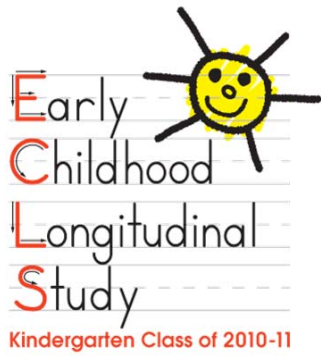


**APPENDIX D  
FIFTH-GRADE  
TEACHER-LEVEL QUESTIONNAIRE (TQ)**

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

**Spring Fifth-Grade National Data Collection**

**OMB Clearance Package  
#1850-0750 v.18**



# Spring 2016 Teacher Questionnaire

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     T\_ID     T

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 1850-0750. 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.



Draft



## Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you teach 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.

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

## DEFINITIONS

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

- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.

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

### 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.

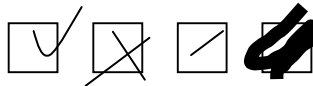
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



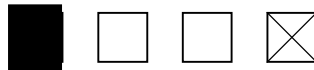
**Incorrect Marks:**

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

**SECTION A. STUDENT, SCHOOL, AND STAFF ACTIVITIES**

**A1. Which of the following subjects do you teach during this school year? MARK ONE RESPONSE ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
a. Reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>

**A2. How often does the typical child in your class(es) usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE RESPONSE ON EACH ROW.**

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

**A3. On the days children work in these areas, how much time does the typical child in your class(es) usually work on lessons or projects in the following general subject areas? MARK ONE RESPONSE ON EACH ROW.**

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

**A4. How many days a week do children have recess? MARK ONE RESPONSE.**

- Zero (no recess on any day) **(SKIP TO Q A6)**
- One
- Two
- Three
- Four
- Five
- Other/Varies by week

**A5. On days when children have recess, between the school day starting time and the dismissal time, how many times a day do children have recess? MARK ONE RESPONSE.**

- One
- Two
- Three
- Four
- Five
- Other/Varies by day

**A6. What percentage of children in your class(es) have parents who participate in the following activities? MARK ONE RESPONSE ON EACH ROW.**

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

**A7. How important is each of the following in evaluating the children in your class(es) for reporting to parents? MARK ONE RESPONSE ON EACH ROW.**

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



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

**B1. Please indicate the extent to which you agree or disagree with each of the following statements about your school. MARK ONE RESPONSE ON EACH ROW.**

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

**B2. To what extent do you agree or disagree with each of the following statements? MARK ONE RESPONSE ON EACH ROW.**

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

**SECTION C. TEACHER BACKGROUND**

**C1. What is your gender?** *MARK ONE RESPONSE.*

Male

Female

**C2. In what year were you born?** *WRITE IN YEAR BELOW.*

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

YEAR

**C3. Are you Hispanic or Latino?** *MARK ONE RESPONSE.*

Yes

No

**C4. Which best describes your race?** *MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**C5. Counting this school year, how many years have you taught each of the following grades and programs, including years in which you taught part time?**

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

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

**C6. Counting this school year, how many total years have you been a schoolteacher, including years in which you taught part time?** *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."*

Year(s)

**C7. Is this school year the first year you have taught in this school?** *MARK ONE RESPONSE.*

- Yes
- No

**C8. What is the highest level of education you have completed? MARK ONE RESPONSE.**

- Did not complete high school **(SKIP TO Q C11)**
- High school diploma or equivalent/GED **(SKIP TO Q C11)**
- Some college or technical or vocational school **(SKIP TO Q C11)**
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (for example, Ph.D., MD, Ed.D.)

