

This document is being carried over from November 2015 clearance

**Middle Grades Longitudinal Study of 2017–18 (MGLS:2017)
Recruitment and Data Collection Materials for the 2016 Item Validation
Field Test**

OMB# 1850-0911 v.8

Appendix T - V: Data Collection Instruments

National Center for Education Statistics
U.S. Department of Education
Institute of Education Sciences
Washington, DC

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Appendix T has been approved and is being carried over from the MGLS:2017 IVFT Recruitment package (OMB# 1850-0911 v. 3, 4, 5, and 7).

Appendix T. Student Rostering Form

Appendix T includes the student rostering form referenced in Appendix S.

Appendix T - Rostering Form Item Validation Field Test

Instructions: For each student currently enrolled in grades [5, 6, 7, and 8] in your school, please provide the below information. Please be certain to include **all** children in each grade.

Last Name	First Name	Student ID number	Date of birth MM/DD/YY	Grade	Sex	Race	Ethnicity	IEP	IEP*	Parent Contact information Name Address Home phone number Cell phone number E-mail address	Student's Math Teacher	If applicable, student's special education teacher(s)
						Race <i>(circle all that apply)</i>	Hispanic	Does student have IEP?	If yes to IEP, Disability Code(s) *01, 02, 03, ...			
1.					Male Female	White Black or African American Asian Native Hawaiian or Pacific Islander American Indian or Alaska Native	Yes No	Yes No				
2.					Male Female	White Black or African American Asian Native Hawaiian or Pacific Islander American Indian or Alaska Native	Yes No	Yes No				
...					Male Female	White Black or African American Asian Native Hawaiian or Pacific Islander American Indian or Alaska Native	Yes No	Yes No				

* For Disability code, please select the primary disability code. (01) Specific Learning Disability, (2) Autism, (3) Emotional Disturbance.

NCES is authorized to conduct MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C., § 9543). The data are being collected for NCES by RTI International, a nonprofit research organization based in North Carolina. The collected data 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 (ESRA 2002, 20 U.S.C., § 9573). The collected information will be combined across respondents to produce statistical reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 5 minutes per row, including the time to review instructions, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this information collection, please write directly to: National Center for Education Statistics, Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Fourth floor, Washington, D.C. 20024.

Appendix U.1 Student Survey Specifications

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) Student Questionnaire.

Login ID: _____

Password: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this survey, please write directly to: National Center for Education Statistics (NCES), Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Fourth floor, Washington, D.C. 20024.

The collection of information in this survey is authorized by the Education Sciences Reform Act of 2002 (ESRA 2002: 20 U.S. Code § 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.

ALL

Survey Information

Thank you for being part of the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) field test.

We want to learn about you and some of the things you may think or do.

This survey is voluntary and you can skip questions you do not want to answer.

Please click below to start the brief survey

[radio button] Start the survey

The National Center for Education Statistics (NCES) of the U.S. Department of Education is authorized to conduct MGLS:2017 by the Education Sciences Reform Act of 2002 (20 U.S. Code, Section 9543). All of the information you provide 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 (20 U.S. Code, Section 9573).

ALL

How to complete the survey

Thank you very much for participating! Before you get started, here are a few helpful hints.

- To answer a question, follow the directions that appear on each screen.
- Press the "Next" button to move forward.
- Press the "Back" button to go back.
- The "Save and Come Back Later" button can be used to save your responses and finish later (button is at the bottom of each page).
- To protect your data, your responses will be automatically saved and you will be logged off if the survey is idle for more than 30 minutes.

ALL

We hope you will respond to each question, but if you do not wish to answer a question then you can skip it. In order to skip a question, simply press the "Next" button on that screen. If you press the "Next" button without answering the question, a message will pop-up to make sure you meant to skip that question. If you did, just click the "Next" button again to move on. But if you did not mean to skip it, please provide your response and then click the "Next" button.

WARNING - 30 MINUTES

[IF IDLE MORE THAN 30 MINUTES] You have timed out of the survey. Your answers have been saved. **Please enter your Login ID and password to continue the survey.**

Login ID: _____

Password: _____

WARNING - COMPLETED SURVEY

[IF STUDENT ATTEMPTS TO LOGIN TO A COMPLETED SURVEY] Our records indicate that you have finished your survey. Thank you for your participation. You do not need to login again. If this is not right or if you have a question, **please raise your hand and a study staff will be right with you.**

WARNING - WELCOME BACK

[IF STUDENT RETURNING TO ONLINE SURVEY FOR SECOND OR HIGHER ORDER TIME] **Welcome back!** Thank you for taking the time to complete our survey. **Please enter your Login ID and password**, and the survey will begin where you left off. All your prior answers have already been saved.

Login ID: _____

Password: _____

Demographics Booklet

ALL

We have a few questions about your background.

AA01. What is your birth date?

