

**APPENDIX D**

**SPRING THIRD-GRADE  
GENERAL CLASSROOM TEACHER  
QUESTIONNAIRES**

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

**Spring Third-Grade National Data Collection, Fourth-Grade  
Recruitment, and Fifth-Grade Tracking**

**OMB Clearance Package  
# 1850-0750 v.15**

**Spring Third-Grade General Classroom Teacher  
Teacher-/Classroom-Level Questionnaire**





Draft







Draft

## Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you are the teacher of one or more of the children who are participants in this study.

This questionnaire contains several sections:

- a) Classroom and student characteristics
- b) Class organization and resources
- c) Parent involvement
- d) Evaluation and grading practices
- e) School and staff activities
- f) Views on school climate and the school environment
- g) Teacher background

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as instructed on page 4) or by writing your responses in the space provided. Your best estimates are acceptable answers.

### DEFINING "YOUR CLASS"

Most of the items in this questionnaire ask you to provide information about "your class." By the term "your class," we generally mean the group of students who spend the majority of their school day with you--though some or all of them may leave your classroom for certain activities, including some academic instruction.

In some schools, it may be easy for a teacher to decide which group of children to consider as his or her class, while in other schools it may not be as easy to decide. **If you are not sure what group of children to think about when answering questions about "your class," please ask for assistance from the ECLS-K:2011 study representatives when they visit your school.**

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



Draft

### 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.

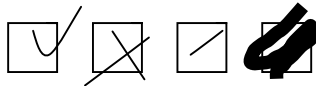
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



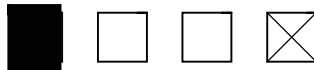
**Incorrect Marks:**

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:





### SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS

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

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

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

#### A2. What grade levels are included in your class? MARK ALL THAT APPLY.

a. 1st grade	<input type="checkbox"/>
b. 2nd grade	<input type="checkbox"/>
c. 3rd grade	<input type="checkbox"/>
d. 4th grade	<input type="checkbox"/>
e. 5th grade or higher	<input type="checkbox"/>

#### A3. During this school year have you taught the following subjects to any or all of the students in your class? MARK ONE RESPONSE ON EACH ROW.

	Yes, to all of the students in my class	Yes, to some of the students in my class	No, not to any of the students in my class
a. Reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Draft

**A4. How many of the children in your class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

		Number of children repeating this grade
--	--	---

**A5. How many children in your class ...**  
*WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

	Number of children		
a. Are classified as Gifted and Talented?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		
b. Are participating in a Gifted and Talented program?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		

**A6. How many children in your class ...**  
*WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

	Number of children		
a. Are tardy, on an average day?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		
b. Are absent, on an average day?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		

**A7. How many children in your 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."*

	Below grade level	About on grade level	Above grade level						
a. English reading skills?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		
b. Mathematics skills?	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>		

**A8. At this point in the school year, how would you rate the behavior of the children in your class? MARK ONE RESPONSE.**

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

A9. Item on the Classroom Environment. Teachers are asked to give the percentage of children in their classroom who demonstrate each of four types of behaviors or characteristics that either disrupt or create a challenging learning environment. The exact wording of these items is not included here because they are copyright protected. Source: Abry, T., Swanson, J., and Fabes, R. (2012) The Classroom Environment Difficulties Scale. Arizona State University, unpublished. Used with permission.

**A10. How many children in your class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

--	--

 Number of children

**A11. Do you have any children who are English language learners in your class? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) MARK ONE RESPONSE.**

- Yes
- No (SKIP TO Q B1)



Draft

**A12. How many English language learners (ELLs) do you have in your class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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

**A13. What languages are spoken by you or any other teacher or aide to the ELL children in your class for academic instruction, instructional support, or conversation? MARK ALL THAT APPLY.**

a. English	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>
c. Vietnamese	<input type="checkbox"/>
d. A Chinese language	<input type="checkbox"/>
e. Japanese	<input type="checkbox"/>
f. Korean	<input type="checkbox"/>
g. A Filipino language	<input type="checkbox"/>
h. Arabic	<input type="checkbox"/>
i. An Asian Indian language	<input type="checkbox"/>
j. Sign language	<input type="checkbox"/>
k. Other language (PLEASE SPECIFY)	<input type="checkbox"/>
<input style="width: 480px; height: 30px;" type="text"/>	



**SECTION B. CLASS ORGANIZATION AND RESOURCES**

**B1. During a typical day, how much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior? MARK ONE RESPONSE.**

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

**B2. How often does the typical child in your class usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE RESPONSE ON EACH ROW.**

	Never	Less than once a week	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B3. On the days children work in these areas, how much time does the typical child in your class usually work on lessons or projects in the following general subject areas? MARK ONE RESPONSE ON EACH ROW.**

	Not applicable/ never	Less than ½ hour a day	½ hour to less than 1 hour	1 to less than 1 ½ hours	1 ½ to less than 2 hours	2 to less than 2 ½ hours	2 ½ to less than 3 hours	3 hours or more
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4. How often do the children in your class go to the school library or media center? MARK ONE RESPONSE.**

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

**B5. How many days a week do children have recess? WRITE NUMBER IN BOX. IF NONE, WRITE "0" AND SKIP TO Q B7.**

Days per week





Draft

**B6. On days when children have recess, between the school day starting time and the dismissal time, how many times a day do children have recess? MARK ONE RESPONSE.**

- Once
- Twice
- Three or more times

**B7. In a typical day, how much time do children in your class spend in the following activities? MARK ONE RESPONSE ON EACH ROW.**

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

**B8. Do any of the following staff members provide direct instruction to students in your class who are struggling or at risk of failure in reading or math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN YOUR CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.**

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



Draft

**B9. How frequently do you or your students use computers or the following electronic devices for instructional purposes? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.**

	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"/>

**B10. In an average week, how many days a week is homework assigned? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.**

- 0 days (SKIP TO Q C1)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**B11. On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	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"/>
b. Math	<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"/>



Draft

### SECTION C. PARENT INVOLVEMENT

**C1. How many regularly scheduled conferences do you have with a parent or guardian of each child in your class during the school year? *MARK ONE RESPONSE.***

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

**C2. What percentage of children in your class have parents who participate in the following activities? *MARK ONE RESPONSE ON EACH ROW.***

	0%	1-25%	26-50%	51-75%	76% or more
a. Attend teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer regularly to help in your classroom or another part of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend open houses or parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attend art/music events or demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### SECTION D. EVALUATION AND GRADING PRACTICES

**D1. How important is each of the following in evaluating the children in your class for reporting to parents? MARK ONE RESPONSE ON EACH ROW.**

	<u>Not important</u>	<u>Somewhat important</u>	<u>Very important</u>	<u>Extremely important</u>
a. Individual child's achievement relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual child's achievement relative to local, state, or professional standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual improvement or progress over past performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Classroom behavior or conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cooperativeness with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D2. 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"/>

**D3. How often do you use a formal assessment in MATH for the following purposes? MARK ONE RESPONSE ON EACH ROW.**

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



Draft

### SECTION E. SCHOOL AND STAFF ACTIVITIES

**E1. Did you participate in any professional development\* within the last 12 months? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q E3)

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

**E2. How often did you participate in professional development activities covering the following topics in the last 12 months? MARK ONE RESPONSE ON EACH ROW.**

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



Draft

**E3. Have you received support from any of the following staff members during the current academic year? MARK ONE RESPONSE ON EACH ROW. IF THE RESOURCE IS NOT AVAILABLE TO YOU, MARK THE LAST COLUMN.**

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



Draft

### SECTION F. VIEWS ON SCHOOL CLIMATE AND SCHOOL ENVIRONMENT

**F1. Please indicate the extent to which you agree or disagree with each of the following statements about your school. MARK ONE RESPONSE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Many of the children I teach are not capable of learning the material I am supposed to teach them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents are supportive of school staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is a great deal of cooperative effort among the staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There is a consensus among administrators and teachers on goals and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The academic standards at this school are too low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The school administrator sets priorities, makes plans, and sees that they are carried out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The school administration's behavior toward the staff is supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**F2.** To what extent do you agree or disagree with the following statements? *MARK ONE RESPONSE ON EACH ROW.*

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Not applicable</b>
a. I am adequately trained to teach the children with disabilities who are in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inclusion of children with disabilities in my class has worked well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have the resources I need to teach the children in my class who have disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am adequately trained to teach a class of students who have a wide range of <b>READING</b> skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have the resources I need to teach a class of students who have a wide range of <b>READING</b> skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am adequately trained to teach a class of students who have a wide range of <b>MATH</b> skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have the resources I need to teach a class of students who have a wide range of <b>MATH</b> skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Draft

F3. To what extent do you agree or disagree with each of the following statements? MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The attitudes and habits students bring to my class greatly reduce their chances for academic success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My success or failure in teaching is due primarily to factors beyond my control rather than to my own effort or ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount a student can learn is primarily related to family background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I really enjoy my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. For each of the following statements about READING, 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 reading in <u>third 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>third-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>third-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"/>



Draft

**F5. For each of the following statements about MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.**

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Don't know</u>
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in math in <u>third 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>third-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>third-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"/>



