

OMB Appendix J.

NLTS 2012 Math or Language Arts Teacher Questionnaire



OMB No: xxxx-xxxx
App. Exp: xx/xx/xxxx

NLTS-2012

MATH OR LANGUAGE ARTS TEACHER QUESTIONNAIRE

Thank you in advance for the time spent completing this questionnaire—it is vital to the success of this important U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and outcomes for youth with and without disabilities.

Be assured that your answers will be completely confidential; no information will be reported that identifies you or your student.

For the NLTS-2012, Mathematica Research Policy and DIR are authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

This questionnaire is to be completed by either the mathematics or language arts teacher of the class taken by the student identified below. If the student takes that class in a special education setting, the special education teacher should complete the questionnaire. References to “this student” means the student named below.

<p style="text-align: center;">STUDENT NAME</p> <p style="text-align: center;">Mathematics or Language Arts</p>

If you prefer to complete the questionnaire on our secure website, you may do so at XXXXXX.XXX. Your log-in and password are XXXXXXXX XXXXXXXX. You may also call XXX-XXX-XXXX to complete the questionnaire by telephone or if you have any questions about the study or the participation of your school, staff, or students. Alternately, you may email us at XXXXXXXX, or visit our web site at XXXXXXXX.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0882. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20201-4651.

A. Class Characteristics

A1. What subject do you teach this student? (If you teach this student in more than one subject, please answer about the subject named on the cover of this questionnaire.)

(NLTS2 A1modified)

MARK ONE ONLY

- 1 Mathematics (including specialties like business math)
- 2 Language Arts (e.g., English, reading, literature, writing) → **GO TO A3**

A2. What mathematics subject do you teach this student? (If you teach this student in more than one mathematics subject, please select the first mathematics class taught during a typical week.)

(NLTS2 A1modified)

MARK ONE ONLY

- 1 Arithmetic (fractions, percentages, decimals) grades 6, 7, 8
- 2 Pre-Algebra
- 3 Algebra I
- 4 Geometry
- 5 Algebra II
- 6 Trigonometry
- 7 Probability and/or Statistics
- 8 Pre-calculus
- 9 Calculus
- 10 Basic skills or remedial mathematics in high school
- 11 Consumer Math
- 12 Other (*Please describe*)

A3. In what grade are the majority of students in this class?

(NLTS2 A4)

MARK ONE ONLY

- 1 6th grade
- 2 7th grade
- 3 8th grade
- 4 9th grade
- 5 10th grade
- 6 11th grade
- 7 12th grade
- 8 Ungraded

A4. How would you characterize the course you teach this student?

(NLTS2 A3, REV)

MARK ONE ONLY

- 1 Basic, remedial, or below grade level
- 2 Standard or at grade level
- 3 Advanced, honors, AP, or above grade level

A5. How many of the following are in this class on a typical day? (Include yourself in the count.)

- Enter one number for each category.
- Enter "0" if none.

(NLTS2A5 MODIFIED)

	Number
a. Students with IEPs	_ _
b. All other students (without IEPs)	_ _
c. Teachers with special education certification	_ _
d. Teachers with general education certification	_ _
e. Classroom aides.....	_ _
f. One-to-one instructional assistants assigned to a specific student	_ _
g. Other specialists.....	_ _
h. Adult volunteers.....	_ _
i. Other (<i>Please specify</i>).....	_ _

B. Instructional Practices

The next questions are about the instructional and communication practices used in your classroom for this student and the class as a whole.

B1. Which of the following best describes the curriculum you use for this student?

(NLTS2 B1modified)

MARK ONE ONLY

- 1 General education with modification
- 2 General education without modification
- 3 A curriculum other than the general education curriculum

B2. In column A, please indicate how often the class as a whole uses the following instructional materials.

(NLTS2
B3A/B
modified)

In column B, indicate how often this student uses these materials.

