

**APPENDIX D
FOURTH-GRADE
SUBJECT-SPECIFIC CHILD-LEVEL TEACHER
QUESTIONNAIRES (TQCs)**

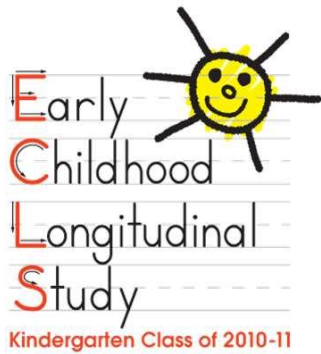
**Early Childhood Longitudinal Study, Kindergarten Class of 2010-11
(ECLS-K:2011)**

**Spring Fourth-Grade National Data Collection
and Fifth-Grade Recruitment**

**OMB Clearance Package
#1850-0750 v.16**



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Spring 2015 Reading and Language Arts Teacher Questionnaire Child Level

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T	<input type="text"/>	<input type="text"/>
C_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	<input type="text"/>

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 voluntary survey is 1850-XXXX. Approval expires XX/XX/XXXX. The time required to complete this survey is estimated to average 26 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., 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.



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Dear Teacher,

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

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

This questionnaire has two parts:

- Part 1 should be completed for the child whose name is on the cover of this questionnaire.
- Part 2 has questions about your reading and language arts class – you only need to fill out Part 2 if there is a **red dot** next to the child's name on the cover of the questionnaire.

The instructions preceding each part of the questionnaire will guide you.

Please record your answers directly on the questionnaire by marking the appropriate answer (as instructed on page 5) or by writing your responses in the space provided. Your best estimates are acceptable answers.

DEFINITIONS

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

- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Act (IDEA) are expected to have an IEP.
- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.



TYPES OF LANGUAGE INSTRUCTION EDUCATIONAL PROGRAMS (LIEPS)¹

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.

¹ 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.



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MARKING DIRECTIONS

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

MARKING BOXES

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

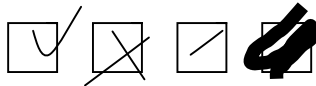
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



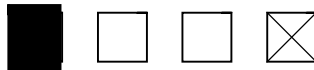
Incorrect Marks:

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



How to Change an Answer:

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



PRINTING ANSWERS IN BOXES

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

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

Write words like this:

John Smith



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PART 1:

Please answer the questions in Part 1 about the child identified on the cover of this questionnaire.



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

k. Keeps belongings organized.

n. Shows eagerness to learn new things.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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o. Works independently.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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SECTION A. SOCIAL SKILLS (continued)

u. Easily adapts to changes in routine.

w. Persists in completing tasks.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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x. Pays attention well.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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y. Follows classroom rules.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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Source: *Social Skills Rating System (SSRS)*. Copyright © 1990, NCS Pearson. Adapted with permission. All rights reserved.



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

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

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



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SECTION B. CLASSROOM BEHAVIORS

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.

SECTION C. PEER RELATIONSHIPS

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

C1. For the items below, please think about the friends with whom the child identified on the cover of this questionnaire has associated the most during the past month or two. Please indicate how true you think each of these items is for this group of children. If you cannot answer these items because the child has not usually associated with a group of other children in the past month or two, then mark "Not applicable." *MARK ONE RESPONSE ON EACH ROW.*

	Almost always untrue	Usually untrue	Sometimes true, sometimes untrue	Usually true	Almost always true	Not applicable
a. This is a good group of kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry when this child is with this group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Some of these kids are a bad influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. These kids must be closely supervised by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. These kids get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. These kids are excellent students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. These kids are hard workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child has a fun time with this group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of these kids are kind to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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 *Child Behavior Scale* © Gary W. Ladd. Used with permission.



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

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

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

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

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

C5. Thinking about the child identified on the cover of this questionnaire compared to a typical child in his/her grade, please evaluate this child in the following areas. MARK ONE RESPONSE ON EACH ROW.

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

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

SECTION D. STUDENT INFORMATION

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

D1. 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"/>

D2. How long has this child been in your reading/language arts class this school year until now? MARK ONE RESPONSE.

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

D3. Please indicate the total number of times this child has been absent from your reading/language arts class during 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

D4. Does this child receive (or has he/she received during this school year) instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Individual tutoring or remedial program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
b. Gifted and talented program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
c. Gifted and talented program with no specific content focus	<input type="checkbox"/>	<input type="checkbox"/>



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D5. Is English this child's native language? MARK ONE RESPONSE.

Yes **(SKIP TO Q D11)**

No

Don't know

D6. 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 D11)**

D7. 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 D10)



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D8. 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"/>

D9. 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"/>

D10. During this school year, how often is this child's reading instruction provided in his/her native language? MARK ONE RESPONSE.