Draft

## SECTION G. TEACHER BACKGROUND

**G1. What is your gender? MARK ONE RESPONSE.**

Male

Female

**G2. In what year were you born? WRITE IN YEAR BELOW.**

1	9		
---	---	--	--

YEAR

**G3. Are you Hispanic or Latino? MARK ONE RESPONSE.**

Yes

No

**G4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**G5. What is the highest level of education you have completed? MARK ONE RESPONSE.**

Did not complete high school

High school diploma or equivalent/GED

Some college or technical or vocational school

Associate's degree

Bachelor's degree

Master's degree

An advanced professional degree beyond a master's degree (for example, Ph.D., MD)



**G6. Counting this school year, how many years have you taught each of the following grades and programs, including years in which you taught part time?**

*WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR TEACHING, WRITE "1." WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.*

	<b>Total years grade or program taught</b>
a. Preschool or Kindergarten	<input type="text"/> <input type="text"/>
b. First grade	<input type="text"/> <input type="text"/>
c. Second grade	<input type="text"/> <input type="text"/>
d. Third grade	<input type="text"/> <input type="text"/>
e. Fourth grade	<input type="text"/> <input type="text"/>
f. Fifth grade	<input type="text"/> <input type="text"/>
g. Sixth grade or higher	<input type="text"/> <input type="text"/>
h. English as a Second Language (ESL), bilingual education, and/or dual language program	<input type="text"/> <input type="text"/>
i. Special education program	<input type="text"/> <input type="text"/>
j. Program for gifted children	<input type="text"/> <input type="text"/>

**G7. Counting this school year, how many total years have you been a schoolteacher, including years in which you taught part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

Year(s)

**G8. Is this school year the first year you have taught in this school? MARK ONE RESPONSE.**

Yes

No

IF YOU DO **NOT** HAVE A DEGREE FROM A COLLEGE OR UNIVERSITY, CHECK HERE.  
(SKIP TO Q G11)



**G9. If you have an associate's or bachelor's degree, indicate your undergraduate major field of study. MARK YES OR NO ON EACH ROW.**

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

**G10. If you have a graduate degree, indicate the major field of study of your highest level graduate degree. MARK YES OR NO ON EACH ROW.**

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

**G11. Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.**

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



Draft

**G12. Which of the following describes the teaching certificate you currently hold in THIS state?**  
*MARK ONE RESPONSE.*

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

**G13. Date Questionnaire Completed:**

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

**THANK YOU FOR YOUR COOPERATION!**



Draft







Draft



For Office Use Only

C - No DR

C - DR Comp

C - DR Ref

Ref





Draft



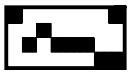
**Spring Third-Grade General Classroom Teacher  
Subject-Level Questionnaire**





Draft





Draft

**Dear Teacher,**

This questionnaire is an important part of the ECLS-K:2011. The questionnaire includes questions about the instructional curriculum for each of four subjects:

- Reading and Language Arts (Section A)
- Mathematics (Section B)
- Science (Section C)
- Social Studies (Section D)

**IF YOU RECEIVED THIS QUESTIONNAIRE AS PART OF A PACKAGE OF OTHER STUDY MATERIALS, PLEASE READ THE FOLLOWING:**

The children listed on the Teacher Questionnaire Instruction Sheet who are participating in the ECLS-K:2011 spend all or much of the school day in your classroom. You probably teach at least one of the above listed subjects to one or more of these children. Please complete the sections in this questionnaire that correspond to each **subject(s) you currently teach to one or more of these children.**

As indicated on the instruction sheet, if there is a subject or subjects you do not currently teach to any of the listed children, please ask another teacher **who does teach that subject to at least one of the listed children** to complete the section of questions for that subject.

**IF YOU HAVE RECEIVED THIS QUESTIONNAIRE FROM ANOTHER TEACHER, PLEASE READ THE FOLLOWING:**

Your colleague shared this questionnaire with you because **you currently teach one (or more) of the above-listed subjects to at least one of the children participating** in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. If you are not sure which student(s) they are, please ask your colleague who shared this questionnaire with you.

Please complete the sections in this questionnaire that correspond to each subject(s) your colleague has asked you to complete and return the questionnaire to him or her when you are finished. If you have been asked to complete the same section in this questionnaire by more than one of your colleagues, **please complete that section in only one questionnaire.**

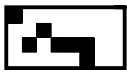
**ALL TEACHERS:**

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.

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 the relevant portion of this questionnaire as completely and accurately as possible.

The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

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



Draft

### 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.

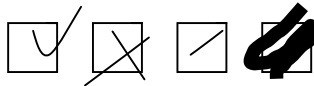
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



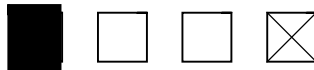
**Incorrect Marks:**

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:





## SECTION A. READING AND LANGUAGE ARTS INSTRUCTION

- A1. **From the first day of school until today**, please indicate how many days each of the following **READING** skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. *MARK ONE RESPONSE ON EACH ROW.*

	Not taught	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
<b>Key Ideas and Details</b>						
a. Identifying the central message, lesson, or moral of a folk tale or fable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explaining how the central message, lesson, or moral of a story is conveyed through key details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identifying specific information in a text that answers questions about key details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identifying the main idea of an informational text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Craft and Structure</b>						
e. Describing how words and phrases give rhythm and/or meaning in a story, poem or song	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Determining the meaning of words and phrases as they are used in a text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using text features to locate key facts or information (for example, captions, bold print, subheadings, indexes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Students taught to distinguish their own point of view from that of the narrator, a character, or the writer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integration of Knowledge and Ideas</b>						
i. Comparing and contrasting the themes, settings, and plots of two similar stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Explaining how images clarify informational text (for example, a photograph or diagram showing how a machine works)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Identifying the reasons an author gives to support points in an opinion piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Range of Reading and Level of Text Complexity</b>						
l. Reading and comprehending literature, including stories, dramas, and poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Reading and comprehending informational selections, including social studies or science texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





A1. (CONTINUED) From the first day of school until today, please indicate how many days each of the following **READING** skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. *MARK ONE RESPONSE ON EACH ROW.*

	Not taught	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
<b>Phonics and Word Recognition</b>						
n. Decoding multi-syllable words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Identifying and understanding the meaning of many common prefixes or suffixes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conventions of Standard English</b>						
p. Explaining the functions of nouns, pronouns, and adjectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Distinguishing meaning among similar verbs (for example, toss, throw, hurl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Forming and using regular and irregular verbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Using capitalization appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Consulting reference materials, including beginning dictionaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b>						
u. Writing an opinion piece, giving reasons for the opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Writing an informational piece that develops the topic with facts, definitions, and/or details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Using temporal words or phrases to signal the order of events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION B. MATHEMATICS INSTRUCTION

- B1.** From the first day of school until today, please indicate how many days each of the following **MATH** skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. *MARK ONE RESPONSE ON EACH ROW.*

	Not taught	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
<b>Operations and Algebraic Thinking</b>						
a. Multiplying two one-digit whole numbers to find the product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dividing one whole number by another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solving word problems by adding or subtracting numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Solving word problems by multiplying or dividing two whole numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Solving two-step word problems that use two different operations (that is, two of these four: addition, subtraction, multiplication, and division)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Understanding the relationship between multiplication and division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number and Operations in Base Ten</b>						
g. Rounding whole numbers to the nearest 10 or 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Identifying the numbers that represent the hundreds, tens, and ones places in a three-digit number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Multiplying two-digit whole numbers using strategies based on place value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number and Operations - Fractions</b>						
j. Representing a fraction on a number line that has a starting point of 0 and an end point of 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Recognizing simple fractions (for example, $\frac{1}{4}$ , $\frac{1}{3}$ , $\frac{1}{2}$ , $\frac{3}{4}$ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Generating simple fraction equivalents (for example, $\frac{1}{2} = \frac{2}{4}$ ; $\frac{4}{6} = \frac{2}{3}$ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Comparing sizes of two fractions with different denominators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- B1. (CONTINUED) From the first day of school until today, please indicate how many days each of the following MATH skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

	Not taught	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
<b>Measurement and Data</b>						
n. Telling and writing time to the nearest minute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Solving word problems involving addition and subtraction of time intervals in minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Measuring to determine how much longer one object is than another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Measuring and estimating liquid volumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Measuring and estimating weights of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Solving word problems involving quarters, dimes, nickels, and pennies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Obtaining and recording data (for example, measuring and recording the lengths of three or more objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Drawing a scaled picture graph or a scaled bar graph to represent a data set with several categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Solving one- or two-step "how many more" and "how many less" problems using information presented in scaled bar graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Understanding relative sizes of measurement units within one system of units (for example, km, m, cm or hour, minute, second)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Geometry</b>						
x. Describing portions of simple shapes using the words halves, fourths, and quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Measuring area by counting unit squares (square centimeters, square inches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Using multiplication or addition to find the area of a figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Identifying points, lines, and angles in a figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Identifying perpendicular and parallel lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION C. SCIENCE INSTRUCTION

- C1. From the first day of school until today, please indicate how many days each of the following SCIENCE skills and concepts has been covered in your class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work. MARK ONE RESPONSE ON EACH ROW.**