PROGRAMMER: INSERT DROP DOWN FIELDS

BIRTH DATE AA02
 Month Day Year
 (January-December) (1-31) (1998-2009)
 NO RESPONSE.....M AA02

SOFT CHECK: IF AA01=NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

HARD CHECK: IF MONTH = 1, 3, 5, 7, 8, 10, OR 12, DAY CAN BE 1-31. IF MONTH = 2, DAY CAN BE 1-29. IF MONTH = 4, 6, 9, 11, DAY CAN BE 1-30. IF MONTH = 2 & DAY = 29 & YEAR ≠ 2000, 2004 OR 2008, OR IF MONTH = 2 & DAY = 30 OR 31, AA01= OUT OF RANGE.

IF MONTH = 4, 6, 9, 11 & DAY =31, AA01= OUT OF RANGE.

IF AA01= OUT OF RANGE: **Please review the birth date you selected to make sure that it is correct.**

PROGRAMMER BOX: QUESTION/SUBQUESTION NUMBERING THE QUESTION (E.G., AA01) AND SUB-QUESTION NUMBERING (E.G., a., b., etc.) SHOULD NOT BE DISPLAYED TO THE RESPONDENT FOR ALL ITEMS IN THE QUESTIONNAIRE.

PROGRAMMER BOX: DAY RANGE DISPLAY

IF MONTH= 1, 3, 5, 7, 8, 10, OR 12, THE DAY DROP DOWN MENU CAN DISPLAY 1-31

IF MONTH= 2, THE DAY DROP DOWN MENU CAN DISPLAY 1-29

IF MONTH= 4, 6, 9, 11, THE DAY DROP DOWN MENU CAN DISPLAY 1-30

ALL

AA02. What is your sex?

Select the one that best describes you.

Male.....1 AA03
 Female.....2 AA03
 NO RESPONSE.....M AA03

SOFT CHECK: IF AA02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

ALL

AA03. Are you Hispanic or Latino/Latina?

Select the one that best describes you.

- Yes.....1 AA04
- No.....0 AA05
- NO RESPONSE.....M AA05

SOFT CHECK: IF AA03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX AA03

DISPLAY HELP TEXT WHEN HOVERING OVER THE WORDS "HISPANIC OR LATINO/LATINA" FOR AA03

HELP TEXT:

Hispanic or Latino/Latina: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

AA03=1

AA04. Which of the following best describes you?

Select all that apply

- Mexican, Mexican-American, or Chicano/Chicana.....1 AA05
- Cuban.....2 AA05
- Dominican.....3 AA05
- Puerto Rican.....4 AA05
- Central American such as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran5 AA05
- South American such as Colombian, Argentine, or Peruvian.....6 AA05
- Other Hispanic or Latino/Latina.....99 AA05

Please type in your answer

(STR)

NO RESPONSE.....M AA05

SOFT CHECK: IF AA04= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

SOFT CHECK: IF AA04=99 AND AA04_SPEC UNANSWERED Please specify which other Hispanic or Latino/Latina category best describes you.

ALL

AA05. Which of the following best describes your race?

Select all that apply

- White.....1 AA07
- Black or African American.....2 AA07
- Asian.....3 AA06
- Native Hawaiian or other Pacific Islander.....4 AA07
- American Indian or Alaska Native.....5 AA07
- NO RESPONSE.....M AA07

SOFT CHECK: IF AA05= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

PROGRAMMER BOX AA05

DISPLAY HELP TEXT FOR EACH RESPONSE OPTION OF AA05 WHEN HOVERED OVER WITH EACH HELP TEXT DISPLAYING ONLY ITS CORRESPONDING DEFINITION:

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

AA05=3

AA06. Which of the following best describes you?

Select all that apply

- Asian Indian.....1 AA07
- Chinese.....2 AA07
- Filipino.....3 AA07
- Japanese.....4 AA07
- Korean.....5 AA07
- Vietnamese.....6 AA07
- Other Asian:.....99 AA07

Please type in your answer

(STRING 50)

NO RESPONSE.....M AA07

SOFT CHECK: IF AA06= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

SOFT CHECK: IF AA06=99 AND AA06_SPEC UNANSWERED: Please specify which other Asian race category best describes you.

ALL

AA07. Now we have a few questions about your grades in different subjects.

AA07 What was your grade during the last grading period in...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	A	B	C	D	F	This class is ungraded or uses alternative grading	Did not take this class in the last grading period
a. English/Language arts?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
b. Mathematics?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
c. Science?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
d. Social studies?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

SOFT CHECK: IF AA07= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX AA07

IF BOOKLET=4,5,6 OR GRADE=5, CONTINUE TO END1

ELSE, SKIP TO APPROPRIATE BOOKLET (1,2, OR 3)

IF BOOKLET=4,5,6 OR GRADE=5 AND AA01-AA07 HAS ANY MISSING, CONTINUE TO CHECK1, OTHERWISE CONTINUE TO END1

CHECK1. Thank you for answering our questions. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the student back to item]

IF BOOKLET=4,5,6 OR GRADE=5, CONTINUE TO END1

END1. You are done with this part of the survey. Thank you for taking the time to answer our questions!