**C9. If you have an associate's or bachelor's degree, indicate your undergraduate major field of study. MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. English	<input type="checkbox"/>	<input type="checkbox"/>
d. Reading and/or language arts	<input type="checkbox"/>	<input type="checkbox"/>
e. Curriculum and instruction	<input type="checkbox"/>	<input type="checkbox"/>
f. Mathematics education	<input type="checkbox"/>	<input type="checkbox"/>
g. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Science education	<input type="checkbox"/>	<input type="checkbox"/>
i. Life science	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical science	<input type="checkbox"/>	<input type="checkbox"/>
k. Earth science	<input type="checkbox"/>	<input type="checkbox"/>
l. Special education	<input type="checkbox"/>	<input type="checkbox"/>
m. Other education-related major (for example, secondary education, educational psychology, administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
n. Non-education major (for example, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**C10. If you have a graduate degree, indicate the major field of study of your highest level graduate degree. MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. English	<input type="checkbox"/>	<input type="checkbox"/>
d. Reading and/or language arts	<input type="checkbox"/>	<input type="checkbox"/>
e. Curriculum and instruction	<input type="checkbox"/>	<input type="checkbox"/>
f. Mathematics education	<input type="checkbox"/>	<input type="checkbox"/>
g. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Science education	<input type="checkbox"/>	<input type="checkbox"/>
i. Life science	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical science	<input type="checkbox"/>	<input type="checkbox"/>
k. Earth science	<input type="checkbox"/>	<input type="checkbox"/>
l. Special education	<input type="checkbox"/>	<input type="checkbox"/>
m. Other education-related major (for example, secondary education, educational psychology, administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
n. Non-education major (for example, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**C11. Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.**

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

**C12. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONE RESPONSE.**

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

**C13. Date Questionnaire Completed:**

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

**THANK YOU FOR YOUR COOPERATION!**



Draft





Draft



For Office Use Only

C - No DR

C - DR Comp

C - DR Ref

Ref







Draft

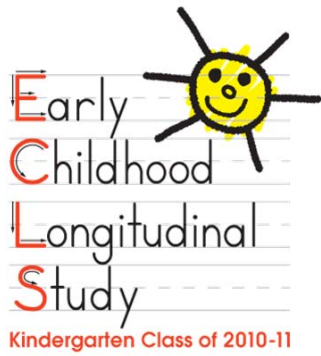


**APPENDIX E  
FIFTH-GRADE  
SUBJECT-SPECIFIC CHILD-LEVEL TEACHER  
QUESTIONNAIRES (TQCs)**

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

**Spring Fifth-Grade National Data Collection**

**OMB Clearance Package  
#1850-0750 v.18**



# Spring 2016 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	T_ID	Link_ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
C_ID		
<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 1850-0750. 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.



Draft



**Dear Teacher,**

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you 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 Education Act (IDEA) are expected to have an IEP.
- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.



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

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

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

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

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

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

---

<sup>1</sup> National Clearinghouse for English Language Acquisition,  
[http://www.ncele.us/files/uploads/5/Language\\_Instruction\\_Educational\\_Programs.pdf](http://www.ncele.us/files/uploads/5/Language_Instruction_Educational_Programs.pdf)



Draft

### MARKING DIRECTIONS

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

### MARKING BOXES

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

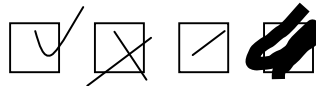
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



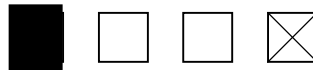
Incorrect Marks:

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



How to Change an Answer:

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



### PRINTING ANSWERS IN BOXES

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

Write one number per box like this:

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

Write words like this:

John Smith
------------



Draft







Draft



# **PART 1:**

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





Draft

## SECTION A. SOCIAL SKILLS

### Social Skills

Twenty-six items ask teachers to rate children in their classroom on social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); problem behaviors (e.g., fighting, bullying, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions or “approaches to learning” (e.g., curiosity, selfdirection, 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.

k. Keeps belongings organized.

n. Shows eagerness to learn new things.

|

o. Works independently.

|



Draft

### 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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--	--------------------------

x. Pays attention well.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--	--------------------------

y. Follows classroom rules.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--	--------------------------

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



Draft

**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.**

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

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



Draft

### SECTION B. CLASSROOM BEHAVIORS

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

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

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

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



Draft

### 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.**

	<u>Almost always untrue</u>	<u>Usually untrue</u>	<u>Sometimes true, sometimes untrue</u>	<u>Usually true</u>	<u>Almost always true</u>	<u>Not applicable</u>
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.

