

	Not available	Never	Rarely	Sometimes	Often
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 (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 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"/>
h. Other electronic devices (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G4. In an average week, how many days a week is reading homework assigned in this class? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.**

- 0 days (SKIP TO Q H1)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**G5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	I do not teach this subject	I never assign homework	1 to 10 minutes	11 to 20 minutes	21 to 30 minutes	More than 30 minutes
a. Reading and language arts	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>





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### SECTION H. EVALUATION AND GRADING PRACTICES

Please continue to think about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**H1. In this class, 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"/>



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**H2. For each of the following statements about READING, 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 reading in <u>fourth grade</u> .	<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 <u>fourth-grade students</u> 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 <u>fourth-grade students</u> no longer need a reading intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H3. Date Questionnaire Completed:**

<input type="text"/>	<input type="text"/>
MONTH	

<input type="text"/>	<input type="text"/>
DAY	

<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="5"/>
YEAR			

**THANK YOU FOR YOUR COOPERATION!**



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## 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 teach **mathematics** to fourth grade students.

- As you complete this questionnaire, please think about a child who is currently in your fourth grade mathematics class.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (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. 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 page 4) 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:

- 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 Act (IDEA) are expected to have an IEP.
- 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.

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



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### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

### MARKING BOXES

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

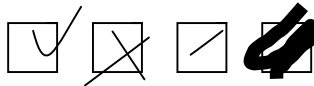
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

#### Correct Mark:



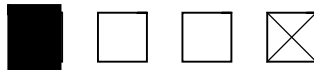
#### Incorrect Marks:

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
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# PART 1.

## SECTION A. STUDENT INFORMATION

Please answer the following questions about the child identified on the cover of this questionnaire.

**A1. How long has this child been in your math class this school year until now? MARK ONE RESPONSE.**

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

**A2. 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

**A3. 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 or remedial program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
b. Gifted and talented program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>

**A4. Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q A6)**
- No
- Don't know



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**A5. During this school year, how often is this child's mathematics 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

**A6. Overall, how would you rate this child's academic skills in MATH, based on curriculum standards for his/her current grade level? *MARK ONE RESPONSE.***

- Below grade level
- About on grade level
- Above grade level

**A7. How often does this child work to the best of her/his ability in math? *MARK ONE RESPONSE.***

- Never
- Seldom
- Usually
- Always

**A8. How many instructional groups based on achievement or ability levels in MATHEMATICS do you currently have in this child's class? *MARK ONE RESPONSE.***

- I do not use instructional groups for mathematics **(SKIP TO Q A10)**
- Two
- Three
- Four
- Five or more



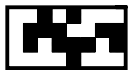
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**A9. In which mathematics instructional group is this child currently placed? USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP BELOW.**

		Instructional Group
--	--	---------------------

**A10. Are you this child's primary teacher in the following subject areas? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
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"/>



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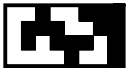
# PART 2.

## SECTION B. MATHEMATICS INSTRUCTION

Please answer the following questions for the math class in which the child on the cover of this questionnaire receives mathematics instruction.

**B1. From the first day of school until today, please indicate how many days each of the following 4th grade MATHEMATICS skills and concepts have been covered in this 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.**

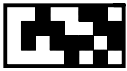
	Not taught	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
a. <b>Operations</b> , including solving problems by multiplying or dividing two whole numbers; solving multiple-step word problems that use several different operations; interpreting remainders; finding factor pairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Algebraic thinking</b> , including solving word problems by representing the problem as an equation with a symbol for the unknown number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Understand place value</b> , including reading and writing multiple-digit whole numbers using base-ten numerals; comparing two multiple-digit numbers based on meanings of the digits in each place; using place value understanding to round multiple-digit whole numbers to any place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Add and subtract multiple-digit numbers</b> using strategies based on place value and properties of operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Understand fractions</b> , including comparing fractions with different numerators and different denominators; adding and subtracting fractions; multiplying fractions by whole numbers; understanding the relationship between decimals and fractions with a denominator of 10 or 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Solve problems involving measurement</b> , including understanding the relative size of measurements within one system of units such as seconds, minutes, hours; finding the area or perimeter of geometric shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Represent and interpret data</b> , including making line plots to display fractions of a unit; using addition and subtraction of fractions to answer questions about a line plot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Understand concepts of angles</b> , including measuring angles; adding and subtracting angle measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>Draw and identify lines and angles</b> , including drawing points, lines, line segments, rays, angles, perpendicular and parallel lines; recognizing right triangles; understanding lines of symmetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B2. How often do the children in this class engage in the following mathematics activities? MARK ONE RESPONSE ON EACH ROW.**