	Not taught	On 1-5 days	On 6-10 days	On 11-15 days	On 16-20 days	On more than 20 days
a. Using all 5 senses to make observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using tools (for example, lenses, thermometers, rulers) to gather information about objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classifying and comparing objects by their properties (for example, weight or size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Making logical predictions (hypotheses) based on observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drawing conclusions based upon evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating scientific findings orally or in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using graphs or charts to describe findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C2. For this school year as a whole, please indicate if each of the following SCIENCE topics or skills is taught in your class either in its own unit or lesson or as part of a unit/lesson on a different topic. MARK ONE RESPONSE ON EACH ROW.**

	Taught in my class	Not taught in my class
a. Three states of matter (gas, liquid, solid)	<input type="checkbox"/>	<input type="checkbox"/>
b. Life cycles and traits of animals	<input type="checkbox"/>	<input type="checkbox"/>
c. Life cycles and traits of plants	<input type="checkbox"/>	<input type="checkbox"/>
d. Heredity: inheritance and variation of traits	<input type="checkbox"/>	<input type="checkbox"/>
e. Ecosystems	<input type="checkbox"/>	<input type="checkbox"/>
f. Forces such as gravity, wind, tides, and magnetism	<input type="checkbox"/>	<input type="checkbox"/>
g. Impact of human activity on the earth	<input type="checkbox"/>	<input type="checkbox"/>
h. Weather and climate	<input type="checkbox"/>	<input type="checkbox"/>
i. Nutrition/healthy foods	<input type="checkbox"/>	<input type="checkbox"/>



Draft

**SECTION D. SOCIAL STUDIES INSTRUCTION**

**D1.** For this school year as a whole, please indicate if each of the following **SOCIAL STUDIES** topics or skills is taught in your class either in its own unit or lesson or as part of a unit/lesson on a different topic. *MARK ONE RESPONSE ON EACH ROW.*

	Taught in my class	Not taught in my class
a. Important figures and events in American history	<input type="checkbox"/>	<input type="checkbox"/>
b. Community resources (for example, grocery store, police)	<input type="checkbox"/>	<input type="checkbox"/>
c. Map-reading skills	<input type="checkbox"/>	<input type="checkbox"/>
d. Different cultures	<input type="checkbox"/>	<input type="checkbox"/>
e. Reasons for rules, laws, and government	<input type="checkbox"/>	<input type="checkbox"/>
f. Community service	<input type="checkbox"/>	<input type="checkbox"/>
g. Current events in the news	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR YOUR COOPERATION!**



Draft



For Office Use Only

C - No DR  C - DR Comp

C - DR Ref  Ref





Draft



**Spring Third-Grade General Classroom Teacher  
Child-Level Questionnaire**







Draft





Draft

**Dear Teacher,**

This questionnaire is a vital part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you are the teacher of one or more of the children who are participants in this study. The child who is the subject of this questionnaire is identified on the cover.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

**DEFINITION**

For the purposes of this study, the following definition applies:

- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.



## 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.**

<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).



Draft

### 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.

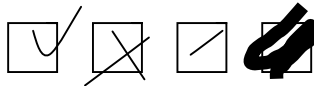
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

#### Correct Mark:



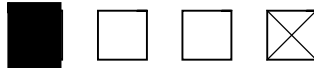
#### Incorrect Marks:

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
------------



Draft

## SECTION A. SOCIAL SKILLS

### Social Skills

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

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

### Approaches to Learning Scale items

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

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

A11. Keeps belongings organized.

A14. Shows eagerness to learn new things.

A15. Works independently.



Draft

## SECTION A. SOCIAL SKILLS (CONTINUED)

A21. Easily adapts to changes in routine.

A23. Persists in completing tasks.

A24. Pays attention well.

A25. Follows classroom rules.

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



Draft

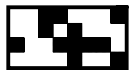
## SECTION B. CLASSROOM BEHAVIORS

### Classroom Behaviors

Thirteen items adapted from the Temperament in Middle Childhood Questionnaire ask teachers to assess the attentional focusing and inhibitory control of the children in their classroom. The items are not listed as they are copyright protected.

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





Draft

## SECTION C. STUDENT-TEACHER INTERACTIONS

### Student-Teacher Interactions

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

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



Draft

## SECTION D. PEER RELATIONSHIPS

### Peer Relationships

Nine items from the Child Behavior Scale that ask teachers to assess the child's relationships to his or her peers. The items are not listed as they are copyright protected.

Source: Adapted from the *Children's Behavior Scale*. ©2010 Gary Ladd, Arizona State University. Used with permission.



**SECTION D. PEER RELATIONSHIPS (CONTINUED)**

**D10.** During this school year, how often have other students ... *MARK ONE RESPONSE ON EACH ROW.*

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very often</u>
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. 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"/>
c. 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"/>
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"/>

**D11.** During this school year, how often has this student ... *MARK ONE RESPONSE ON EACH ROW.*

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very often</u>
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. 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"/>
c. 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"/>
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.



### SECTION E. STUDENT INFORMATION

**E1. How long has this child been in your classroom 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

**E2. 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

**E3. 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. Individual tutoring or remedial program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c. Gifted and talented program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
d. Gifted and talented program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
e. Gifted and talented program with no specific content focus	<input type="checkbox"/>	<input type="checkbox"/>

**E4. Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q E10)**
- No
- Don't know



Draft

E5. 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 E10)

E6. 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 E9)

E7. 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"/>



Draft

**E8. 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.**

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

**E9. During this school year, how often is this child's academic instruction provided in his/her native language? MARK ONE RESPONSE.**

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

**E10. Does this child have an IEP on record with the school? MARK ONE RESPONSE.**

- Yes
- No

**E11. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

	Yes	No
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"/>



Draft

**E12. During *structured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

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

**E13. During *unstructured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

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

**E14. 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. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Draft

**E15. Items About Working Memory.** Teachers are asked to indicate how often the child does four different things related to working memory, such as remembering a list of chores or tasks or needing help from adults to stay on task. The exact wording of these items is not included here because they are copyright protected.

Source: Adapted and reproduced with special permission of the publisher, Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, Florida 33549, from the *Behavior Rating Inventory of Executive Function* by Gerard A. Gioia, Peter K. Isquith, Steven C. Guy and Lauren Kenworthy, Copyright 1996, 1998, 2000 by PAR, Inc. Further reproduction is prohibited without permission from PAR, Inc.

**E16. How often does this child work to the best of her/his ability? MARK ONE RESPONSE.**

- Never
- Seldom
- Usually
- Always

**E17. 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 E19)**
- Two
- Three
- Four
- Five or more

**E18. 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
--	--	---------------------





Draft

**E19. 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 E21)
- Two
- Three
- Four
- Five or more

**E20. 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
--	--	---------------------

**E21. 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

**E22. 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"/>



Draft



**E23. Date Questionnaire Completed:**

--	--

MONTH

--	--

DAY

2	0	1	4
---	---	---	---

YEAR

**THANK YOU FOR YOUR COOPERATION!**





Draft



For Office Use Only

Comp

Ref





Draft



**APPENDIX E**

**SPRING THIRD-GRADE  
SPECIAL EDUCATION TEACHER  
QUESTIONNAIRES**

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

**Spring Third-Grade National Data Collection, Fourth-Grade  
Recruitment, and Fifth-Grade Tracking**

**OMB Clearance Package  
# 1850-0750 v.15**

**Spring Third-Grade Special Education Teacher  
Teacher-Level Questionnaire**





Draft







Draft

Dear Special Education Teacher/Related Services Provider,

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. The **Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from the special education teachers/related service providers of sampled children who have Individualized Education Programs (IEPs) to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information about your background and your work in this school with children with disabilities.

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.

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



Draft

### 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.

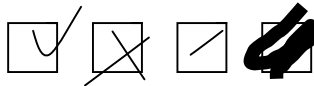
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



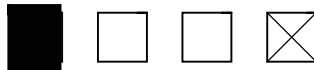
**Incorrect Marks:**

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:





Draft

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

Male

Female

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

1	9		
---	---	--	--

YEAR

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

Yes

No

4. **Which best describes your race?** *MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

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

Did not complete high school

High school diploma or equivalent/GED

Some college or technical or vocational school

Associate's degree

Bachelor's degree

Master's degree

An advanced professional degree beyond a master's degree (for example, Ph.D., MD)



Draft

6. Is this school year the first year you have taught in this school? *MARK ONE RESPONSE.*

Yes

No

7. Counting this school year, how many total years have you been working with children receiving special education or related services, including years in which you worked part time? *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."*

Year(s)

8. Counting this school year, how many total years have you been working with children in any school, including years in which you worked part time? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children. *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."*

Year(s)



9. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR'S DEGREE, MASTER'S DEGREE, OR PH.D. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Emergency credential	<input type="checkbox"/>	<input type="checkbox"/>
b. Provisional or temporary credential	<input type="checkbox"/>	<input type="checkbox"/>
c. Disability-specific credential or endorsement	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education credential or endorsement (for more than one disability category)	<input type="checkbox"/>	<input type="checkbox"/>
e. General education credential	<input type="checkbox"/>	<input type="checkbox"/>
f. Speech/language therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
h. Occupational therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
i. Social work license or certification	<input type="checkbox"/>	<input type="checkbox"/>
j. School psychology license or certification	<input type="checkbox"/>	<input type="checkbox"/>
k. Clinical psychology license or certification	<input type="checkbox"/>	<input type="checkbox"/>
l. Certificate of Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>
m. Other professional license, credential, or endorsement (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