	MARK ONE IN COLUMN A FOR EACH ROW			MARK ONE IN COLUMN B FOR EACH ROW		
	Column A The class as a whole			Column B This student		
	Never or Rarely	Sometimes	Often	Never or Rarely	Sometimes	Often
a. Textbooks, worksheets, workbooks, curriculum-based materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Fiction and non-fiction books, newspapers, and magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Manipulatives in class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Games and toys used for instructional purposes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Multimedia (the combined use of text, captioning, graphics, animation, pictures, video, and sound to present information)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Computers for word processing, spreadsheets, and other applications.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Computers for academic drills and skills practice ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Computers for accessing information or lessons on the internet or downloading materials, such as podcasts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Interactive white boards or smart boards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Tablet PCs such as iPads.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. eBooks, eBook readers such as Nook or Kindle, v-books	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Digital portfolios (a collection of the student's work)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. E-pals (electronic pen-pals).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Other – Specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B3. For this student's class, do you make materials relevant to the curriculum available to parents via the internet (e.g. information on what is being covered in class)?

1 Yes

0 No

B4. In column A, please indicate how often during this academic year the class as a whole engages in the following instructional activities and groupings. In column B, please indicate how often this student engages in these activities and groupings.

(NLTS2
B7modified &
SIPAB, REV)

MARK ONE IN COLUMN A
FOR EACH ROW

MARK ONE IN COLUMN B
FOR EACH ROW

	Column A The class as a whole			Column B This student		
	Never or Rarely	Sometimes	Often	Never or Rarely	Sometimes	Often
	Student-Centered Activities					
a. Responds to questions orally (or through student's primary mode of communication)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Works independently	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Works with a peer partner or group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Performs or presents in front of class or group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Engages in project-based learning (over multiple days), individually or as a group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Uses examples from current events to illustrate application of subject material	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Uses examples from the world of work to illustrate application of subject material	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Teacher Instruction						
h. Receives individual instruction from classroom teacher	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Receives individual instruction from another adult ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Receives the same material taught in multiple ways (lecture, demonstration, activities, discussion)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Receives information written on the blackboard or whiteboard in an alternative format	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Engages in small-group instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use of Assessments						
m. Takes quizzes or tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Demonstrates knowledge of subject material through alternatives to assessments (portfolios, projects, presentations)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Uses diagnostics or interim assessments developed by you as the teacher	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. Uses diagnostic or interim assessments pre-made by a vendor (e.g. textbook publisher or standardized diagnostic)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
q. Receives instruction based on an assessment of student learning styles or preferences	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Instruction Outside Your Class						
r. Field trips or instruction outside the school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
s. Integrated instruction across different classes or school activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B5. To what extent do you use the following behavior strategies?

(PBIS)

MARK ONE ON EACH ROW

	Never	Sometimes	Always
a. I convey my behavior expectations to students and reinforce those expectations through my curriculum.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. I provide a continuum of consequences for behavior infractions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. I consistently reinforce positive behaviors	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. I share information on individual student behavior among teachers and used this information in my decision making	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

C. Accommodations and Supports

IF STUDENT DOES NOT HAVE AN IEP OR 504 PLAN, CHECK THIS BOX AND SKIP TO SECTION D ON PAGE 8.

C1. Which of the following accommodations or modifications, if any, are provided to this student to help him or her in this class?

(NLTS2B8)

MARK ONE FOR EACH ROW

Accommodations/Modifications	Yes	No	Don't Know
a. More time in taking tests.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Tests read to student	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Modified tests.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Alternate tests or assessments	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Modified grading standards	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Slower-paced instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Additional time to complete assignments	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Shorter or different assignments	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. More frequent feedback.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Physical adaptations (e.g. modifications to the classroom, special desks).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Large print or Braille books.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Other – Specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C2. Which of the following additional supports or assistance, if any, are provided to this student to help him or her succeed in this class?

MARK ONE FOR EACH ROW

Additional Supports or Assistance	Yes	No	Don't Know
a. Reader or interpreter, including sign language	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Teacher aide, instructional assistant, or other personal aide	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Student progress monitored by special education teacher or related service provider	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Peer tutors	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Tutoring by an adult	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Behavior management program	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Learning strategies/study skills assessment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Self-advocacy training	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Computer-based assistive technology. Examples may include: abbreviation expanders, alternative keyboards, freeform database software, graphic organizers and outlining information/data managers, optical character recognition, speech-recognition programs, speech synthesizers/screen readers, talking calculators, talking spell checkers and electronic dictionaries, variable-speed tape recorders or word-prediction programs	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Other – Specify:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C3. Which of the following learning aids, if any, are provided to this student to help him or her in this class?