Press "Submit" to finish.

PROGRAMMER BOX

PROGRAM A "Submit" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY.

**Booklet 1: Version 1.0:
Theories of Intelligence**

BOOKLET=1

These questions ask for your opinion about different things, so there are no right or wrong answers.

Let's get started.

BOOKLET=1

E06_B1. How much do you agree or disagree with the following statements?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. You have a certain amount of intelligence and you can't really do much to change it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Your intelligence is something about you that you can't change very much.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. No matter who you are, you can change your intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. You can learn new things, but you can't really change your basic intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. You can always change your intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. No matter how much intelligence you have, you can always change it quite a bit.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF E06_B1=NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

IF BOOKLET=1 AND E06_B1 HAS ANY MISSING, CONTINUE TO CHECK1, OTHERWISE CONTINUE TO END1

CHECK1. Thank you for answering our questions. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the student back to item]

BOOKLET=1

END1. You are done with this part of the survey. Thank you for taking the time to answer our questions!

Press "Submit" to finish.

PROGRAMMER BOX

IF BOOKLET=1, PROGRAM A "Submit" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed.
EXIT SURVEY.

Booklet 2: Versions 2.1 and 2.2

BOOKLET=2

Next we are interested in learning about what your school, friends, and home life are like, activities that you do, and how you think about yourself and school.

These questions ask for your opinion so there are no right or wrong answers. This is your chance to tell us about you.

Let's get started.

BOOKLET=2

A01. First are some questions about things that may happen at school.

How many times did the following happen in the last month?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	0 times	1 or 2 times	3 to 6 times	7 to 9 times	10 to 12 times	13 or more times
a. I was late for school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. I cut or skipped class.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF A01=NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

A02. How often does the following happen at your school?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. I feel like a real part of my school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. People notice when I'm good at something.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Other students take my opinions seriously.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. People are friendly to me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I'm included in lots of activities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF A02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

A06. The next questions are about the students at your school.

How often did the following happen at your school in the last month?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Physical conflicts (fights) among students.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Students bullied other students.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Students yelled and screamed at the teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Students physically attacked teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Students used alcohol.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Students used drugs.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Students brought in weapons.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF A06= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

A07. During the school year, how often have other students...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Teased you, made fun of you, or called you names?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Told lies or untrue stories about you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Pushed, shoved, slapped, hit, or kicked you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Left you out when they were hanging out, sitting together, or doing other activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF A07= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

C01. The next questions are about your classmates this school year. Please think only about the students who are in your classes.

How often are the following statements true?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. My classmates think it is important to be my friend.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. My classmates like me the way I am.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. My classmates care about my feelings.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. My classmates like me as much as they like other classmates.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. My classmates really care about me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF C01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

- C02.** Next are a few questions about people your age who you hang out with, including people you know from school or from somewhere else.

How important is it to the people your age who you hang out with that they...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all important	A little bit important	Somewhat important	Important	Very important
a. Attend classes regularly?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Get good grades?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Work hard in school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF C02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

C03. Of the people your age who you hang out with, how many...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	None	Some	About half	Most	All or almost all
a. Are members of a gang?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Have ever used a weapon in a fight?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Have ever stolen things?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Have ever hit someone, trying to seriously hurt them?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Have ever damaged property that didn't belong to them on purpose?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Have been suspended from school at least once this year?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Have skipped school at least once this year?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF C03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

C04. Of the people your age who you hang out with, how many have ever pressured you to...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	None	Some	About half	Most	All or almost all
a. Try cigarettes?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Try e-cigarettes or vaping?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Try marijuana or other drugs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Drink beer, wine, or liquor?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Skip school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Commit a crime or do something violent?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF C04= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

D01. Next are a few questions about your health.

In the last month, how often...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Did you have a headache?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Did you have aches, pains, or soreness in your muscles or joints?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Did you have a stomachache?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Did you wake up feeling tired?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Did you have trouble falling asleep or staying asleep?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF D01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

D02. What time do you usually wake up on school days?