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

- Not taken
- Taken and passed
- Taken and have not yet passed
- Taken and awaiting test results
- Not applicable



Draft

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

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood special education	<input type="checkbox"/>	<input type="checkbox"/>
c. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
d. Child development	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a Second Language (ESL) or teaching English language learners	<input type="checkbox"/>	<input type="checkbox"/>
f. General special education	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
h. Intellectual disability *	<input type="checkbox"/>	<input type="checkbox"/>
i. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
k. Deafness and hearing	<input type="checkbox"/>	<input type="checkbox"/>
l. Blindness and vision	<input type="checkbox"/>	<input type="checkbox"/>
m. Communication disorders	<input type="checkbox"/>	<input type="checkbox"/>
n. Infants and toddlers with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
o. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
p. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
q. School psychology	<input type="checkbox"/>	<input type="checkbox"/>
r. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>

\* Including the condition formerly classified as mental retardation



Draft

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

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

13. **Which of the following best describes your current position in this school? MARK ONE RESPONSE.**

- Special education teacher
- Special education teacher consultant
- General education teacher
- Special education classroom aide
- Speech-language pathologist
- Physical therapist
- Physical therapy assistant or aide
- Occupational therapist
- Occupational therapy assistant or aide
- School psychologist
- School counselor
- School social worker
- Other (PLEASE SPECIFY)



Draft

14. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? *MARK ONE RESPONSE.*

- Regular full-time teacher/service provider
- Regular part-time teacher/service provider
- Itinerant teacher/service provider (that is, your assignment requires you to provide instruction/related services at more than one school)
- Long-term substitute (that is, your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide
- Other (PLEASE SPECIFY)

15. During this school year, where have you worked with children with IEPs? *INCLUDE ONLY CHILDREN WHO ATTEND THIS SCHOOL. MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. In a general education classroom	<input type="checkbox"/>	<input type="checkbox"/>
b. In a special education classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. In a non-classroom space (for example, office, therapy room, small work space, mobile van, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. In a location outside of the school setting (for example, a child's home, a private clinic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>





Draft

16. Please indicate the extent to which you agree or disagree with each of the following statements. MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
a. I really enjoy my present job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose this career again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my class size/caseload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During the school year, how many children with IEPs have you worked with or provided services for, on average, each week? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher/service provider.) MARK ONE RESPONSE.

- 1-10
- 11-20
- 21-40
- More than 40
- Don't know

18. Date questionnaire completed:

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

**THANK YOU FOR YOUR COOPERATION!**



Draft





Draft





Draft





Draft

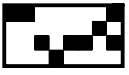


For Office Use Only

Comp

Ref





Draft



**Spring Third-Grade Special Education Teacher  
Child-Level Questionnaire**







Draft





Draft

Dear Special Education Teacher/Related Services Provider,

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. The **Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from the special education teachers/related service providers of sampled children who have Individualized Education Programs (IEPs). We are gathering information from these children's regular classroom teachers as well. Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information on the special education/related services received by the child identified on the cover of this questionnaire.

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. You may find at least some of the information we are asking for in the child's IEP. All information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

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



Draft

### 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.

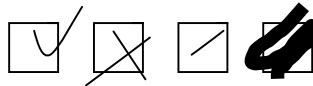
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



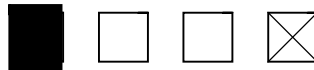
**Incorrect Marks:**

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
------------



1. Is this child currently receiving gifted/talented services through an IEP, or has the child received such services during this school year? *MARK ONE RESPONSE.*

Yes

No

2. Is this child currently receiving special education services through an IEP due to a disability or has the child received such services during this school year? *MARK ONE RESPONSE.*

Yes

No (SKIP TO Q 33)

3. In what capacity or capacities do you teach or provide services to this child? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Provide instruction directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide related services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide consultation services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide indirect consultation services (for example, consultation to the child's teacher)	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide case management	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 500px; margin: 0 auto;"></div>		

4. When was this child first determined eligible for special education or related services? *MARK ONE RESPONSE.*

Before kindergarten

During kindergarten

During first grade

During second grade

During third grade

Other (PLEASE SPECIFY)

Don't know



Draft

5. **Is this the first school year that the child has been receiving special education services?** *MARK ONE RESPONSE.*

Yes **(SKIP TO Q 10)**

No

6. **When did this child first start receiving special education or related services?** *MARK ONE RESPONSE.*

Before kindergarten

During kindergarten

During first grade

During second grade

Other (PLEASE SPECIFY)

Don't Know

7. **To what extent were you involved in planning the transition from last year's special education program to this year's special education program for this child?** *MARK ONE RESPONSE.*

Not at all

Somewhat

Extensively

8. **To what extent did you communicate with the person(s) who provided special education for this child last year?** *MARK ONE RESPONSE.*

Not at all

Somewhat

Extensively

I provided special education for this child last year.



Draft

9. **Have you reviewed this child's records related to special education services provided before this school year? MARK ONE RESPONSE.**

- Yes
- No, I don't have access to the records.
- No, I have access to the records, but have not reviewed them.
- No, I provided special education to this child last year.

10. **What is this child's primary disability as identified on the child's IEP? PLEASE SELECT THE CATEGORY BELOW INTO WHICH THE CHILD'S PRIMARY DISABILITY FITS BEST. MARK ONE RESPONSE.**

- Speech or language impairments
- Specific learning disabilities
- Emotional disturbance
- Intellectual disability \*
- Developmental delay
- Visual impairments (including blindness)
- Hearing impairments (including deafness)
- Orthopedic impairments
- Other health impairments
- Autism
- Traumatic brain injury
- Deaf-blindness
- Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)
- No classification is given

---

\* Including the condition formerly classified as mental retardation



**THE REST OF THE ITEMS IN THIS QUESTIONNAIRE REFER TO THIS CHILD'S SPECIAL EDUCATION EXPERIENCE DURING THE CURRENT SCHOOL YEAR.**

**11. During this school year, for which of the following disabilities has this child received special education or related services, whether for the child's primary disability or another of his/her disabilities? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
a. Speech or language impairments	<input type="checkbox"/>	<input type="checkbox"/>
b. Specific learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
d. Intellectual disability *	<input type="checkbox"/>	<input type="checkbox"/>
e. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
f. Visual impairments (including blindness)	<input type="checkbox"/>	<input type="checkbox"/>
g. Hearing impairments (including deafness)	<input type="checkbox"/>	<input type="checkbox"/>
h. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>
i. Other health impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Autism	<input type="checkbox"/>	<input type="checkbox"/>
k. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
l. Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>
m. Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)	<input type="checkbox"/>	<input type="checkbox"/>
n. No classification given	<input type="checkbox"/>	<input type="checkbox"/>

**12. During this school year, has this child received any special education or related services because of a diagnosed Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? MARK ONE RESPONSE.**

Yes

No

\* Including the condition formerly classified as mental retardation



13. During this school year, which of the following describe(s) the IEP goals for this child?  
MARK YES OR NO ON EACH ROW.

**Academics**

**Yes**      **No**

a.	Reading	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c.	Language Arts	<input type="checkbox"/>	<input type="checkbox"/>
d.	Science	<input type="checkbox"/>	<input type="checkbox"/>

**Speech and language**

e.	Auditory processing	<input type="checkbox"/>	<input type="checkbox"/>
f.	Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>
g.	Oral expression	<input type="checkbox"/>	<input type="checkbox"/>
h.	Voice/speech articulation	<input type="checkbox"/>	<input type="checkbox"/>
i.	Language pragmatics	<input type="checkbox"/>	<input type="checkbox"/>

**Social**

j.	Social skills	<input type="checkbox"/>	<input type="checkbox"/>
k.	General appropriateness of behavior	<input type="checkbox"/>	<input type="checkbox"/>

**Life skills**

l.	Adaptive behavior or self-help skills	<input type="checkbox"/>	<input type="checkbox"/>
----	---------------------------------------	--------------------------	--------------------------

**Physical/Mobility**

m.	Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>
n.	Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>
o.	Orientation and mobility	<input type="checkbox"/>	<input type="checkbox"/>

**Other**

p.	Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 500px;"></div>			





Draft

14. During this school year, which of the following related services have been provided through the school to this child? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Audiology	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling services	<input type="checkbox"/>	<input type="checkbox"/>
c. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychological services	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services	<input type="checkbox"/>	<input type="checkbox"/>
g. Social work services	<input type="checkbox"/>	<input type="checkbox"/>
h. Special transportation	<input type="checkbox"/>	<input type="checkbox"/>
i. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>
j. Orientation services	<input type="checkbox"/>	<input type="checkbox"/>
k. Mobility services	<input type="checkbox"/>	<input type="checkbox"/>
l. Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		