MARK ONE FOR EACH ROW

Learning Aids	Yes	No	Don't Know
a. Books on tape	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Use of a calculator for activities not allowed other students	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Communication aids (Voice synthesizers, Braille, etc.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Use of computers for activities not allowed other students	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Computer software designed for students with disabilities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Computer hardware adapted for student's unique needs	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other accommodations, supports, or learning aids (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

The next questions assess the services and supports you receive in your class and the expectations that you have for this student.

C4. Which of the following supports, if any, have been provided to you because this student is in your class?

(NLTS2B9)
(Modified)

MARK ONE FOR EACH ROW

	Yes	No	Don't Know
a. Information about this student's needs or abilities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Special equipment or materials to use with this student	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Smaller student load or class size	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Consultation services by special education or other staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Teacher aides, instructional assistant, aides for individual student	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Co-teaching special education and general education teachers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Professional development training on how to adapt instruction to meet the needs of this student.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Other type of support (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C5. In your opinion, how adequate are the supports that are provided to you because this student is in your class?

(NLTS2 B10)

MARK ONE ONLY

- n Not applicable; none are needed
- 1 Not at all adequate
- 2 Not very adequate
- 3 Somewhat adequate
- 4 Very adequate

C6. Generally, is this student expected to keep up with the other students in this class (using any accommodations or modifications he or she might need)?

(NLTS2 C3)

- 1 Yes
- 0 No

C7. Generally, does this student keep up with the other students in this class (using any accommodations or modifications he or she might need)?

(NLTS2C4)

- 1 Yes
- 0 No

C8. During this school year, to what extent will this student participate in any state mandated standardized tests in the subjects you teach him or her?

(NLT2SP5a Modified)

- A **modification** means a change in what is being taught to or expected from the student. Making an assignment easier so the student is not doing the same level of work as other students is an example of a modification.
- An **accommodation** is a change that helps a student overcome or work around the disability. Allowing a student who has trouble writing to give his answers orally is an example of an accommodation. This student is still expected to know the same material and answer the same questions as fully as the other students, but he doesn't have to write his answers to show that he knows the information.

MARK ONE ONLY

- 1 There is no such testing at this grade level → GO TO C11
- 2 Student participates in the testing program without accommodations or modifications
- 3 Student participates in the testing program with accommodations only
- 4 Student participates in the testing program with both accommodations and modifications
- 5 Student participates in the testing program with modifications only
- 6 Student does not take such tests → GO TO C11

C9. Does this student participate in an alternate assessment in place of the standard state mandated test (in the subject you teach him/her)?

(NEW)

- 1 Yes
- 0 No

C10. Which of the following will this student use to take state mandated standardized tests during this school year (in the subject you teach him or her)?

(NLT2SP5b modified)

MARK ONE FOR EACH ROW

	Yes	No	Don't Know
a. Extra time to take test.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Breaks during test.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Flexible time of day.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Test spread across more than one day.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. In special setting (small group, special place, etc.).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Test read to student.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Large print, large font, or Braille.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Templates, masking or marker to maintain place.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Student responses (verbal, pointing) marked by proctor.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Student marks in test booklet (instead of scantron sheet).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. A scribe who writes what the student dictates.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. IF MATH, ASK – ELSE SKIP TO C10m: Use of calculators on mathematics tests...	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Taking the test in a different language, including sign language.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Other testing accommodation (<i>Please specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C11. During this school year, have you attended an Individualized Education Plan (IEP) meeting about special education services for this student?

(NLT2 B5)

MARK ONE ONLY

- n Not applicable; this student does not receive special education
- 1 Yes
- 0 No

D. Student's School Behavior

The following questions focus on this student's grades, performance, and classroom behaviors such as completing homework and participating in group discussions.