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Solve mathematics problems from textbooks or worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Solve mathematics problems from the blackboard, whiteboard/SMART Board®, or projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solve mathematics problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work with measuring instruments (for example rulers, compasses, protractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work with manipulatives (for example, geometric shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take mathematics tests/quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Write a few sentences about how to solve a mathematics problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Talk to the class about their mathematics work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Discuss solutions to mathematics problems with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Work on and discuss mathematics problems that reflect real-life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Use a computer for math (beyond using a computer's calculator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Interpret visual representations (for example, diagrams, tables, models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Create visual representations (for example, diagrams, tables, models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### SECTION C. CLASSROOM AND STUDENT CHARACTERISTICS

Please answer the following questions about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**C1. As of today's date, how many children...**

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

	Number of children
a. Are currently enrolled in this class?	<input type="text"/> <input type="text"/>
b. Are boys?	<input type="text"/> <input type="text"/>
c. Are girls?	<input type="text"/> <input type="text"/>

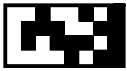
**C2. What grade levels are included in this class? MARK ALL THAT APPLY.**

a. 2nd grade	<input type="checkbox"/>
b. 3rd grade	<input type="checkbox"/>
c. 4th grade	<input type="checkbox"/>
d. 5th grade	<input type="checkbox"/>
e. 6th grade or higher	<input type="checkbox"/>

**C3. How many of the children in this class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of children repeating this grade
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**C4. How many children in this class ...**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

**Number of  
children**

a. Are classified as Gifted and Talented?	<input type="text"/>	<input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/>	<input type="text"/>

**C5. How many children in this class are absent on an average day? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of children absent, on an average day
----------------------	----------------------	--

**C6. How many children in this class are below grade level, about on grade level, or above grade level in each of the following subjects?**

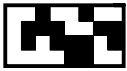
WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<b>I do not teach this subject</b>	<b>Below grade level</b>	<b>About on grade level</b>	<b>Above grade level</b>
a. English reading skills?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Mathematics skills?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Science?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C7. At this point in the school year, how would you rate the behavior of the children in this 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.



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**C8. Approximately what percentage of the students in this classroom demonstrates the following problems? MARK ONE RESPONSE ON EACH ROW.**

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
a. Have difficulty paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack self-control (disruptive behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are rejected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do not accept authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Abry, T., Swanson, J., and Fabes, R. A. (2012). *The Classroom Environment Student Difficulties Scale*. Arizona State University, Unpublished measure. Adapted with permission.

**C9. How many children in this class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

Number of children

**C10. Do you have any children who are English language learners in this 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 D1)

**C11. How many English language learners (ELLs) do you have in this class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

Number of ELL children



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### SECTION D. CLASSROOM INSTRUCTION

Please continue to think about the specific math class in which the child identified on the cover of this questionnaire receives instruction from you.

**D1. In a typical day, how much time do children in this class spend in the following activities?**

MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. 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"/>

**D2. Do any of the following staff members provide direct instruction to students in this class who are struggling or at risk of failure in math?**

INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

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



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D3. In this class, how frequently do you or your students use computers or the following electronic devices for math instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.

	Not available	Never	Rarely	Sometimes	Often
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 (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 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"/>
h. Other electronic devices (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. In an average week, how many days a week is math homework assigned in this class? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.

- 0 days (SKIP TO Q E1)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

D5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in the following areas? MARK ONE RESPONSE ON EACH ROW.

