

ATTACHMENT M
EDIT TEACHER QUESTIONNAIRE

Examining Data Informing Teaching (EDIT) Teacher Questionnaire

Questions marked with an asterisk (*) have been revised to make them appropriate for this sample.

ABOUT THIS QUESTIONNAIRE

This questionnaire is an important part of a larger study supported under a contract from the U.S. Department of Health and Human Services, Administration for Children and Families. The overall purpose of the Examining Data Informing Teaching (EDIT) project is to understand the ways teachers use assessments to individualize instruction for preschool children. Participation in this project is voluntary.

This form requests information about your child-care setting and your background and experience. The information will be used for research purposes only and will be kept private to the extent allowed by law. Your answers to these questions will not be shared with your employer. Your name will not be attached to any information you give us. Please note that pages are double-sided, and the questionnaire is 3 pages. It should take about 5 minutes to complete. You may skip any question you do not wish to answer.

Most of the questions can be answered by marking an "X" in the box. For a few questions you may be asked to write in a response.

1 2 3

Thank you very much for your help.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0355 and it expires 03/31/2018.

A. STAFF DEVELOPMENT

A1. Please record today's date:

|_|_|/|_|_|/|2|0|_|_|

*A2. How many hours a year do you attend staff trainings about assessment or evidence-based instructional practices?

|_|_|_| HOURS

*A3. How often do you have one-on-one supervision meetings or group supervision meetings about assessment or evidence-based instructional practices?

MARK ONE ONLY

- 0 Never
1 Once a year
2 A few times a year
3 Once every 2 months
4 Once a month
5 Two times per month
6 One time per week
7 More than once a week
n/a Not applicable

*A4. Is there someone who mentors you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training about assessment or evidence-based instructional practices?

- 1 Yes
0 No

B. COMMUNICATION WITH PARENTS

B1. How often do you talk to parents about how their children are doing on a formal or informal basis?

MARK ONE ONLY

- 0 Never
1 Only at parent-teacher conferences
2 Every 2 or 3 months
3 Once or twice a month
4 Once or twice a week
5 Daily

B2. How often do you hold formal parent-teacher conferences with parents about individual children?

MARK ONE ONLY

- 0 Never
1 Once a year
2 Twice a year
3 3 times a year
4 4 or more time a year

C. EMPLOYMENT

***C1. Are you currently working in this early childhood setting full or part-time?**

MARK ONE ONLY

1 Full time

0 Part time

***C2. Counting this school year, how long have you worked in your current early childhood setting?**

|_|_| YEARS |_|_| MONTHS

C3. Counting this school year, how long have you worked in your current classroom?

|_|_| YEARS |_|_| MONTHS

***C4. Please indicate your role(s) at this early childhood setting.**

MARK ALL THAT APPLY

1 Owner

2 Director

3 Lead Teacher

4 Assistant Teacher

5 Teacher

6 Administrative Assistant

7 Other role (*please specify*)

D. EDUCATION AND EXPERIENCE

D1. Do you currently hold a Child Development Associate (CDA) credential?

1 Yes

0 No

D2. What is the highest level of education you have completed?

MARK ONE ONLY

0 High school diploma or GED

1 College course(s) without a degree

2 Associate's degree

3 Bachelor's degree

4 Master's degree

5 Education specialist or professional diploma based on at least one year of course work past a Master's degree level

6 Doctorate

7 Other (*please specify*)

D3. In what field did you obtain your highest degree?