Draft

15. During this school year, has this child received any of the following? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistance from classroom aides (for example, teacher aide, behavioral assistant, special education aide)	<input type="checkbox"/>	<input type="checkbox"/>
c. Interpreter for the deaf or hard of hearing (oral or sign)	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher used Braille to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
e. Child was taught how to use Braille	<input type="checkbox"/>	<input type="checkbox"/>
f. Teacher used American Sign Language to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
g. Child was taught how to use American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
h. Teacher used Manual English to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
i. Child was taught how to use Manual English	<input type="checkbox"/>	<input type="checkbox"/>
j. Teacher used Cued Speech to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
k. Child was taught how to use Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the child	<input type="checkbox"/>	<input type="checkbox"/>
m. Tutoring/remediation from special education teacher	<input type="checkbox"/>	<input type="checkbox"/>
n. Training, counseling, and other supports/services provided to this child's family	<input type="checkbox"/>	<input type="checkbox"/>

16. During this school year, has this child's primary placement been a general education classroom? MARK ONE RESPONSE.

Yes

No



Draft

17. During this school year, approximately how many hours per week of direct special education and related services (that is, service provided directly to the child, from a teacher or another adult) has this child received? *WRITE NUMBER IN BOX.*

Hours per week

18. Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting? *WRITE NUMBER IN BOX.*

Hours per week

19. During this school year, what teaching practices and methods have you and/or other special education service providers used with this child? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
a. One-on-one instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Small-group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Large-group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooperative learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Computer-based instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cognitive strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Instruction received through a sign interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



20. During this school year, which of the following **best** describes the curriculum materials used with this child in the **general education** classroom? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification
- General education curriculum materials were used with some modifications
- General education curriculum materials were used with substantial modifications
- Specially-designed commercial materials were used
- Teacher-designed materials were used
- Child not in this setting
- Don't know

21. During this school year, which of the following **best** describes the curriculum materials used with this child in the **special education** classroom/program? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification
- General education curriculum materials were used with some modifications
- General education curriculum materials were used with substantial modifications
- Specially-designed commercial materials were used
- Teacher-designed materials were used
- Child not in this setting
- Don't know



Draft

22. During this school year, which of the following assistive technologies and devices has this child used? MARK YES OR NO ON EACH ROW.

**Mobility aids**

		<u>Yes</u>	<u>No</u>
a.	Vans, vehicles	<input type="checkbox"/>	<input type="checkbox"/>
b.	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
c.	Walker	<input type="checkbox"/>	<input type="checkbox"/>
d.	White cane	<input type="checkbox"/>	<input type="checkbox"/>

**Communication aids**

e.	Electronic with voice output (for example, Touch Talker)	<input type="checkbox"/>	<input type="checkbox"/>
f.	Electronic without voice output (for example, device with visual display or printed speech output)	<input type="checkbox"/>	<input type="checkbox"/>
g.	Nonelectronic (for example, manual printing board)	<input type="checkbox"/>	<input type="checkbox"/>

**Hearing assistance**

h.	Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
i.	FM loops	<input type="checkbox"/>	<input type="checkbox"/>
j.	TTYs/TDDs	<input type="checkbox"/>	<input type="checkbox"/>
k.	Cochlear implants	<input type="checkbox"/>	<input type="checkbox"/>
l.	Real-time captioning	<input type="checkbox"/>	<input type="checkbox"/>

**Visual aids**

m.	Braille texts	<input type="checkbox"/>	<input type="checkbox"/>
n.	Electronic Braille devices	<input type="checkbox"/>	<input type="checkbox"/>
o.	Digital texts	<input type="checkbox"/>	<input type="checkbox"/>
p.	Magnifying devices	<input type="checkbox"/>	<input type="checkbox"/>
q.	Close-captioned television (CCTV)	<input type="checkbox"/>	<input type="checkbox"/>

**Learning aids (non-computer)**

r.	Tape recorder	<input type="checkbox"/>	<input type="checkbox"/>
s.	Calculator	<input type="checkbox"/>	<input type="checkbox"/>
t.	Electronic spelling devices	<input type="checkbox"/>	<input type="checkbox"/>

**Computer hardware designed or adapted for children with disabilities (for example, alternate keyboards, switch interface)**

u.	Used solely by individual child	<input type="checkbox"/>	<input type="checkbox"/>
v.	Shared with other children	<input type="checkbox"/>	<input type="checkbox"/>



22. (CONTINUED) During this school year, which of the following assistive technologies and devices has this child used? MARK YES OR NO ON EACH ROW.

Computer software designed for children with disabilities		Yes	No
w.	Reading	<input type="checkbox"/>	<input type="checkbox"/>
x.	Writing	<input type="checkbox"/>	<input type="checkbox"/>
y.	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>

Other assistive technologies or devices

z.	Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

23. Does this child have a computer, laptop, or word processing device assigned to him/her for use full time this school year? MARK ONE RESPONSE.

Yes

No

24. During this school year, on average, how often have you met with general education teacher(s) to discuss this child's program or progress? MARK ONE RESPONSE.

Not applicable because I am the child's general education teacher (SKIP TO Q 26)

Not applicable to my work with this child (SKIP TO Q 26)

Every day or several times a week

Once a week or several times a month

Once a month

A few times over the school year

Once during this school year

Never during this school year (SKIP TO Q 26)



Draft

25. On average, how long were the meetings with the general education teacher(s) to discuss this child's program or progress? *MARK ONE RESPONSE.*

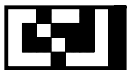
- 1 to 15 minutes
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes

26. During this school year, approximately how often have you communicated with this child's parents about this child's program or progress (by phone, in person, or in writing, including e-mail)? *MARK ONE RESPONSE.*

- Every day or several times a week
- Once a week or several times a month
- Once a month
- A few times over the school year
- Once during this school year
- Never during this school year

27. During this school year, has this child received formal individual evaluations in any of the following areas for purposes of developing IEP goals? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Psychological	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech/language	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning style	<input type="checkbox"/>	<input type="checkbox"/>
f. Motor skills	<input type="checkbox"/>	<input type="checkbox"/>
g. Academics	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>



Draft

28. **To what extent is this child expected to achieve the same general education goals as other children at his/her grade level this school year? MARK ONE RESPONSE.**

- Child is expected to attain grade level achievement for all of the academic content standards.
- Child is expected to attain grade level achievement for some of the academic content standards.
- Child is expected to attain grade level achievement for only a few of the academic content standards.
- Child is not expected to attain grade level achievement for any of the academic content standards.
- There are no academic content standards at this grade level.
- Don't know

29. **What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? MARK ONE RESPONSE.**

- 76 to 100 percent
- 51 to 75 percent
- 26 to 50 percent
- 1 to 25 percent
- 0 percent

30. **Which of the following best expresses the likelihood that this child will continue to receive some level of special education services (through an IEP) in the next school year? MARK ONE RESPONSE.**

- Definitely will continue in special education
- Very likely to continue in special education
- Rather likely to continue in special education
- Rather unlikely to continue in special education
- Very unlikely to continue in special education
- Definitely will **not** continue in special education (will be dismissed from services)





Draft

31. **During this school year, to what extent has this child participated in any grade-level assessment administered as part of the school's testing program? MARK ONE RESPONSE.**

- Child did not participate in the school's testing or assessment program. **(SKIP TO Q 33)**
- Child participated in alternate assessments and no regular assessments. **(SKIP TO Q 33)**
- Child participated in some alternate assessments and some regular assessments.
- Child participated fully in the school's regular testing or assessment program.
- There is no testing or assessment program at this grade level. **(SKIP TO Q 33)**
- Don't know **(SKIP TO Q 33)**

32. **Did this child receive special accommodations to participate in the school's regular testing or assessment program this school year? MARK ONE RESPONSE.**

- Yes
- No
- Don't know

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

- Kindergarten
- First grade
- Second grade
- Third grade
- Fourth grade or higher
- This child is in an ungraded classroom

34. **Date Questionnaire Completed:**

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

**THANK YOU FOR YOUR COOPERATION!**



Draft



For Office Use Only	
Comp	<input type="checkbox"/>
Ref	<input type="checkbox"/>





Draft



**APPENDIX F**

**SCHOOL ADMINISTRATOR QUESTIONNAIRES**

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

**Spring Third-Grade National Data Collection, Fourth-Grade  
Recruitment, and Fifth-Grade Tracking**

**OMB Clearance Package  
# 1850-0750 v.15**

**Spring Third-Grade School Administrator  
Questionnaire for New Schools**



Draft



# Spring 2014 School Administrator Questionnaire Questionnaire A

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

**Westat**  
**Rockville, Maryland**

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

**RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.**

S\_ID

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. Approval expires XX/XX/XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



Draft



## Dear School Administrator,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your school are participants in this study.

This questionnaire contains several brief sections:

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

This information is vital to the study. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the questionnaire. However, we ask that you, yourself, please complete the final section, which is about your own background and characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (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 described in the instructions on page 6) or by writing your responses in the space provided. Your best estimates are acceptable answers.

## DEFINITIONS

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

- Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.
- Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.
- Transitional first (or prefirst) grade: Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.
- Ungraded: A classroom containing children with an age span of two or more years, not formally identified by grade(s).