	I do not teach this subject	I never assign homework	1 to 10 minutes	11 to 20 minutes	21 to 30 minutes	More than 30 minutes
a. Reading and language arts	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>



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### SECTION E. EVALUATION AND GRADING PRACTICES

Please continue to think about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**E1. In this class, how often do you use a formal assessment in MATHEMATICS 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"/>



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E2. For each of the following statements about MATHEMATICS indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
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 <u>fourth grade</u> .	<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 <u>fourth-grade students</u> 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 <u>fourth-grade students</u> no longer need a math intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3. Date Questionnaire Completed:

MONTH

DAY

YEAR

**THANK YOU FOR YOUR COOPERATION!**



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## 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 teach **science** to fourth grade students.

- As you complete this questionnaire, please think about a child who is currently in your fourth grade science class.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (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. 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 page 4) 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:

- 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 Act (IDEA) are expected to have an IEP.
- 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.

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



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### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

### MARKING BOXES

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

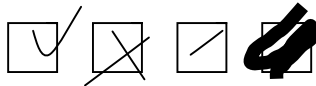
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



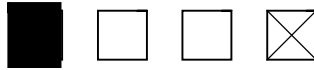
**Incorrect Marks:**

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
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## PART 1.

### SECTION A. STUDENT INFORMATION

Please answer the following questions about the child identified on the cover of this questionnaire

**A1. How long has this child been in your science class this school year until now? MARK ONE RESPONSE.**

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

**A2. 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

**A3. Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q A5)**
- No
- Don't know

**A4. During this school year, how often is this child's science 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



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**A5. Overall, how would you rate this child's academic skills in SCIENCE based on curriculum standards for his/her current grade level? MARK ONE RESPONSE.**

- Below grade level
- About on grade level
- Above grade level

**A6. How often does this child work to the best of her/his ability in science? MARK ONE RESPONSE.**

- Never
- Seldom
- Usually
- Always

**A7. Are you this child's primary teacher in the following subject areas? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
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"/>



# PART 2.

## SECTION B. SCIENCE INSTRUCTION

Please answer the following questions for the science class in which the child identified on the cover of this questionnaire receives science instruction.

**B1. From the first day of school until today, please indicate how many days each of the following 4th grade SCIENCE skills and concepts have been covered in this 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
a. <b>Physical science</b> , including understanding properties of electricity and magnetism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Life science</b> , including learning about organisms, life cycles, food chains and ecosystems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Earth science</b> , including learning about rocks and minerals, weather, erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Observations and hypotheses</b> , including understanding the difference between observations and inferences, formulating predictions that can be tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Scientific testing</b> , including planning and conducting investigations, measuring using appropriate tools, demonstrating safe behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Analysis and conclusions</b> , including analyzing the results of a scientific investigation and determining whether the results support the initial prediction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B2. How often do the children in this class engage in the following science activities? MARK ONE RESPONSE ON EACH ROW.**

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Read a science textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss science in the news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with other children on a science activity or project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use science equipment (e.g., magnifying glass, scales, thermometers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prepare a written science report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engage in hands-on activities or investigations in science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Talk about measurements and results from children's hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Take a science test or quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use library resources for science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Use computers for science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use the Internet for science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Generate and test hypotheses about particular phenomena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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### SECTION C. CLASSROOM AND STUDENT CHARACTERISTICS

Please answer the following questions about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**C1. As of today's date, how many children...**

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

	Number of children
a. Are currently enrolled in this class?	<input type="text"/> <input type="text"/>
b. Are boys?	<input type="text"/> <input type="text"/>
c. Are girls?	<input type="text"/> <input type="text"/>

**C2. What grade levels are included in this class? MARK ALL THAT APPLY.**

a. 2nd grade	<input type="checkbox"/>
b. 3rd grade	<input type="checkbox"/>
c. 4th grade	<input type="checkbox"/>
d. 5th grade	<input type="checkbox"/>
e. 6th grade or higher	<input type="checkbox"/>

**C3. How many of the children in this class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

<input type="text"/>	<input type="text"/>	Number of children repeating this grade
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Draft

**C4. How many children in this class ...**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<u>Number of children</u>
a. Are classified as Gifted and Talented?	<input type="text"/> <input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/> <input type="text"/>

**C5. How many children in this class are absent on an average day? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

Number of children absent, on an average day

**C6. How many children in this class are below grade level, about on grade level, or above grade level in each of the following subjects?**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<u>I do not teach this subject</u>	<u>Below grade level</u>	<u>About on grade level</u>	<u>Above grade level</u>
a. English reading skills?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Mathematics skills?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Science?	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**C7. At this point in the school year, how would you rate the behavior of the children in this 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.