PROGRAMMER: INSERT THREE DOWN FIELDS

D03

HOUR MINUTE AM/PM
(1-12) (0-55) (AM/PM)

NO RESPONSE.....M D03

SOFT CHECK: IF 11:00AM-3:00AM; **Please check that this is the time when you usually wake up on school days to make sure that it is correct.**

SOFT CHECK: IF D02= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

PROGRAMMER BOX D02

DISPLAY HOURS IN DROPDOWN MENU IN 1 HOUR INTERVALS RANGING 1-12 FOR HOUR

DISPLAY MINUTES IN DROPDOWN MENU IN 5 MINUTE INTERVALS RANGING 00-55 FOR MINUTE

DISPLAY "AM" AND "PM" RESPONSE OPTIONS IN DROPDOWN MENU FOR AM/PM

INSERT ":" BETWEEN HOUR AND MINUTE DROPDOWN BOXES

PROGRAMMER BOX D02

PROGRAMMERS: IN QUESTION D02, PLEASE DISPLAY HELP TEXT WHEN THE WORD "USUALLY" IS HOVERED OVER.

HELP TEXT FOR D02 QUESTION TEXT:

If you don't have a usual time that you wake up on school days, please select the time when you most often wake up on school days.

D03. What time do you usually go to sleep on school nights?

PROGRAMMER: INSERT THREE DOWN FIELDS

HOUR MINUTE AM/PM

(1-12) (0-55) (AM/PM)

E01

NO RESPONSE.....M E01

SOFT CHECK: IF 2:00AM-7:00PM; **Please check that this is the time when you usually go to bed on school nights to make sure that it is correct.**

SOFT CHECK: IF D03= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

PROGRAMMER BOX D02

DISPLAY HOURS IN DROPDOWN MENU IN 1 HOUR INTERVALS RANGING 1-12 FOR HOUR
DISPLAY MINUTES IN DROPDOWN MENU IN 5 MINUTE INTERVALS RANGING 00-55 FOR MINUTE
DISPLAY “AM” AND “PM” RESPONSE OPTIONS IN DROPDOWN MENU FOR AM/PM
INSERT “:” BETWEEN HOUR AND MINUTE DROPDOWN BOXES

PROGRAMMER BOX D03

PROGRAMMERS: IN QUESTION D03, PLEASE DISPLAY HELP TEXT WHEN THE WORD “USUALLY” IS HOVERED OVER

HELP TEXT FOR D03 QUESTION TEXT:

If you don’t have a usual time that you go to sleep on school nights, please select the time when you most often go to sleep on school nights.

E01. Now we'd like to know a little more about what you think and how you behave.

How often are the following statements true for you?

I see myself as someone who...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. Does things carefully and completely.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Can be somewhat careless.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Is a reliable worker.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Tends to be disorganized.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Tends to be lazy.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Keeps working until things are done	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Does things efficiently (quickly and correctly).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Makes plans and sticks to them.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Is easily distracted.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Never	Rarely	Sometimes	Often	Very often	Always
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- j. Has trouble paying attention. 1 2 3 4 5 6

SOFT CHECK: IF E01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

E02. How often are the following statements true for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
a. I think I am doing pretty well.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. I can think of many ways to get the things in life that are most important to me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. I am doing just as well as other people my age.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. When I have a problem, I can come up with lots of ways to solve it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. I think the things I have done in the past will help me in the future.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Even when others want me to quit, I know that I can find ways to solve the problem.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF E02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

E06_B2. How much do you agree or disagree with the following statements?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. You have a certain amount of intelligence and you can't really do much to change it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Your intelligence is something about you that you can't change very much.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. No matter who you are, you can change your intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. You can learn new things, but you can't really change your basic intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. You can always change your intelligence.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. No matter how much intelligence you have, you can always change it quite a bit.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF E06_B2= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

E07. How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all true	A little bit true	Somewhat true	True	Very true
a. When I become confused about something I'm learning at school, I try to figure it out.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I work my hardest to learn at school, even if I do not like the subject.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. When something I'm studying at school is difficult, I spend extra time and effort until I understand it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Even if it is boring, I try to learn as much as I can about what I am studying.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF E07= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

E08. Now we'd like you to tell us about how you've been feeling during the past week.

How often in the past week have you...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Felt bothered by things that usually don't bother you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Felt like not eating; your appetite was poor?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Felt that you could not shake off the blues even with help from your family or friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Felt that you had trouble keeping your mind on what you were doing?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Felt depressed?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Felt that everything you did was an effort?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Felt fearful?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Felt that your sleep was restless?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Felt that you talked less than usual?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Felt lonely?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Felt sad?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Never	Rarely	Sometimes	Often	Very often
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- I. Felt that you could not get going? 1 2 3 4 5

SOFT CHECK: IF E08= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX E08C

PROGRAMMERS: IN QUESTION E08C, PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "SHAKE OFF THE BLUES" IS HOVERED OVER

HELP TEXT FOR E08C QUESTION TEXT:

Not being able to "shake off the blues" refers to feeling unhappy, gloomy, or in a bad mood.

BOOKLET=2 & VERSION =2.2

E09. How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all true	A little bit true	Somewhat true	True	Very true
a. I like to explore strange places.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I like to do frightening things.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I like new and exciting experiences, even if I have to break the rules.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I prefer friends who are exciting and unpredictable.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF E09= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

E10a. American Society

Imagine that this ladder represents how American society is set up.