D1. Relative to other students in class, is this student's performance in the top quartile, second quartile, third quartile, or bottom quartile?

(NLTS2 C5, modified)

MARK ONE ONLY

- 1 Top quartile (top 25% of students)
- 2 Second quartile
- 3 Third quartile
- 4 Bottom quartile (bottom 25% of students)

D2. How often does this student do each of the following in this class?

(NLTS2-C6)

MARK ONE FOR EACH ROW

	Rarely	Sometimes	Usually	Almost Always	Not Applicable
a. Completes homework on time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. Takes part in group discussions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. Stays focused on class work.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. Withdraws from social contact or class activities..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. Works to the best of his or her ability.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

The next questions are about the student's communication, engagement, and externalizing behavior.

D3.

(SSIS)

This item has been removed for the draft being made public in the OMB package submission. It cannot be displayed in public forum for copyright reasons.

D4. Approximately how often have you communicated with this student's parent/ guardian(s) during this school year about his/her progress (by phone, in person, or in writing), including parent / teacher conferences but not counting routine written progress reports or report cards?

(NLTS2C7)

MARK ONE ONLY

- 0 Never
- 1 Once
- 2 A few times over the school year
- 3 Once every other month
- 4 Once a month
- 5 Once a week or several times a month
- 6 Every day or several times a week

E. Teacher Characteristics

The next questions are about you.

E1. Are you credentialed to teach the class you are teaching this student at this grade level?

(NLTS2D1)

1 Yes

0 No

E2. For how many years have you been a teacher?

(NLTS2D2)

|_|_| YEARS TAUGHT

E3. Are you Hispanic or Latino?

(New)

1 Yes - Hispanic or Latino

0 No - Not Hispanic or Latino

E4. Which best describes your race?

MARK ALL THAT APPLY

1 American Indian or Alaska Native

2 Asian

3 Black or African American

4 Native Hawaiian or Other Pacific Islander

5 White

E5. During the past 3 years, have you participated in any continuing professional development activities totaling 8 or more hours to help you in any of the following areas?

(NLTS2D5) **Please indicate in Column A whether you have received each kind of continuing professional development. Then, for each kind of continuing professional development activity in which you participated, indicate in Column B whether it was adequate.**

	Column A Received professional development		Column B Professional development was adequate	
	Yes	No	Yes	No
a. The subject matter content that you teach this student.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Working with students who are considered to be "at risk"	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Working with students with disabilities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Working with students who struggle academically	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Working with students who are English Language Learners (ELL)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Behavior management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Creating a positive school environment, violence prevention	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Collaborating with other educators	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Working with parents	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Using technology in instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Considering and building on the cultural diversity of students	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Using data on student performance to guide instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Other continuing professional development (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

E6. Please indicate the extent to which you agree or disagree with each of the following statements.

(NLTS2D4)

MARK ONE ON EACH ROW

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The school leadership has high expectations and standards for all students and teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The principal promotes instructional improvement among school staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. This school is a safe place for students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I have adequate training and support for teaching students with disabilities assigned to my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I have adequate training and support for teaching English Language Learners (ELL) assigned to my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I have adequate training <u>and</u> support for teaching students assigned to my class who struggle academically	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

THANK YOU AGAIN FOR COMPLETING THIS QUESTIONNAIRE.

AS SOON AS WE RECEIVE THIS QUESTIONNAIRE, WE WILL SEND YOUR \$25. THANK YOU.

PLEASE ENTER THE ADDRESS TO WHICH WE SHOULD SEND THE CHECK:	
Address: _____	
City: _____	
State: _____	ZIP Code: _____

May we also have your email and telephone number in case we have any questions about your responses?

Email: _____ @ _____	
Phone: (_____) - _____ - _____	
Area Code	Number

PLEASE RETURN THE QUESTIONNAIRE IN THE POSTAGE-PAID ENVELOPE. IF YOU DO NOT HAVE THE ENVELOPE, YOU MAY FAX THE QUESTIONNAIRE TO: xxxxxxxxxx at xxx-xxx-xxxx OR MAIL IT TO: NLTS-2012 STUDY, xxxxxxxxxxxxxxxx.