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

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

Source: Adapted from the *Child Behavior Scale* © 2010 Gary W. Ladd. Used with permission.



Draft

**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"/>



**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)**

**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



Draft

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

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

**D14. 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"/>

**D15. 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



Draft

**D16. 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 D18)**
- Two
- Three
- Four
- Five or more

**D17. 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
--	--	---------------------

**D18. During this school year, have this child's parents/guardians participated in the following activities? MARK ONE RESPONSE ON EACH ROW.**

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

**D19. 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



Draft

**D20. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q D22)

**D21. Was the purpose of the communication with this child's parents/guardians to discuss ... MARK YES OR NO ON EACH ROW.**

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

**D22. Date Questionnaire Completed:**

MONTH

DAY

YEAR

**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, you are finished with the questionnaire. Thank you for your cooperation!**

## **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, you are finished with the questionnaire.  
Thank you for your cooperation!**



Draft

## 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.**

	<b>Not yet taught or not taught in this grade</b>	<b>On 1-10 days</b>	<b>On 11-20 days</b>	<b>On 21-40 days</b>	<b>On 41-80 days</b>	<b>On more than 80 days</b>
<b>Literature</b>						
a. <b>Understanding key ideas and details</b> , for example, identifying the main idea or theme; summarizing; comparing characters and settings; using details and quotations from the text to support understanding of the passage; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Understanding craft and structure</b> , for example, understanding metaphors and similes; explaining the structure of a story, drama, or poem; describing the influence of the narrator's point of view; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Integrating knowledge and ideas</b> , for example, analyzing how visual or multi-media presentation of a text contributes to the meaning or tone 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"/>
<b>Informational Text</b>						
d. <b>Understanding key ideas and details</b> , for example, quoting accurately from a text; summarizing main ideas from a text; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Understanding craft and structure</b> , for example, comparing the structure of events, concepts, or information in two or more texts; analyzing different accounts of the same event; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Integrating knowledge and ideas</b> , for example, using information from multiple print or digital sources to locate an answer; explaining how the author uses evidence to support a point in the text; integrating information from several texts to write or speak knowledgeably about the 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
<b>Writing and Language</b>						
g. <b>Writing</b> narratives, opinion pieces, and informational text with facts and details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Developing and strengthening writing</b> by planning, drafting, revising, and editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>Building vocabulary</b> , for example, studying words and their meanings in text; learning about roots, prefixes, and suffixes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <b>Understanding conventions of standard English</b> , for example, explaining the functions of conjunctions and prepositions; using verb tense to convey various times; using punctuation to separate items in a series; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Read silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read books they have chosen themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make oral presentations 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. Cite evidence from literary or informational texts (books and/or digital sources) in 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"/>

**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. 3rd grade or lower	<input type="checkbox"/>
b. 4th grade	<input type="checkbox"/>
c. 5th grade	<input type="checkbox"/>
d. 6th grade	<input type="checkbox"/>
e. 7th 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
----------------------	----------------------	--



Draft

**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.



Draft

**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 diagnosed with a disability
--	--	--

**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
--	--	------------------------



Draft

### 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. How often do the children in this reading and language arts class go to the school library or media center? MARK ONE RESPONSE.**

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

**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



Draft

**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.**

	<b>Never</b>	<b>Once a year</b>	<b>2 times a year</b>	<b>3 to 4 times a year</b>	<b>5 to 8 times a year</b>	<b>1 to 2 times a month</b>	<b>1 to 2 times a week</b>
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"/>



## SECTION H. STAFF ACTIVITIES

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

Yes **(GO TO Q H2)**

No **(YOU ARE FINISHED WITH THE QUESTIONNAIRE)**

\* 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 <b>READING</b>	<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 <b>READING</b> instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to implement the <b>READING</b> curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR COOPERATION!