- At the top of the ladder are the people who are the best off--they have the most money, the most education, and the most respected jobs.

- At the bottom are the people who are the worst off--they have the least money, the least education, and the least respected jobs.

Now think about your family. Where would your family be on this ladder?

Select the place on the ladder that best represents where your family would be.

[NOTE TO PROGRAMMER: THE LADDER SHOULD APPEAR HERE, AFTER THE QUESTION TEXT WITH THE RADIO BUTTONS ADJACENT TO THE LADDER ON THE RIGHT SIDE]

Select one only

- 1 (top of the ladder).....1 E10b
- 2.....2 E10b
- 3.....3 E10b
- 4.....4 E10b
- 5.....5 E10b
- 6.....6 E10b
- 7.....7 E10b
- 8.....8 E10b
- 9.....9 E10b
- 10 (bottom of the ladder).....10 E10b
- NO RESPONSE.....M E10b

SOFT CHECK: IF E10a= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX E10A

* NOTE: WE WANT TO VISUALLY REPRESENT A LADDER WITH 10 RUNGS, EACH OF WHICH WILL HAVE A CORRESPONDING RADIO BUTTON. THE STUDENT WILL SELECT THE RADIO BUTTON THAT MATCHES WHERE HE/SHE THINKS HIS/HER FAMILY WOULD BE ON THE LADDER.

E10b. School

Now imagine the ladder represents how your school is set up.

- At the top of the ladder are the students in your school who have the most respect, receive the highest grades, and are the most popular.

- At the bottom are the students who have the least respect, receive the worst grades, and are the least popular.

Where would you place yourself on this ladder?

Select the place on the ladder that best represents where you would be.

[NOTE TO PROGRAMMER: THE LADDER SHOULD APPEAR HERE, AFTER THE QUESTION TEXT WITH THE RADIO BUTTONS ADJACENT TO THE LADDER ON THE RIGHT SIDE]

Select one only

- 1 (top of the ladder).....1 E11
- 2.....2 E11
- 3.....3 E11
- 4.....4 E11
- 5.....5 E11
- 6.....6 E11
- 7.....7 E11
- 8.....8 E11
- 9.....9 E11
- 10 (bottom of the ladder).....10 E11
- NO RESPONSE.....M E11

SOFT CHECK: IF E10b= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX E10B

*NOTE: WE WANT TO VISUALLY REPRESENT A LADDER WITH 10 RUNGS, EACH OF WHICH WILL HAVE A CORRESPONDING RADIO BUTTON. THE STUDENT WILL SELECT THE RADIO BUTTON THAT MATCHES WHERE HE/SHE THINKS HE/SHE WOULD BE ON THE LADDER.

E11. How much do you agree or disagree with the following statements?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. You feel close to others who share your race/ethnicity.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Other people judge you based on your race/ethnicity.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. You get in fights with other people because of your race/ethnicity.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. People do not want to hang out with you because of your race/ethnicity.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF E11= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

G01. Next we are going to ask you a few questions about what you want in the future.

How much do you agree or disagree with the following statements?

When I become an adult, it will be important for me to...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. Be successful in the job I have.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Find the right person to be with and have a happy life together.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Have lots of money.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Have strong friendships.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Help other people in my community.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Have a good education.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF G01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2

IF (BOOKLET=2 & VERSION=2.2) OR (BOOKLET=2 & VERSION=2.1 & GRADE=6) FILL **Next we are going to ask you a few questions about what you want in the future.**

G02. [FILL]

As things stand now, how far in school do you think you will go?

Select one only

- Won't finish high school.....1 G03
- Will graduate from high school, but won't go any further.....2 G03
- Will go to a technical or trade school after high school.....3 G03
- Will attend college.....4 G03
- Will graduate from college.....5 G03
- Will attend a higher level of school after graduating from college.....6 G03
- Don't know.....7 G03
- NO RESPONSE.....M G03

SOFT CHECK: IF G02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX G02

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "TECHNICAL OR TRADE SCHOOL" IS HOVERED OVER.

HELP TEXT FOR RESPONSE OPTION 3:

Examples of **technical or trade school** include automotives, culinary/food industry, electrical work, carpentry, graphic design, fashion, and information technology.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "HIGHER LEVEL OF SCHOOL" IS HOVERED OVER.

HELP TEXT FOR RESPONSE OPTION 6:

Examples of a **higher level of school** after graduating from college include masters, law, medical, or PhD degrees.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "DON'T KNOW" IS HOVERED OVER.

HELP TEXT FOR RESPONSE OPTION 7:

If you are deciding between two response options, please select the one that you think you have a better chance of doing rather than selecting "Don't know."