**Special programs.** Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), individualized family service plans (IFSP), Section 504 plans, and Response to Intervention (RtI). For this study, the following definitions apply:

- Title I: "Improving the Academic Achievement of the Disadvantaged." Title I is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on state academic achievement standards and state academic assessments.
- Title III: "Language Instruction for Limited English Proficient and Immigrant Students." Title III is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. One of the main purposes of this program is to help ensure that children who have limited proficiency in English, including immigrant children and youth, attain English proficiency, develop high levels of academic attainment in English, and meet the same state academic content and student academic achievement standards as all students are expected to meet.
- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- Individualized Family Service Plan (IFSP): A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.
- Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.
- Response to Intervention (RtI): A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

**Language.** Reference is made to English language learners (ELL), as well as to instructional programs for ELL students in this questionnaire. For this study, the following definitions apply:

- Language-minority (LM) student: A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students who are English language learners.
- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.



## 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.**

---

<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.ncela.gwu.edu/files/uploads/5/Language\\_Instruction\\_Educational\\_Programs.pdf](http://www.ncela.gwu.edu/files/uploads/5/Language_Instruction_Educational_Programs.pdf).



Draft

### 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.

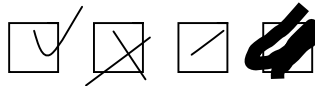
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



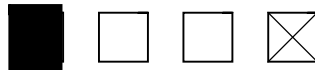
**Incorrect Marks:**

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:





### SECTION A. SCHOOL CHARACTERISTICS

**A1. How many instructional days will this school provide during this academic year? WRITE IN NUMBER BELOW. IF THIS IS A YEAR-ROUND SCHOOL, PLEASE PROVIDE THE NUMBER OF INSTRUCTIONAL DAYS A GIVEN CHILD WOULD ATTEND.**

Number of instructional days

**A2. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	Number of children
a. Total enrollment in <u>third grade</u> in your school around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Total enrollment in your school (across all grades) around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Number of children who have enrolled in your school since October 1, 2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Number of children who have left your school since October 1, 2013, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A3. Approximately what is the Average Daily Attendance for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.**

% Average Daily Attendance

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

**OR**

Average Number Attending Daily



Draft

**A4. Mark all grade levels included in your school. PLEASE SEE PAGE 3 OF THIS QUESTIONNAIRE FOR DEFINITIONS OF DIFFERENT TYPES OF CLASSES AND GRADE LEVELS.**

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

**A5. Which of the following characterizes your school? MARK ALL THAT APPLY.**

- Regular public school (not including magnet school)
- Public magnet school
- Charter school
- Catholic school
  - Diocesan
  - Parish
  - Private order
- Other private school, religious affiliation
- Private school affiliated with NAIS, no religious affiliation
- Other private school, no religious or NAIS affiliation
- Early Childhood Center (school/center includes preschool and/or early grades)
- Special education school – primarily serves children with disabilities
- Year-round school
- Bureau of Indian Education (BIE) or tribal school

*IF YOU MARKED "CHARTER SCHOOL" IN Q A5, GO TO Q A6.  
IF YOU DID NOT MARK "CHARTER SCHOOL," THEN SKIP TO Q A8.*

**A6. In what year did this school start providing instruction as a public CHARTER school? WRITE IN YEAR BELOW.**

--	--	--	--

Year

**A7. Which of the following characterizes your public CHARTER school? MARK ONE RESPONSE.**

- For profit
- Not for profit



Draft

**A8. Approximately how many or what percentage of the children in your school belongs to each of the following racial/ethnic groups? COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO CHILDREN IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD TO YOUR TOTAL SCHOOL ENROLLMENT OR THE PERCENT COLUMN SHOULD ADD TO 100%.**

	Number of children	OR	Percent
a. Hispanic/Latino of any race	[ ][ ][ ][ ]		[ ][ ] %
b. American Indian or Alaska Native, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
c. Asian, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
d. Black or African American, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
f. White, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
g. Two or more races, not Hispanic or Latino	[ ][ ][ ][ ]		[ ][ ] %
<b>h. Total school enrollment (sum of a through g)</b>	[ ][ ][ ][ ]		<b>1 0 0</b> %

**A9.  If your school is a private, magnet, or charter school, please check here and SKIP TO Q A11.**

**A10. About what percentage of the children enrolled in this school attend from outside of this school's assigned attendance area because... WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."**

	Percent	Don't know
a. They have special needs (gifted and talented, children with disabilities, etc.) and attend to receive a specialized program or service?	[ ][ ][ ] %	<input type="checkbox"/>
b. They transferred into the school because their previous school did not make adequate yearly progress (AYP)? (Adequate yearly progress is your state's measure of yearly progress toward achieving state academic standards.)	[ ][ ][ ] %	<input type="checkbox"/>
c. They attend this school under public school choice for reasons other than their assigned school did not make AYP (that is, excluding those who are reported in b)?	[ ][ ][ ] %	<input type="checkbox"/>

**A11. About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch? WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."**

[ ][ ][ ] Percentage of children



Draft

## SECTION B. SCHOOL FACILITIES AND RESOURCES

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

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Computer lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C. SCHOOL-FAMILY-COMMUNITY CONNECTIONS**

**C1. Are any of the following programs or services for parents and families available at your school site? Please include programs run by the school and those run by outside groups. MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Parenting education programs (for example, classes on child development, education in being a parent, understanding children with special needs)	<input type="checkbox"/>	<input type="checkbox"/>
b. Adult literacy program (including Adult Basic Education)	<input type="checkbox"/>	<input type="checkbox"/>
c. Family literacy program	<input type="checkbox"/>	<input type="checkbox"/>
d. Health or social services offered collaboratively by service agencies such as hospitals	<input type="checkbox"/>	<input type="checkbox"/>
e. Orientation to school setting for new families	<input type="checkbox"/>	<input type="checkbox"/>
f. Child care so that parents can attend school parent meetings or events	<input type="checkbox"/>	<input type="checkbox"/>
g. Programs to learn English for parents or families whose native language is not English	<input type="checkbox"/>	<input type="checkbox"/>

**C2. Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.**

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





Draft

**C3. Indicate how much you agree or disagree with the following statements about the school's community and parents. 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>
a. Parents are actively involved in this school's programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The community served by this school is supportive of its goals and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents of children in this school are welcome to observe classes any time they are in session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C4. How much of a problem are the following in the neighborhood where this school is located? MARK ONE RESPONSE ON EACH ROW.**

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



Draft

**C5. To the best of your knowledge how often do the following types of problems occur at your school? MARK ONE RESPONSE ON EACH ROW.**

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

**C6. Does your school take any of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Security guards, unarmed	<input type="checkbox"/>	<input type="checkbox"/>
b. Security guards, armed	<input type="checkbox"/>	<input type="checkbox"/>
c. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
d. Locked doors during the school day	<input type="checkbox"/>	<input type="checkbox"/>
e. A requirement that visitors sign in	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercoms or telephones in classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 50%; margin: 0 auto; height: 30px;"></div>		



C7. To what extent is each of the following matters a problem in this school? Indicate whether each is a **SERIOUS** problem, a **MODERATE** problem, a **MINOR** problem, or **NOT** a problem in this school. *MARK ONE RESPONSE ON EACH ROW.*

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

C8. During the past year, to what extent did any of the following changes occur at your school? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased (that is, the number of students transferring in and out of the school increased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Number of English language learners increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Draft

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

	<u>Yes</u>	<u>No</u>
a. Salaries were frozen	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes were made to the school's assigned attendance area <i>(IF YOURS IS A PRIVATE, CHARTER, OR MAGNET SCHOOL, PLEASE SKIP ITEM b.)</i>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION D. SCHOOL POLICIES AND PRACTICES

D1. How many second-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE SECOND-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.

Number of second-grade children retained last year [ ] [ ] [ ] [ ] Not applicable

D2. How many third-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0."

Number of third-grade children retained last year [ ] [ ] [ ] [ ]

D3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school? MARK ONE RESPONSE.

[ ] Yes [ ] No

D4. For each of the following statements about READING and MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

Table with 7 columns: For READING, For MATH, Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Don't know. Rows a, b, c, d.



**D5. Is Response to Intervention (RtI) currently used at your school in third grade, either partially or fully implemented? MARK ONE RESPONSE.**

*RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.*

- Yes
- No (SKIP TO Q E1)

**D6. Is RtI currently implemented at your school in third grade in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	Yes, fully implemented in third grade	Yes, partially implemented in third grade	No, not implemented in third grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7. Approximately how many years ago did your school begin implementing RtI in third grade in any subject? MARK ONE RESPONSE.**

- Less than 1 year ago
- 1 to 2 years ago
- More than 2 years ago

**D8. For the 2013-2014 school year, how has your school made information available to parents/guardians to help them understand how RtI is being implemented in your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>	<input type="checkbox"/>



Draft

## SECTION E. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

### Language-Minority Students and Families

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

Yes

No (SKIP TO Q E5)

**E2. What percentage of children in this school and in third grade are English language learners (ELL)?**

SEE PAGES 4 AND 5 FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.