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



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D11. Does this child have an IEP on record with the school? MARK ONE RESPONSE.

Yes

No

D12. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.

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

D13. 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.

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

D14. How often does this child work to the best of her/his ability in READING AND LANGUAGE ARTS? MARK ONE RESPONSE.

Never

Seldom

Usually

Always



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D15. 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 D17)**
- Two
- Three
- Four
- Five or more

D16. 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
--	--	---------------------

D17. 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

If there is a red dot next to the child's name on the cover of this questionnaire, please continue with Part 2.

If there is no red dot next to the child's name on the cover, skip to question H4 on page 33.



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PART 2:

To be completed only if there is a red dot next to the child's name on the cover of this questionnaire.

If there is no red dot next to the child's name on the cover, skip to question H4 on page 33.



SECTION E. READING AND LANGUAGE ARTS INSTRUCTION

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

E1. From the first day of school until today, please indicate on how many days you have covered each of the following READING AND LANGUAGE ARTS skills and concepts in this child's class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work.

Please focus on the skill areas that are shown in bold text. (The unbolded examples are only a sample of things you may do or cover under this skill area.) MARK ONE RESPONSE ON EACH ROW.

	Not yet taught or not taught in this grade	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
Literature						
a. Understanding key ideas and details , for example, identifying the main idea or theme; summarizing; describing characters and settings; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding craft and structure , for example, explaining major differences between poems, plays, and prose; comparing the point of view from which different stories are narrated; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Integrating knowledge and ideas , for example, making connections between text and a visual or oral presentation of the text; comparing treatment of similar themes in stories and myths; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Informational Text

d. Understanding key ideas and details , for example, identifying important details; drawing inferences from details in the text; explaining events, procedures or concepts in the text; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Understanding craft and structure , for example, describing the chronology of events in a text; recognizing cause and effect; comparing different accounts of the same event or topic; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrating knowledge and ideas , for example, interpreting how charts, graphs, or timelines relate to the text; integrating information from two texts on the same topic; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E1. (continued) From the first day of school until today, please indicate on how many days you have covered each of the following **READING AND LANGUAGE ARTS** skills and concepts in this child's class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work.

Please focus on the skill areas that are shown **in bold text**. (The unbolded examples are only a sample of things you may do or cover under this skill area.) *MARK ONE RESPONSE ON EACH ROW.*

	Not yet taught or not taught in this grade	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
Writing and Language						
g. Writing narratives, opinion pieces, and informational text with facts and details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Developing and strengthening writing by planning, drafting, revising, and editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Building vocabulary , for example, studying words and their meanings in text; learning about roots, prefixes, and suffixes; using context clues to derive meaning; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

	Almost every day	Once or twice a week	Once or twice a month	Less than once a month or never
a. Read silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read books they have chosen themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk with others about what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do a group activity or project about what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss different interpretations of what they have read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Look up vocabulary words and write definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Demonstrate understanding of words by relating them to their opposites (antonyms) and to words with similar meanings (synonyms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When given specific questions, write responses that are at least 3 to 4 sentences long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Gather evidence from literary or informational texts (in books and/or digital sources) to inform their writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Spend extended time writing and revising text that they have written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Edit their classmates' writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION F. CLASSROOM AND STUDENT CHARACTERISTICS

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

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

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

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

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

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

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

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



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F4. How many children in this class ...

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

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

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

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

F6. How many children in this class are below grade level, about on grade level, or above grade level in their English reading skills and in social studies?

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

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

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

MARK ONE RESPONSE.

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



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F8. Approximately what percentage of the students in this class demonstrate the following problems?
MARK ONE RESPONSE ON EACH ROW.

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

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

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

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

F10. Do you have any children who are English language learners in this class? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) *MARK ONE RESPONSE.*

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

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

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



SECTION G. CLASSROOM INSTRUCTION AND EVALUATION

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

G1. In a typical day, how much time do children in this reading and language arts class spend in the following activities? MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. Do any of the following staff members provide direct instruction to students in this reading and language arts class who are struggling or at risk of failure in reading? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

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



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

	Not available	Never	Rarely	Sometimes	Often
a. Desktop or laptop computer or other computer-type device (for example, iPad/other tablet, eReader such as Kindle or Nook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cell phone/smartphone (for example, iPhone)	<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. Document camera or document projector (for example, ELMO, HoverCam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LCD or DLP projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Digital camera (still or video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CD player, MP3 player/iPod, cassette/tape player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. DVD player, VCR, or video streaming device (for example, Roku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student response system (for example, clickers, responders, ActiVote, ActivExpression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Microphone or classroom audio sound system (for example, TopCat, Redcat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 0 days (SKIP TO Q G6)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



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G5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in reading and language arts? MARK ONE RESPONSE.

- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

G6. In this class, how often do you use a formal assessment in READING for the following purposes? MARK ONE RESPONSE ON EACH ROW.

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



Please answer the following question about the school's practices regarding reading and language arts.

G7. 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>fourth grade</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This school has clear, predetermined criteria for determining the level of intervention <u>fourth-grade students</u> will receive in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This school has clear, predetermined criteria for determining when <u>fourth-grade students</u> no longer need a reading intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION H. STAFF ACTIVITIES

H1. Did you participate in any professional development* within the last 12 months? MARK ONE RESPONSE.

Yes

No (**SKIP TO Q H3**)

* 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.

H2. 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 and apply assessment data to guide READING instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to implement the READING curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3. 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 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"/>
c. A school or district staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A school or district staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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H4. Date Questionnaire Completed:

--	--

MONTH

--	--

DAY

2	0	1	5
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YEAR

THANK YOU FOR YOUR COOPERATION!



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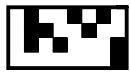
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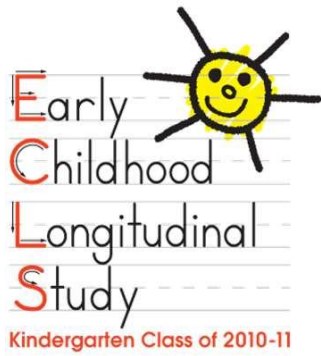


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Spring 2015 Mathematics Teacher Questionnaire Child Level

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

**Westat
Rockville, Maryland**

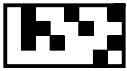
Use a black or blue ball point pen to complete this questionnaire.

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	<input type="text"/>	T_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

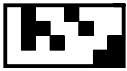
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-XXXX. Approval expires XX/XX/XXXX. The time required to complete this survey is estimated to average 13 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., 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.



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Dear Teacher,

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

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

This questionnaire has two parts:

- Part 1 should be completed for the child whose name is on the cover of this questionnaire.
- Part 2 has questions about your mathematics class – you only need to fill out Part 2 if there is a **red dot** next to the child's name on the cover of the questionnaire.

The instructions preceding each part of the questionnaire will guide you.

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.

THANK YOU VERY MUCH FOR YOUR HELP.



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MARKING DIRECTIONS

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

MARKING BOXES

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

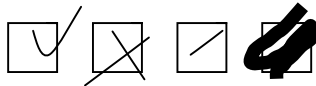
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



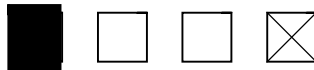
Incorrect Marks:

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



How to Change an Answer:

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



PRINTING ANSWERS IN BOXES

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

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

Write words like this:

John Smith



Draft



PART 1:

Please answer the questions in Part 1 about the child identified on the cover of this questionnaire.





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SECTION A. STUDENT INFORMATION

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

A1. 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"/>

A2. How long has this child been in your math class this school year until now? MARK ONE RESPONSE.

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

A3. Please indicate the total number of times this child has been absent from your math class during 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

A4. Does this child receive (or has he/she received during this school year) instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Individual tutoring or remedial program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
b. Gifted and talented program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>



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A5. Is English this child's native language? MARK ONE RESPONSE.

Yes **(SKIP TO Q A7)**

No

Don't know

A6. During this school year, how often is this child's math 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

A7. Overall, how would you rate this child's academic skills in math, based on curriculum standards for his/her current grade level? MARK ONE RESPONSE.

Below grade level

About on grade level

Above grade level

A8. How often does this child work to the best of her/his ability in MATH? MARK ONE RESPONSE.

Never

Seldom

Usually

Always

A9. 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 PART 2, PAGE 9)**

Two

Three

Four

Five or more



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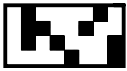
A10. In which mathematics instructional group is this child currently placed? USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP BELOW.

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Instructional Group

If there is a red dot next to the child's name on the cover of this questionnaire, please continue with Part 2.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.



Draft

PART 2:

To be completed only if there is a red dot next to the child's name on the cover of this questionnaire.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.



Draft

SECTION B. MATHEMATICS INSTRUCTION

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

- B1. From the first day of school until today, please indicate on how many days you have covered each of the following MATHEMATICS skills and concepts in this child's class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work.**

Please focus on the skill areas that are shown in bold text. (The unbolded examples are only a sample of things you may do or cover under this skill area.) MARK ONE RESPONSE ON EACH ROW.