BOOKLET=2

G03. How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

Select one answer for each row	Not at all true	A little bit true	Somewhat true	True	Very True
a. I will graduate from high school.	1 ○	2 ○	3 ○	4 ○	5 ○
b. I will go to college.	1 ○	2 ○	3 ○	4 ○	5 ○

SOFT CHECK: IF G03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=2 & VERSION = 2.1

ELSE GO TO END1

G04. Finally, we have a few questions about conversations you may have had with a parent, teacher, or someone else.

Since the beginning of this school year, have you talked with any of the following people about what math courses to take next year?

Select all that apply

- My mother or female guardian1 G05
- My father or male guardian.....2 G05
- My friends.....3 G05
- A teacher.....4 G05
- A school counselor.....5 G05
- I have talked to someone else.....99 G05

Please type in your answer

(STR)

- I have not talked to anyone about this.....6 G05
- NO RESPONSE.....M G05

SOFT CHECK: IF G04= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

SOFT CHECK: IF G04=6 AND ANOTHER RESPONSE; You selected that you have not talked to anyone about what math

courses to take next year and another response option. Please select either “I have not talked to anyone about this” or the other response, but not both.

SOFT CHECK: IF G04=99 AND G04_SPEC UNANSWERED Please type in who else you talked to about what math courses to take next year.

PROGRAMMER BOX B04
PROGRAMMERS: IF G04=6 THEN GREY OUT ALL OTHER RESPOSNE OPTIONS
IF RESPONSE G06≠6 THEN GREY OUT OPTION 6

BOOKLET=2 & VERSION = 2.1

G05. Since the beginning of this school year, have you talked with any of the following people about going to college?

Select all that apply

- My mother or female guardian1 G06
- My father or male guardian.....2 G06
- My friends.....3 G06
- A teacher.....4 G06
- A school counselor.....5 G06
- I have talked to someone else.....99 G06

Please type in your answer

(STR)

- I have not talked to anyone about this.....6 G06
- NO RESPONSE.....M G06

SOFT CHECK: IF G05= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

SOFT CHECK: IF G05=6 AND ANOTHER RESPONSE; You selected that you have not talked to anyone about going to college and another response option. Please select either “I have not talked to anyone about this” or the other response, but not both.

SOFT CHECK: IF G05=99 AND G05_SPEC UNANSWERED Please type in who else you talked to about going to college.

PROGRAMMER BOX B04
PROGRAMMERS: IF G05=6 THEN GREY OUT ALL OTHER RESPOSNE OPTIONS
IF RESPONSE G05≠6 THEN GREY OUT OPTION 6

BOOKLET=2 & VERSION = 2.1 & GRADE=8
ELSE GO TO END1

G06. Since the beginning of this school year, have you talked with any of the following people about possible jobs or careers when you are an adult?

Select all that apply

- My mother or female guardian1 END1
- My father or male guardian.....2 END1
- My friends.....3 END1
- A teacher.....4 END11
- A school counselor.....5 END1
- I have talked to someone else.....99 END1

Please type in your answer

(STR)

- I have not talked to anyone about this.....6 END1
- NO RESPONSE.....M END1

SOFT CHECK: IF G06= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

SOFT CHECK: IF G06=99 AND G06_SPEC UNANSWERED **Please type in who else you talked to about possible jobs or careers when you are an adult.**

PROGRAMMER BOX B04

PROGRAMMERS: IF G06=6 THEN GREY OUT ALL OTHER RESPOSNE OPTIONS
IF RESPONSE G06≠6 THEN GREY OUT OPTION 6

IF BOOKLET=2, CONTINUE TO END1

END1. You are done with this part of the survey. Thank you for taking the time to answer our questions!

Press "Submit" to finish.

PROGRAMMER BOX END1

IF BOOKLET=2, PROGRAM A "submit" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY

Booklet 3: Versions 3.1 and 3.2

BOOKLET=3

Next we are interested in learning about what your school, friends, and home life are like, activities that you do, and how you think about yourself and school.

These questions ask for your opinion so there are no right or wrong answers. This is your chance to tell us about you.

Let's get started.

A03. First are some questions about things that may happen at school.**How much do you agree or disagree with the following statements about your school?**

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. Students get along well with teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Students have friends of races/ethnicities different than their own.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. I feel safe at this school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Disruptions by other students get in the way of my learning.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. The school rules are fair.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. The punishment for breaking school rules is the same no matter who you are.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. The school rules are strictly enforced.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Students get along well with other students.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Students are treated differently at school because of their race/ethnicity.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. I feel comfortable to be myself at school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF A03=NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

A04. Now we'd like to know about teachers at your school. For these questions, think about all the teachers at your school, even if you don't have a class with them.

How often do the teachers at your school do the following?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. Teachers praise students' efforts when they work hard.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Teachers want students to get good grades.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Teachers put down students in class.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Teachers expect students to do their best.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Teachers expect everyone to work hard.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Teachers encourage students to consider different solutions or points of view.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Teachers want	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Never	Rarely	Sometimes	Often	Very often	Always
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students to become better thinkers, not just memorize things.