Draft





Draft





Draft





Draft



For Office Use Only

Comp

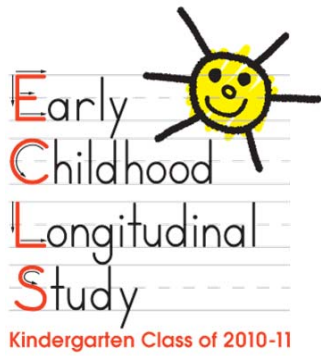
Ref





Draft





# Spring 2016 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	T_ID	Link_ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
C_ID		
<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 1850-0750. 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.



Draft





## Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you 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.**

### 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.

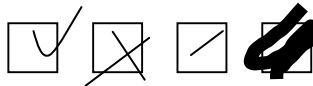
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



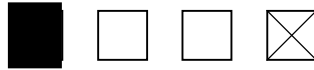
**Incorrect Marks:**

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.**



## 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"/>

**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 Q A11)**

Two

Three

Four

Five or more



Draft

**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.**

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

**A11. During this school year, have this child's parents/guardians participated in the following activities? MARK ONE RESPONSE ON EACH ROW.**

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

**A12. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q A14)

**A13. Was the purpose of the communication with this child's parents/guardians to discuss ... MARK YES OR NO ON EACH ROW.**

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

**A14. Date Questionnaire Completed:**

MONTH		DAY		YEAR			

**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, you are finished with the questionnaire. Thank you for your cooperation!**



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, you are finished with the questionnaire.  
Thank you for your cooperation!**



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. <b>Using algebraic thinking</b> , for example, using parentheses in numerical expressions; writing and interpreting simple numerical expressions; generating and graphing numerical patterns; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Understanding place value</b> , for example, understanding the value of a digit in one place as compared to an adjacent place; using whole number exponents to denote powers of 10; reading, writing, and comparing decimals to thousandths; rounding decimals; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Adding, subtracting, multiplying, and dividing</b> multiple-digit whole numbers and decimals to hundredths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Understanding fractions</b> , for example, adding and subtracting fractions with unlike denominators; understanding the relationship between decimals and fractions; solving real world problems involving multiplying and dividing fractions by whole numbers; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Using concepts of geometric measurement</b> , for example, converting among different measurement units; making plots or graphs to display fractions of a unit; understanding and using units of volume; solving volume problems using multiplication and addition; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Representing and interpreting data</b> , for example, making line plots or other visuals to display fractions of a unit; using operations on 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"/>
g. <b>Understanding geometric concepts</b> , for example, using axes (perpendicular lines) to define a coordinate system; classifying two-dimensional figures such as squares and rectangles; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Draft

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

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Solve mathematics problems from textbooks or worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Solve mathematics problems from the blackboard, whiteboard/SMART Board, or projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solve mathematics problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work with measuring instruments (for example, rulers, compasses, protractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work with manipulatives (for example, geometric shapes, 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 or tablet (for example, iPad, Surface) for math (beyond using the device's calculator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Interpret visual representations (for example, diagrams, graphs, tables, models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Create visual representations (for example, diagrams, graphs, tables, models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
b. Are boys?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
c. Are girls?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

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

a. 3rd grade or lower	<input type="checkbox"/>
b. 4th grade	<input type="checkbox"/>
c. 5th grade	<input type="checkbox"/>
d. 6th grade	<input type="checkbox"/>
e. 7th 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."**

		Number of children repeating their grade
--	--	--

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

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

**Number of children**

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

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

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

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

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

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

<input type="text"/>	<input type="text"/>	Number of children about on grade level
----------------------	----------------------	---

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

**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 diagnosed with a disability
--	--	--

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

- Yes
- No (SKIP TO Q D1)

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

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

### SECTION D. CLASSROOM INSTRUCTION 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. 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"/>

**D3. 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 D5)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**D4. 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

**D5. 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"/>

**SECTION E. STAFF ACTIVITIES**

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

Yes (**GO TO Q E2**)

No (**YOU ARE FINISHED WITH THE QUESTIONNAIRE**)

\* 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"/>

**THANK YOU FOR YOUR COOPERATION!**





Draft



For Office Use Only

Comp

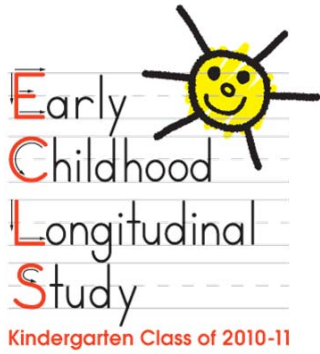
Ref





Draft





# Spring 2016 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	T_ID	Link_ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
C_ID		
<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 1850-0750. 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.