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**C8. Approximately what percentage of the students in this classroom demonstrates the following problems? MARK ONE RESPONSE ON EACH ROW.**

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
a. Have difficulty paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack self-control (disruptive behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are rejected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do not accept authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Abry, T., Swanson, J., and Fabes, R. A. (2012). *The Classroom Environment Student Difficulties Scale*. Arizona State University, Unpublished measure. Adapted with permission.

**C9. How many children in this class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

		Number of children
--	--	--------------------

**C10. Do you have any children who are English language learners in this 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 D1)

**C11. How many English language learners (ELLs) do you have in this class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

		Number of ELL children
--	--	------------------------



### SECTION D. CLASSROOM INSTRUCTION

Please continue to think about the specific science class in which the child identified on the cover of this questionnaire receives instruction from you.

**D1. In a typical day, how much time do children in this class spend in the following activities?**

MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. 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"/>

**D2. Do any of the following staff members provide direct instruction to students in this class who are struggling or at risk of failure in science?**

INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

	Yes	No
a. A SCIENCE specialist/interventionist who has specialized training in science instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A special education teacher	<input type="checkbox"/>	<input type="checkbox"/>



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D3. In this class, how frequently do you or your students use computers or the following electronic devices for science instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.

	Not available	Never	Rarely	Sometimes	Often
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 (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 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"/>
h. Other electronic devices (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>					

D4. In an average week, how many days a week is science homework assigned in this class? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.

- 0 days (SKIP TO Q E1)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

D5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in the following areas? MARK ONE RESPONSE ON EACH ROW.

	I do not teach this subject	I never assign homework	1 to 10 minutes	11 to 20 minutes	21 to 30 minutes	More than 30 minutes
a. Reading and language arts	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>



### SECTION E. EVALUATION AND GRADING PRACTICES

Please continue to think about the specific class in which the child identified on the cover of this questionnaire receives instruction from you.

**E1. In this class, how often do you use a formal assessment in SCIENCE 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"/>



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E2. For each of the following statements about SCIENCE indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
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 science in <u>fourth grade</u> .	<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 <u>fourth-grade students</u> will receive in science.	<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 <u>fourth-grade students</u> no longer need a science intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3. Date Questionnaire Completed:

MONTH

DAY

YEAR

**THANK YOU FOR YOUR COOPERATION!**



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**SUPPLEMENTAL QUESTIONS FOR MATH TEACHERS**

Communication with Parents

**1. During this school year, has your school used the following ways to communicate with parents?**

*MARK ONE RESPONSE ON EACH ROW.*

	At least once a week	Once a week	Several times a month	Once a month	Less than once a month or never
a. Electronic communication to <u>all parents</u> , such as group emails, electronic newsletters, or other notices sent to all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic communication with <u>individual parents</u> , such as individual emails or texts from the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-electronic communication to <u>all parents</u> , such as letters, newsletters, or other notices sent to all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-electronic communication with <u>individual parents</u> , such as written notes, individual letters, or telephone calls from the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. During this school year, has your school used an online tool or website for parents to log in to, to get information from the school? *MARK ONE RESPONSE.***

Yes (CONTINUE)

No (SKIP TO QUESTION 4)

**3. Has the information provided in the online tool or website included any of the following types of information? MARK ONE RESPONSE ON EACH ROW.**

	Yes	No
a. School policies or practices	<input type="checkbox"/>	<input type="checkbox"/>
b. School events	<input type="checkbox"/>	<input type="checkbox"/>
c. Classroom-specific assignments, including homework	<input type="checkbox"/>	<input type="checkbox"/>
d. Child- or parent-specific information, such as progress reports between grading periods (with family privacy protected)	<input type="checkbox"/>	<input type="checkbox"/>