	Not yet taught or not taught in this grade	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
a. Using operations to solve problems , for example, solving problems by multiplying or dividing two whole numbers; solving multiple-step word problems that use several different operations; interpreting remainders; finding factor pairs; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using algebraic thinking , for example, solving word problems by representing the problem as an equation with a symbol for the unknown number; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understanding place value , for example, reading and writing multi-digit whole numbers; comparing two numbers based on meanings of the digits in each place; using understanding of place value to round whole numbers to any place; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adding and subtracting multiple-digit numbers using strategies based on place value and properties of operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Understanding fractions , for example, comparing fractions with different numerators or denominators; adding and subtracting fractions; multiplying fractions by whole numbers; understanding the relationship between decimals and fractions; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Solving problems involving measurement , for example, solving problems involving measures of distance, time, volume, or money; understanding the relative size of units of measurement; finding the area or perimeter of rectangles; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Representing and interpreting data , for example, making line plots or other visuals to display fractions of a unit; using addition and subtraction of fractions to answer questions about a line plot; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drawing and identifying lines and angles , for example, drawing points, lines, line segments, rays, angles, and perpendicular and parallel lines; recognizing right triangles; understanding lines of symmetry; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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



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SECTION C. CLASSROOM AND STUDENT CHARACTERISTICS

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

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

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

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

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

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

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

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



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C4. How many children in this class ...

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

**Number of
children**

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

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

Number of children absent on an average day

C6. How many children in this class are below grade level, about on grade level, or above grade level in mathematics skills?

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

Number of children below grade level

Number of children about on grade level

Number of children above grade level

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

MARK ONE RESPONSE.

Group misbehaves very frequently and is almost always difficult to handle.

Group misbehaves frequently and is often difficult to handle.

Group misbehaves occasionally.

Group behaves well.

Group behaves exceptionally well.



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C8. Approximately what percentage of the students in this class demonstrate the following problems?
MARK ONE RESPONSE ON EACH ROW.

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

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

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

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

C10. Do you have any children who are English language learners in this class? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D1)**

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

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



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SECTION D. CLASSROOM INSTRUCTION AND EVALUATION

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

D1. In a typical day, how much time do children in this math class spend in the following activities?
MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Do any of the following staff members provide direct instruction to students in this math class who are struggling or at risk of failure in math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

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



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

	Not available	Never	Rarely	Sometimes	Often
a. Desktop or laptop computer or other computer-type device (for example, iPad/other tablet, eReader such as Kindle or Nook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cell phone/smartphone (for example, iPhone)	<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. Document camera or document projector (for example, ELMO, HoverCam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LCD or DLP projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Digital camera (still or video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CD player, MP3 player/iPod, cassette/tape player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. DVD player, VCR, or video streaming device (for example, Roku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student response system (for example, clickers, responders, ActiVote, ActivExpression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Microphone or classroom audio sound system (for example, TopCat, Redcat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 0 days (SKIP TO Q D6)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



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D5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in math? MARK ONE RESPONSE.

- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

D6. In this class, how often do you use a formal assessment in MATH for the following purposes? MARK ONE RESPONSE ON EACH ROW.

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



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Please answer the following question about the school's practices regarding math.

D7. For each of the following statements about MATH indicate how strongly you agree or disagree.
MARK ONE RESPONSE ON EACH ROW.

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



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SECTION E. 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 MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. How to implement the MATH curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. A school or district staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A school or district staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E4. 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!





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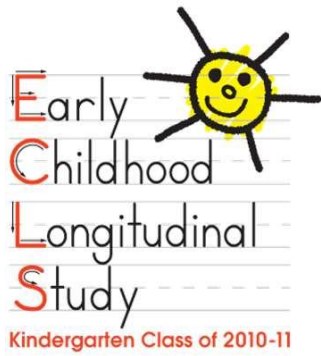


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Spring 2015
Science
Teacher Questionnaire
Child Level

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	T	<input type="text"/>	<input type="text"/>
C_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	

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 voluntary survey is 1850-XXXX. Approval expires XX/XX/XXXX. The time required to complete this survey is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., 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.



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Dear Teacher,

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

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

This questionnaire has two parts:

- Part 1 should be completed for the child whose name is on the cover of this questionnaire.
- Part 2 has questions about your science class – you only need to fill out Part 2 if there is a **red dot** next to the child's name on the cover of the questionnaire.

The instructions preceding each part of the questionnaire will guide you.

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.

THANK YOU VERY MUCH FOR YOUR HELP.