SOFT CHECK: IF A04= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3

A05. Now we want you to answer these questions thinking only about teachers that you have class with.
How often does the following happen with your teachers?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. I get along well with my teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. My teachers listen to what I have to say.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. If I need extra help, I receive it from my teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. My teachers treat me fairly.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. My teachers care about my feelings.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF A05= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3 & VERSION = 3.2

B01. The next few questions are about activities you do at school.

Have you participated in the following school-sponsored activities at any time during this school year?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Did not participate	Participated	Participated as an officer, leader, or captain
a. School sports	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Math or science clubs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Performing arts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Student government	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. School yearbook, newspaper, or literary magazine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Other school clubs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Other school-sponsored activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<input type="text"/> (STRING 100)			

SOFT CHECK: IF B01= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

SOFT CHECK: IF B01g = 2 OR 3 AND B01g_SPEC UNANSWERED **Please type in what other activities you do at school.**

PROGRAMMER BOX B01

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "PARTICIPATED AS AN OFFICER, LEADER, OR CAPTAIN" IS HOVERED OVER

HELP TEXT FOR RESPONSE OPTION #3:

If you participated in multiple activities, select "Participated as an officer, leader, or captain" if you were the officer, leader, or captain for at least one of those activities.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "SCHOOL SPORTS" IS HOVERED OVER.

HELP TEXT:

School sports include, for example, basketball, baseball, football, soccer, track/field, cheerleading, and tennis.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "MATH OR SCIENCE CLUBS" IS HOVERED OVER.

HELP TEXT:

Math or science clubs include, for example, math, robotics, or science bowl.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "OTHER SCHOOL CLUBS" IS HOVERED OVER.

HELP TEXT:

Other school clubs include, for example, academic clubs, hobby clubs, service clubs, technical/trade education clubs, social justice/support networks, gaming, animation/drawing, yoga or martial arts.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "PERFORMING ARTS" IS HOVERED OVER.

HELP TEXT:

Performing arts include, for example, band, orchestra, chorus, choir, school play, or musical.

PLEASE DISPLAY HELP TEXT WHEN THE PHRASE "OTHER ACTIVITIES YOU DO AT SCHOOL" IS HOVERED OVER.

HELP TEXT.

If there are **other school-sponsored activities** that you have participated in that were not previously mentioned, please select "Participated" or "Participated as an officer, leader, or captain" (if you were an officer, leader, or captain for any of those activities). Please then type in what those activities are.

If there are no other school activities that you participate in, please select "Did not participate".

B02. The next questions ask about the activities you might do outside of school.

How often do you spend time...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Less than once a week	Once or twice a week	Every day or almost every day
a. Working on hobbies, arts, crafts, or playing a musical instrument outside of school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Taking music, art, foreign language, or dance lessons outside of school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Playing organized non-school sports?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Participating in a religious club or group?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Participating in a non-school, non-religious organized group activity?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Doing other activities outside of school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

(STRING 100)

SOFT CHECK: IF B02= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

SOFT CHECK: IF B02f > 1 AND B02f_SPEC UNANSWERED **Please type in what other activities you do outside of school.**

PROGRAMMER BOX B02

PLEASE DISPLAY HELP TEXT WHEN THE TEXT IN THE QUESTION STEM “DO OUTSIDE OF SCHOOL” IS HOVERED OVER.

HELP TEXT:

By **outside of school** we mean activities that you do, for example, local volunteering, community sports leagues or dance groups that are not sponsored by the school.

PLEASE DISPLAY HELP TEXT WHEN THE ROW HEADER “ORGANIZED NON-SCHOOL

SPORTS" IS HOVERED OVER.

HELP TEXT:

By **organized non-school sports** we mean, for example, Little League baseball/softball, community basketball, Pop Warner football, club soccer, gymnastics, or martial arts that are not sponsored by the school.

PLEASE DISPLAY HELP TEXT WHEN THE ROW HEADER "NON-SCHOOL, NON-RELIGIOUS ACTIVITY" IS HOVERED OVER.

HELP TEXT:

By **non-school, non-religious activity** we mean, for example, scouts, 4-H, volunteer group, community outreach, or Big Brothers/Big Sisters that are not sponsored by the school.

PLEASE DISPLAY HELP TEXT WHEN RESPONSE OPTION F "DOING OTHER ACTIVITIES OUTSIDE OF SCHOOL" IS HOVERED OVER

HELP TEXT:

If there are **other activities outside of school** that you participate in that were not previously mentioned, please select how often you do those activities. On the next screen, you will be asked to type in what those activities are.

If there are no other activities outside of school that you participate in, please select "Never".