MARK ALL THAT APPLY

1 Child development or developmental psychology

2 Early childhood education

3 Elementary education

4 Special education

5 Other (*please specify*)

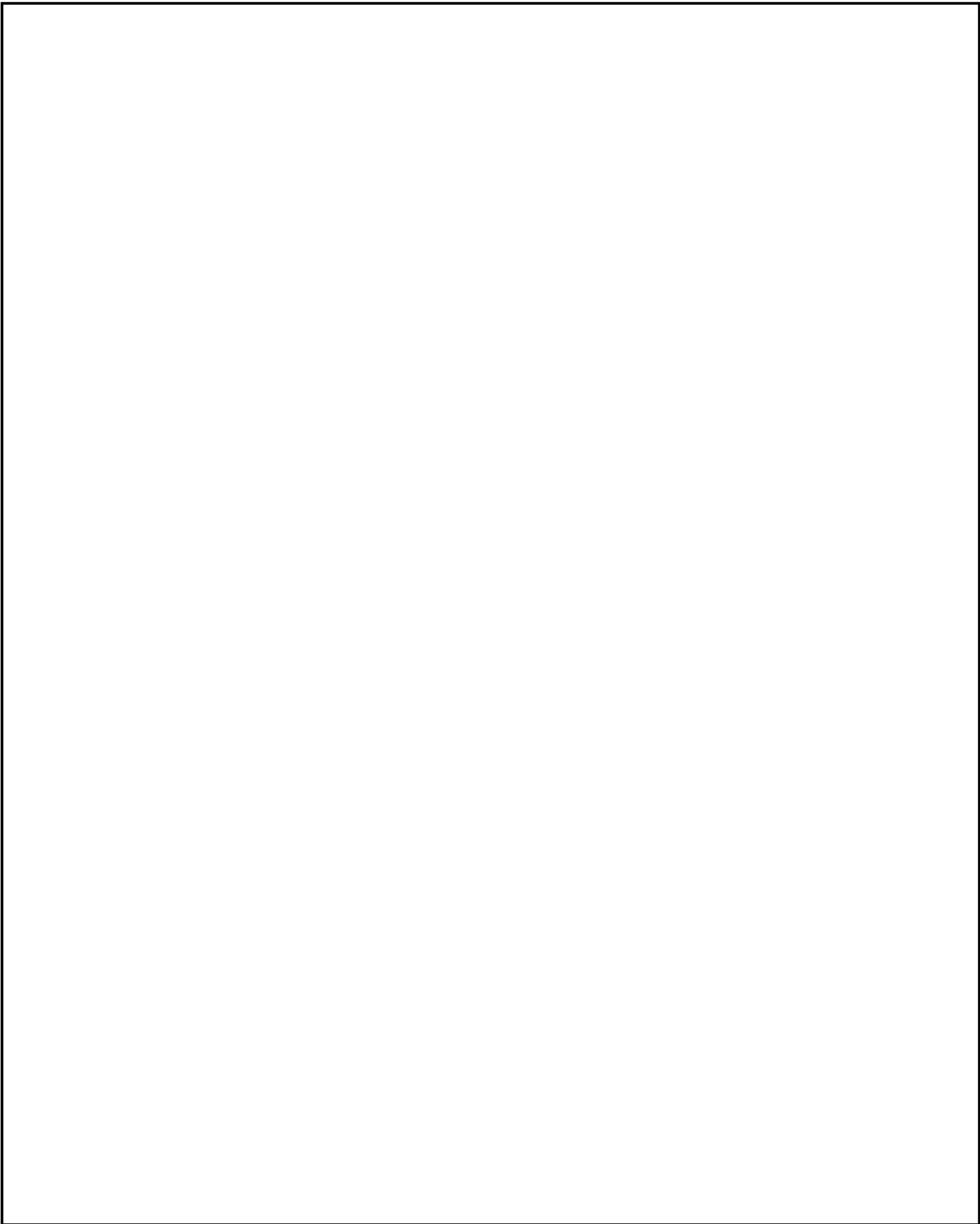
***D4. How many college courses have you completed related to child development and/or assessment?**

|_|_| CHILD DEVELOPMENT COURSES

|_|_| ASSESSMENT COURSES

***D5. Including this year, how many years have you worked with preschool aged children?**

|_|_| YEARS



E. DEMOGRAPHIC INFORMATION

E1. Are you...

1 Female

2 Male

E2. In what year were you born?

|_|_|_|_| YEAR

***E3. Please indicate languages you speak fluently.**

SELECT ONE OR MORE

1 English

2 Spanish

3 Other (*please specify*) _____

E4. Are you of Spanish, Hispanic or Latino origin?

1 Yes

0 No

E5. What is your race?

SELECT ONE OR MORE

1 White

2 Black or African-American

3 Asian

4 American Indian or Alaskan Native

5 Native Hawaiian or other Pacific Islander

Thank you for your participation. If you have any questions about this questionnaire or the EDIT project, please call [STAFF], at [PHONE NUMBER].

Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

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