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MARKING DIRECTIONS

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

MARKING BOXES

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

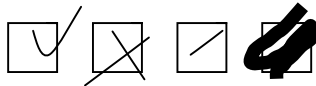
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



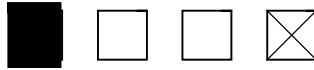
Incorrect Marks:

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



How to Change an Answer:

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



PRINTING ANSWERS IN BOXES

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

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

Write words like this:

John Smith



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PART 1:

Please answer the questions in Part 1 about the child identified on the cover of this questionnaire.





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SECTION A. STUDENT INFORMATION

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

A1. 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"/>

A2. How long has this child been in your science class this school year until now? MARK ONE RESPONSE.

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

A3. Please indicate the total number of times this child has been absent from your science class during 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

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

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



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A5. During this school year, how often is this child's science instruction provided in his/her native language? *MARK ONE RESPONSE.*

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

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

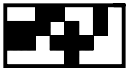
- Below grade level
- About on grade level
- Above grade level

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

- Never
- Seldom
- Usually
- Always

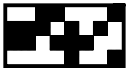
If there is a red dot next to the child's name on the cover of this questionnaire, please continue with Part 2.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.



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PART 2:

To be completed only if there is a red dot next to the child's name on the cover of this questionnaire.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.





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SECTION B. SCIENCE INSTRUCTION

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

- B1. From the first day of school until today, please indicate on how many days you have covered each of the following SCIENCE skills and concepts in this child's class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work.**

Please focus on the skill areas that are shown in bold text. (The unbolded examples are only a sample of things you may do or cover under this skill area.) MARK ONE RESPONSE ON EACH ROW.

Fields of Science	Not yet taught or not taught in this grade	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
a. Physical science , for example, understanding electricity, magnetism, energy, waves, chemistry, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Life science , for example, learning about organisms, life cycles, food chains, ecosystems, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Earth science , for example, learning about rocks and minerals, weather, erosion, water, volcanoes, earthquakes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Method						
d. Observations and hypotheses , for example, understanding the difference between observations and inferences, formulating predictions that can be tested, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Scientific testing , for example, planning and conducting investigations, measuring using appropriate tools, demonstrating safe behavior, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Analysis and conclusions , for example, analyzing the results of a scientific investigation and determining whether the results support the initial prediction, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science, Engineering and Technology						
g. Interdependence of science, technology and engineering , for example, exploring how scientific discoveries lead to the development of new technologies, new technologies lead to new scientific discoveries, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Engineering concepts , for example, identifying a simple design problem that can be solved through the development of an object, tool, process, or system; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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



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SECTION C. CLASSROOM AND STUDENT CHARACTERISTICS

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

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

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

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

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

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

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

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

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

Number of children

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

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

Number of children absent on an average day

C6. How many children in this class are below grade level, about on grade level, or above grade level in science?

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

Number of children below grade level

Number of children about on grade level

Number of children above grade level

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

MARK ONE RESPONSE.

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



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C8. Approximately what percentage of the students in this class demonstrate the following problems?
MARK ONE RESPONSE ON EACH ROW.

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

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

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

		Number of children
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C10. Do you have any children who are English language learners in this class? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D1)**

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

		Number of ELL children
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SECTION D. CLASSROOM INSTRUCTION AND EVALUATION

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

D1. In a typical day, how much time do children in this science class spend in the following activities? MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Do any of the following staff members provide direct instruction to students in this science class who are struggling or at risk of failure in science? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.

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



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

	Not available	Never	Rarely	Sometimes	Often
a. Desktop or laptop computer or other computer-type device (for example, iPad/other tablet, eReader such as Kindle or Nook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cell phone/smartphone (for example, iPhone)	<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. Document camera or document projector (for example, ELMO, HoverCam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LCD or DLP projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Digital camera (still or video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CD player, MP3 player/iPod, cassette/tape player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. DVD player, VCR, or video streaming device (for example, Roku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student response system (for example, clickers, responders, ActiVote, ActivExpression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Microphone or classroom audio sound system (for example, TopCat, Redcat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 0 days (SKIP TO Q D6)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



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D5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in science? MARK ONE RESPONSE.

- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

D6. In this class, how often do you use a formal assessment in SCIENCE for the following purposes? MARK ONE RESPONSE ON EACH ROW.

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



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Please answer the following question about the school's practices regarding science.

D7. For each of the following statements about SCIENCE indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

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



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SECTION E. 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 SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to use and apply assessment data to guide SCIENCE instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to implement the SCIENCE curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 SCIENCE instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. A school or district staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A school or district staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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E4. Date Questionnaire Completed:

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MONTH

--	--

DAY

2	0	1	5
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YEAR

THANK YOU FOR YOUR COOPERATION!





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