Draft



## Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you 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.**

### 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.

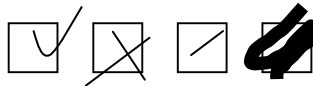
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

#### Correct Mark:



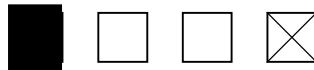
#### Incorrect Marks:

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.**



**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



**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

**A8. During this school year, have this child's parents/guardians participated in the following activities? *MARK ONE RESPONSE ON EACH ROW.***

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

**A9. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q A11)

**A10. Was the purpose of the communication with this child's parents/guardians to discuss ... MARK YES OR NO ON EACH ROW.**

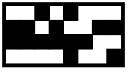
	<u>Yes</u>	<u>No</u>
a. Behavior problems the child is having in school?	<input type="checkbox"/>	<input type="checkbox"/>
b. Any problems the child is having with school work?	<input type="checkbox"/>	<input type="checkbox"/>
c. Anything the child is doing particularly well in or better in at school?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

**A11. Date Questionnaire Completed:**

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

**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, you are finished with the questionnaire. Thank you for your cooperation!**



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, you are finished with the questionnaire.  
Thank you for your cooperation!**

## 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.**

<b>Fields of Science</b>	<b>Not yet taught or not taught in this grade</b>	<b>On 1-10 days</b>	<b>On 11-20 days</b>	<b>On 21-40 days</b>	<b>On 41-80 days</b>	<b>On more than 80 days</b>
a. <b>Physical science</b> , for example, understanding matter, chemical reactions, gravity, energy, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Life science</b> , 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. <b>Earth science</b> , for example, learning about the solar system; interactions of the geosphere, hydrosphere, atmosphere, and biosphere; effects of human activity on Earth's resources and environments; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scientific Method</b>						
d. <b>Conceptual modeling</b> , for example, developing and using models to describe events, phenomena, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Scientific testing</b> , for example, planning and conducting investigations, observing and measuring using appropriate tools and fair tests to generate data, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Analysis and conclusions</b> , 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"/>
<b>Science, Engineering, and Technology</b>						
g. <b>Interdependence of science, technology, and engineering</b> , 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. <b>Engineering concepts</b> , 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"/>

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

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Less than once a month or never</b>
a. Read a science textbook or e-book	<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 hands-on science equipment (for example, magnifying glass, scales, thermometers, microscopes, dissecting tools, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use "virtual" science equipment, that is, use computer-based interactive renderings of science equipment	<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. Engage in "virtual" activities or investigations in science, that is, using computer-based tools for the activities or investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Talk about measurements and results from children's hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Talk about measurements and results from "virtual" activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prepare a written science report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Take a science test or quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Use library or media center resources for science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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. 3rd grade or lower	<input type="checkbox"/>
b. 4th grade	<input type="checkbox"/>
c. 5th grade	<input type="checkbox"/>
d. 6th grade	<input type="checkbox"/>
e. 7th 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
----------------------	----------------------	--

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

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

**Number of children**

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

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

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

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

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

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

<input type="text"/>	<input type="text"/>	Number of children about on grade level
----------------------	----------------------	---

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

**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 diagnosed with a disability
--	--	--

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

- Yes
- No (SKIP TO Q D1)

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

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



## SECTION D. CLASSROOM INSTRUCTION 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.

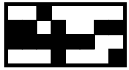
	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher 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. 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"/>

**D3. 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 D5)**
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



Draft

**D4. 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

**D5. 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"/>

**SECTION E. STAFF ACTIVITIES**

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

- Yes (**GO TO Q E2**)
- No (**YOU ARE FINISHED WITH THE QUESTIONNAIRE**)

\* 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"/>

**THANK YOU FOR YOUR COOPERATION!**



Draft



For Office Use Only

Comp

Ref





Draft