**4. Please indicate how often each of these items applies to the child identified on the cover of this questionnaire. MARK ONE RESPONSE ON EACH ROW.**

	<b>Doesn't apply</b> (seldom displays this behavior)	<b>Sometimes applies</b> (occasionally displays this behavior)	<b>Certainly applies</b> (often displays this behavior)
a. Likes to come to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dislikes school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has fun at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Likes being in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Seems unhappy in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Enjoys most classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Groans or complains about suggested activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: *Teacher version of the School Liking and Avoidance Questionnaire (SLAQ; Adapted from Ladd & Price, 1987; Ladd, 1990)*

**5. Please evaluate the performance of the child identified on the cover of this questionnaire in the following areas, using the categories below. MARK ONE RESPONSE ON EACH ROW.**

	<b>Very poor</b>	<b>Somewhat poor</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>
a. Understands others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accurately interprets what a peer is trying to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generates good quality solutions to interpersonal solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is aware of the effects of his/her behavior on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Pierce, K. M., Hamm, J. V., & Vandell, D. L. (1999). Experiences in after-school programs and children's adjustment in first-grade classrooms. *Child Development, 70*, 756-767.

**SUPPLEMENTAL QUESTIONS FOR SCIENCE TEACHERS**

Communication with Parents

**1. During this school year, has your school used the following ways to communicate with parents?**  
*MARK ONE RESPONSE ON EACH ROW.*

	At least once a week	Once a week	Several times a month	Once a month	Less than once a month or never
a. Electronic communication to <u>all parents</u> , such as group emails, electronic newsletters, or other notices sent to all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic communication with <u>individual parents</u> , such as individual emails or texts from the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-electronic communication to <u>all parents</u> , such as letters, newsletters, or other notices sent to all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-electronic communication with <u>individual parents</u> , such as written notes, individual letters, or telephone calls from the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. During this school year, has your school used an online tool or website for parents to log in to, to get information from the school?** *MARK ONE RESPONSE.*

Yes (CONTINUE)

No (SKIP TO QUESTION 4)



**3. Has the information provided in the online tool or website included any of the following types of information? MARK ONE RESPONSE ON EACH ROW.**

	Yes	No
a. School policies or practices	<input type="checkbox"/>	<input type="checkbox"/>
b. School events	<input type="checkbox"/>	<input type="checkbox"/>
c. Classroom-specific assignments, including homework	<input type="checkbox"/>	<input type="checkbox"/>
d. Child- or parent-specific information, such as progress reports between grading periods (with family privacy protected)	<input type="checkbox"/>	<input type="checkbox"/>

**4. Please indicate how often each of these items applies to the child identified on the cover of this questionnaire. MARK ONE RESPONSE ON EACH ROW.**

	<b>Doesn't apply</b> (seldom displays this behavior)	<b>Sometimes applies</b> (occasionally displays this behavior)	<b>Certainly applies</b> (often displays this behavior)
a. Likes to come to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dislikes school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has fun at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Likes being in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Seems unhappy in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Enjoys most classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Groans or complains about suggested activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: *Teacher version of the School Liking and Avoidance Questionnaire (SLAQ; Adapted from Ladd & Price, 1987; Ladd, 1990)*

**5. For the items below, please think about the friends with whom the child identified on the cover of this questionnaire has associated the most during the past month or two. Please indicate how often you think each of these items applies to this group of children. MARK ONE RESPONSE ON EACH ROW.**

	<b>Almost always untrue</b>	<b>Usually untrue</b>	<b>Sometimes true, sometimes untrue</b>	<b>Usually true</b>	<b>Almost always true</b>
a. This is a good group of kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry when this child is with this group of kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Some of these kids are a bad influence on this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. These kids must be closely supervised by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. These kids are often in trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. These kids are excellent students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. These kids are hard workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child has a fun time with this group of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of these kids are kind to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Vandell, Deborah Lowe (2001). Relationships With Peers: Part D (Teacher). Unpublished scale, NICHD Study of Early Child Care and Youth Development, Form FLV18G3.