% ELL among all students in school

% ELL among all students in third grade

**E3. Please indicate what type(s) of specialized language instruction is provided to third-grade English language learners in your school. MARK ALL THAT APPLY.**

EXAMPLES OF THE PROGRAMS INCLUDED IN EACH CATEGORY ARE PROVIDED BELOW. SEE PAGE 5 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 third-grade English language learners or there are no third-grade English language learners in this school.**



**E4. Are any of the following services provided to families of children from households where a language other than English is spoken? MARK YES OR NO ON EACH ROW.**

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

**Children with Special Needs**

**E5. Since the beginning of this school year (2013-2014), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

Total number of newly evaluated students at your school

**E6. Of those students who have been NEWLY evaluated at your school this school year (2013-2014), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.**

Total number of newly evaluated students found eligible at your school

**E7. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.**

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>





**E8. Approximately what percentage of your third-graders are in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN THIRD GRADE OR IN ANY GRADE IN YOUR SCHOOL.**

	Percent	Not offered in <u>third grade</u>	Not offered in any grade
a. Special education with an Individualized Education Program (IEP)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>

**E9. Where are children with Individualized Education Programs (IEPs) typically served in this school? MARK ONE RESPONSE.**

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



Draft

## SECTION F. FEDERAL PROGRAMS: TITLE I, ADEQUATE YEARLY PROGRESS, AND TITLE III<sup>1</sup>

The following items pertain to public schools only.

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

### Title I Funding and Programs

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

Yes

No (SKIP TO Q F4)

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

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

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

Targeted assistance program

Schoolwide program

<sup>1</sup> Title I and Title III and their accompanying requirements are programs of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001. See the introductory section of this questionnaire for more information on these programs.



**F3. This school year, did your school use Title I funds for any of the following purposes? MARK YES OR NO ON EACH ROW.**

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

**Title III Funding and Programs**

**F4. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.**

Yes

No (SKIP TO Q F6)

**F5. This school year, did your school use Title III funds for any of the following purposes? MARK YES OR NO ON EACH ROW.**

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



Draft

**Federal Requirements**

**F6. At the end of the LAST school year (2012-2013), did this school make Adequate Yearly Progress (AYP)? (Adequate Yearly Progress is your state's measure of yearly progress toward achieving state academic standards.) MARK ONE RESPONSE.**

- Yes (SKIP TO Q F9)
- No
- Not applicable (SKIP TO Q F9)

**F7. At the end of the LAST school year (2012-2013), was this school identified for improvement due to Adequate Yearly Progress (AYP) requirements? (A school is identified for improvement if it does not make Adequate Yearly Progress for two consecutive years or more in the same content area.) MARK ONE RESPONSE.**

- Yes
- No (SKIP TO Q F9)



Draft

**F8. Please indicate in PART 1 whether any of the following actions have taken place in your school in the past three years. For each action that you mark as having taken place, please indicate in PART 2 whether the action took place at your school in response to being identified for improvement due to AYP requirements. MARK ONE RESPONSE ON EACH ROW FOR PART 1. IF YES IS MARKED IN PART 1, MARK ONE RESPONSE IN PART 2 FOR THAT ROW.**

	PART 1		PART 2	
	Action taken place in the past three years?		If yes to part 1, was action in response to being identified for improvement?	
	Yes	No	Yes	No
a. Developed or revised a two-year school improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered students the choice to transfer to another public school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered supplemental educational services to students from low-income families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Implemented a new curriculum based on scientifically based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extended the school day or school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Appointed an outside expert to advise the school on its progress toward making AYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reorganized the school (that is, significant changes were made to both the school's staffing and governance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Offered professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F9. Does this school have grade 3 students? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q G1)



Draft

**F10. Based on recent state assessments, what percentage of the grade 3 students in your school in the PRIOR school year (2012-2013) scored "proficient" or above in the subjects in this table? Please also indicate the percentage of students scoring proficient or above that was needed to meet your AYP (Adequate Yearly Progress) goals for that school year. *WRITE PERCENTAGES BELOW. IF THE AYP COLUMN IS NOT APPLICABLE FOR YOUR SCHOOL OR IF GRADE 3 STUDENTS IN YOUR SCHOOL DO NOT TAKE A STATE ASSESSMENT, WRITE "NA" IN THE APPROPRIATE COLUMN.***

	Percentage of students whose achievement level was "proficient" or above in 2012-2013	Percentage required by AYP goals in 2012-2013
a. Reading/Language Arts	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Mathematics	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Science (WRITE NA IF NO STUDENTS WERE ASSESSED IN SCIENCE)	<input type="text"/> <input type="text"/> <input type="text"/> %	



Draft

### SECTION G. STAFFING AND TEACHER CHARACTERISTICS

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

*PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.*

*PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.*

*WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."*

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	□ □ □	□ □ □
b. ESL/bilingual education/language immersion/ELL instruction teachers	□ □ □	□ □ □
c. Drama, music, or art teachers	□ □ □	□ □ □
d. Gym/PE or health teachers	□ □ □	□ □ □
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	□ □ □	□ □ □
f. Paraprofessionals (for example, classroom aides)	□ □ □	□ □ □



Draft

**G2. Does your school currently have any staff members (full- or part-time) in the following categories? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. Teachers of gifted/talented students	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
c. Math specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
d. School nurses or health professionals	<input type="checkbox"/>	<input type="checkbox"/>
e. School psychologists or social workers	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>
g. Library media specialists/librarians	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer/technology teachers or support staff	<input type="checkbox"/>	<input type="checkbox"/>

**G3. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

**G4. Please indicate the number of regular classroom teachers who have joined or left your school since October 1, 2013. WRITE IN THE APPROXIMATE NUMBERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	<u>Number of teachers</u>			
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2013	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
b. Number of regular classroom teachers who have left your school since October 1, 2013, and have not returned	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			





Draft

**G5. Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for... MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

**G6. If a person other than the school administrator has completed the previous sections, please write in the name and title of the person who completed the majority of the sections. PLEASE PRINT.**

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

**G7. How long has the individual listed above been employed at this school? WRITE YEARS AND MONTHS BELOW.**

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
YEAR(S)	MONTH(S)

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



Draft

## SECTION H. SCHOOL ADMINISTRATOR CHARACTERISTICS

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

Male

Female

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

1	9		
---	---	--	--

YEAR

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

Yes

No

**H4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**H5. How many years of experience do you have in each of the following positions, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

**Number  
of years**

a. Years as a teacher before becoming a school administrator

--	--

b. Total number of years as a school administrator

--	--

c. Number of years as school administrator at this school

--	--



Draft

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

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

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

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

**H8. What was your major field(s) of study in the highest degree you completed? MARK YES OR NO ON EACH ROW.**

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



Draft

**H9. What is your best estimate of the percentage of children in your school you know by name? MARK ONE RESPONSE.**

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

**H10. During school hours, do you speak a language other than English with students at your school whose native language is not English? MARK ONE RESPONSE.**

- Yes
- No

**H11. Do you speak a language other than English with students' families whose native language is not English? MARK ONE RESPONSE.**

- Yes
- No

**H12.  If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q H14.**

**H13. What language(s) other than English do you speak with students at your school or with their families? MARK ALL THAT APPLY.**

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other (PLEASE SPECIFY)



Draft

**H14. Date Questionnaire Completed:**

				2	0	1	4
MONTH		DAY		YEAR			

**Questionnaire completed by:**

LAST NAME	FIRST NAME	MIDDLE INITIAL

**THANK YOU FOR YOUR COOPERATION!**



Draft





Draft





Draft



For Office Use Only

C - No DR

C - DR Comp

C - DR Ref

Ref

NEW







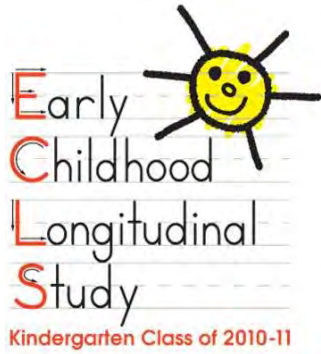
Draft



**Spring Third-Grade School Administrator  
Questionnaire for Continuing Schools**



Draft



# Spring 2014 School Administrator Questionnaire Questionnaire B

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

**Westat**  
**Rockville, Maryland**

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

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

S\_ID

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 10/31/2015. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



Draft





Draft

## Dear School Administrator,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your school are participants in this study.

This questionnaire contains several brief sections:

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

This information is vital to the study. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the questionnaire. However, we ask that you, yourself, please complete the final section, which is about your own background and characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (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 described in the instructions on page 6) or by writing your responses in the space provided. Your best estimates are acceptable answers.



Draft

## DEFINITIONS

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

**Special programs.** Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), individualized family service plans (IFSP), Section 504 plans, and Response to Intervention (RtI). For this study, the following definitions apply:

- **Title I: "Improving the Academic Achievement of the Disadvantaged."** Title I is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on state academic achievement standards and state academic assessments.
- **Title III: "Language Instruction for Limited English Proficient and Immigrant Students."** Title III is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. One of the main purposes of this program is to help ensure that children who have limited proficiency in English, including immigrant children and youth, attain English proficiency, develop high levels of academic attainment in English, and meet the same state academic content and student academic achievement standards as all students are expected to meet.
- **Individualized Education Program (IEP):** A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- **Individualized Family Service Plan (IFSP):** A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.
- **Section 504 plan:** A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.
- **Response to Intervention (RtI):** A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

**Language.** Reference is made to English language learners (ELL), as well as to instructional programs for ELL students in this questionnaire. For this study, the following definitions apply:

- **Language-minority (LM) student:** A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students who are English language learners.
- **English language learner (ELL):** A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.

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



Draft

### 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.

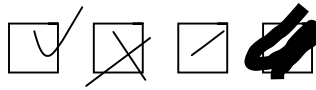
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



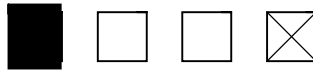
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

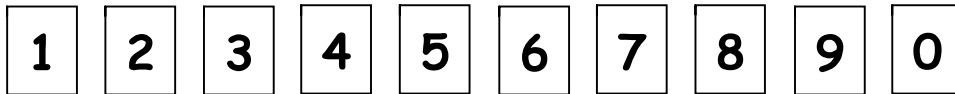
Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



### 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:





Draft

### SECTION A. SCHOOL CHARACTERISTICS

**A1. How many instructional days will this school provide during this academic year? WRITE IN NUMBER BELOW. IF THIS IS A YEAR-ROUND SCHOOL, PLEASE PROVIDE THE NUMBER OF INSTRUCTIONAL DAYS A GIVEN CHILD WOULD ATTEND.**

Number of instructional days

**A2. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	Number of children
a. Total enrollment in <u>third grade</u> in your school around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Total enrollment in your school (across all grades) around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Number of children who have enrolled in your school since October 1, 2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Number of children who have left your school since October 1, 2013, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A3. Approximately what is the Average Daily Attendance for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.**

% Average Daily Attendance

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

OR

Average Number Attending Daily

**A4. About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch? WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."**

Percentage of children





Draft

### SECTION B. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

**B1. Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.**

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

**B2. Indicate how much you agree or disagree with the following statements about the school's community and parents. MARK ONE RESPONSE ON EACH ROW.**

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



**B3. To the best of your knowledge how often do the following types of problems occur at your school? MARK ONE RESPONSE ON EACH ROW.**

	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Children bringing weapons to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4. Does your school take any of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Security guards, unarmed	<input type="checkbox"/>	<input type="checkbox"/>
b. Security guards, armed	<input type="checkbox"/>	<input type="checkbox"/>
c. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
d. Locked doors during the school day	<input type="checkbox"/>	<input type="checkbox"/>
e. A requirement that visitors sign in	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercoms or telephones in classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

**B5. To what extent is each of the following matters a problem in this school? Indicate whether each is a SERIOUS problem, a MODERATE problem, a MINOR problem, or NOT a problem in this school. MARK ONE RESPONSE ON EACH ROW.**

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



Draft

**B6. During the past year, to what extent did any of the following changes occur at your school? MARK ONE RESPONSE ON EACH ROW.**

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7. During the past year, did any of the following changes occur at your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Salaries were frozen	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes were made to the school's assigned attendance area (IF YOURS IS A PRIVATE, CHARTER, OR MAGNET SCHOOL, PLEASE SKIP ITEM b.)	<input type="checkbox"/>	<input type="checkbox"/>



SECTION C. SCHOOL POLICIES AND PRACTICES

C1. How many second-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE SECOND-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.

Number of second-grade children retained last year [ ] [ ] [ ] [ ] Not applicable

C2. How many third-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0."

Number of third-grade children retained last year [ ] [ ] [ ] [ ]

C3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school? MARK ONE RESPONSE.

Yes [ ] No [ ]

C4. For each of the following statements about READING and MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

Table with 7 columns: For READING, Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Don't know. Rows include statements a, b, c, and d regarding benchmarks and screening tests for READING and MATH.



**C5. Is Response to Intervention (Rti) currently used at your school in third grade, either partially or fully implemented? MARK ONE RESPONSE.**

*RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.*

Yes

No (SKIP TO Q D1)

**C6. Is Rti currently implemented at your school in third grade in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	Yes, fully implemented in third grade	Yes, partially implemented in third grade	No, not implemented in third grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C7. Approximately how many years ago did your school begin implementing Rti in third grade in any subject? MARK ONE RESPONSE.**

Less than 1 year ago

1 to 2 years ago

More than 2 years ago

**C8. For the 2013-2014 school year, how has your school made information available to parents/guardians to help them understand how Rti is being implemented in your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>	<input type="checkbox"/>



Draft

## SECTION D. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

### Language-Minority Students and Families

**D1. Do any of the children in this school come from a home where a language other than English is spoken? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q D3)

**D2. What percentage of children in this school and in third grade are English language learners (ELL)?**

*SEE PAGES 4 AND 5 FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.*

% ELL among all students in school

% ELL among all students in third grade

### Children with Special Needs

**D3. Since the beginning of this school year (2013-2014), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

Total number of newly evaluated students at your school

**D4. Of those students who have been NEWLY evaluated at your school this school year (2013-2014), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.**

Total number of newly evaluated students found eligible at your school



Draft

D5. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>

D6. Approximately what percentage of your third-graders are in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN THIRD GRADE OR IN ANY GRADE IN YOUR SCHOOL.

	<u>Percent</u>	<u>Not offered in <u>third grade</u></u>	<u>Not offered in any grade</u>			
a. Special education with an Individualized Education Program (IEP)	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>



Draft

### SECTION E. TITLE I AND TITLE III<sup>1</sup>

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE. (SKIP TO Q F1)

#### Title I Funding and Programs

**E1. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q E3)

**PLEASE NOTE THE FOLLOWING DEFINITIONS  
THAT ARE RELEVANT TO QUESTION E2 BELOW:**

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

**E2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONE RESPONSE.**

Targeted assistance program

Schoolwide program

#### Title III Funding and Programs

**E3. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.**

Yes

No

<sup>1</sup> Title I and Title III and their accompanying requirements are programs of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001. See the introductory section of this questionnaire for more information on these programs.





Draft

### SECTION F. STAFFING AND TEACHER CHARACTERISTICS

**F1. Approximately how many staff members does your school currently have in the following categories?**

*PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.*

*PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.*

*WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."*

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	□ □ □	□ □ □
b. ESL/bilingual education/language immersion/ELL instruction teachers	□ □ □	□ □ □
c. Drama, music, or art teachers	□ □ □	□ □ □
d. Gym/PE or health teachers	□ □ □	□ □ □
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	□ □ □	□ □ □
f. Paraprofessionals (for example, classroom aides)	□ □ □	□ □ □



**F2. Does your school currently have any staff members (full- or part-time) in the following categories? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. Teachers of gifted/talented students	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
c. Math specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
d. School nurses or health professionals	<input type="checkbox"/>	<input type="checkbox"/>
e. School psychologists or social workers	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>
g. Library media specialists/librarians	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer/technology teachers or support staff	<input type="checkbox"/>	<input type="checkbox"/>

**F3. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

**F4. Please indicate the number of regular classroom teachers who have joined or left your school since October 1, 2013. WRITE IN THE APPROXIMATE NUMBERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	<u>Number of teachers</u>			
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2013	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> </table>			
b. Number of regular classroom teachers who have left your school since October 1, 2013, and have not returned	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> </table>			



Draft

**F5. Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for... MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

**F6. If a person other than the school administrator has completed the previous sections, please write in the name and title of the person who completed the majority of the sections. PLEASE PRINT.**

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

**F7. How long has the individual listed above been employed at this school? WRITE YEARS AND MONTHS BELOW.**

		YEAR(S)			MONTH(S)
--	--	---------	--	--	----------

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



**SECTION G. SCHOOL ADMINISTRATOR CHARACTERISTICS**

**G1. What is your gender? MARK ONE RESPONSE.**

- Male
- Female

**G2. In what year were you born? WRITE IN YEAR BELOW.**

1	9		
---	---	--	--

YEAR

**G3. Are you Hispanic or Latino? MARK ONE RESPONSE.**

- Yes
- No

**G4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**G5. How many years of experience do you have in each of the following positions, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

	Number of years
a. Years as a teacher before becoming a school administrator	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
b. Total number of years as a school administrator	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
c. Number of years as school administrator at this school	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



**G6. Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? MARK YES OR NO ON EACH ROW.**

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

**G7. What is the highest level of education you have completed? MARK ONE RESPONSE.**

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

**G8. What was your major field(s) of study in the highest degree you completed? MARK YES OR NO ON EACH ROW.**

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



Draft

**G9. What is your best estimate of the percentage of children in your school you know by name?**  
*MARK ONE RESPONSE.*

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

**G10. During school hours, do you speak a language other than English with students at your school whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G11. Do you speak a language other than English with students' families whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G12.  If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q G14.**

**G13. What language(s) other than English do you speak with students at your school or with their families?** *MARK ALL THAT APPLY.*

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other (PLEASE SPECIFY)



Draft

**G14. Date Questionnaire Completed:**

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

**Questionnaire completed by:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

**THANK YOU FOR YOUR COOPERATION!**



Draft







Draft



For Office Use Only

C - No DR

C - DR Comp

C - DR Ref

Ref

RETURNING





Draft