BOOKLET=3

B03. The next questions ask about how you spend your free time.

For the next questions think of a typical weekday in the last month. How many hours per day did you spend doing the following on a typical weekday?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Less than 1 hour	1 to 2 hours	2 to 3 hours	3 to 4 hours	4 to 5 hours	5 or more hours
a. Hanging out or socializing with your friends in person after school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Working on homework and studying for class in school or after school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF B03= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

B04. Some people your age get paid for work they do.

Have you ever been paid to do the following?

(Do not include chores, helping around the house, or an allowance you might receive.)

Select all that apply

- Lawn work.....1 B05
- Waiter/waitress, dishwasher, or cleaning tables.....2 B05
- Newspaper route.....3 B05
- Babysitting or child care.....4 B05
- Petsitting.....5 B05
- Farm or agricultural work.....6 B05
- Other manual labor.....7 B05
- Store clerk, salesperson.....8 B05
- Office or clerical work.....9 B05
- Other work you do for pay.....99 B05

Please type in your answer

(STR)

- I have not done any work for pay.....10 B05
- NO RESPONSE.....M B05

SOFT CHECK: IF B04= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

SOFT CHECK: IF B04=99 AND B04_SPEC UNANSWERED Please type in what other work you do for pay.

PROGRAMMER BOX B04
PROGRAMMERS: IF B04=10 THEN GREY OUT ALL OTHER RESPOSNE OPTIONS
IF RESPONSE BESIDES B04=10 THEN GREY OUT OPTION 10

B05. The next questions ask about the activities you might do with technology.

For these questions, please enter hours in whole numbers (e.g., 1, 2, or 3) and if you spend less than an hour, please answer using minutes (note: 30 minutes = ½ hour; 60 minutes = 1 hour). Please enter “0” if you do not spend any time on the listed activity.

How much time per day do you spend...

	On a typical week day:	On a typical weekend day:
a. Watching movies or TV shows on live TV, DVR, On Demand, or through a website or streaming service (such as Netflix, Hulu Plus, or HBO Go)?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
b. Watching shorter video clips for fun on YouTube, Vine, or other sites?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
c. Looking up information online for schoolwork (for example, using Google, Wikipedia, or other sites)?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
d. Looking up information online for your own interests (for example, using Google, Reddit, Tumblr, or other sites)?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
e. Listening to music through music downloading or streaming services (such as iTunes, iTube, SoundCloud, Google Play, or Pandora)?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
f. Playing on a gaming system (such as X-Box or Wii), computer, or apps on your phone or tablet?	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES
g. Video chatting with friends	<i>B05a_wk</i> <input type="text"/> <input type="text"/> HOURS MINUTES	<i>B05a_wk nrl</i> <input type="text"/> <input type="text"/> HOURS MINUTES

	On a typical weekday:	On a typical weekend day:
through programs like Facetime, OoVoo, or Skype?	HOURS MINUTES	HOURS MINUTES
h. Messaging with friends using texting, KIK, iMessage, Snapchat, or some other app?	<i>B05a_wk</i> <input type="text"/> HOURS MINUTES	<i>B05a_wk</i> <input type="text"/> HOURS MINUTES
i. Looking at or commenting on other people's profiles, photos, updates, or posts on social media sites (such as Twitter, Instagram, Facebook, or Ask.fm)?	<i>B05a_wk</i> <input type="text"/> HOURS MINUTES	<i>B05a_wk</i> <i>nd</i> <input type="text"/> HOURS MINUTES
j. Doing some other activity using a computer, tablet, phone, or similar device?	<i>B05a_wk</i> <input type="text"/> HOURS MINUTES	<i>B05a_wk</i> <i>nd</i> <input type="text"/> HOURS MINUTES

(STRING 100)

Error: Reference source not found

SOFT CHECK: IF B05= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.
HARD CHECK: B05a_wk through B05j_wk > 24 NUMBER OF HOURS/MINUTES CANNOT NUMBER OF HOURS IN THE DAY You entered a value that is greater than the number of hours in the day. Please correct your answer.
HARD CHECK: B05a_wknd through B05j_wknd > 24 NUMBER OF HOURS/MINUTES CANNOT NUMBER OF HOURS IN THE DAY You entered a value that is greater than the number of hours in the day. Please correct your answer.
SOFT CHECK: SUM OF B05a_wk through B05j_wk HOURS>24.00: Your responses sum to more than 24 hours. Please confirm your responses are correct.
HARD CHECK: SUM OF B05a_wknd through B05j_wknd HOURS>24.00: Your responses sum to more than 24 hours. Please confirm your responses are correct.
SOFT CHECK: IF B05j_wk OR B05j_wknd ANSWERED & NE 0 AND B05j_SPEC UNANSWERED Please type in what other activity you do using a computer, tablet, phone or similar device.

PROGRAMMER DISPLAY BOX B05

PLEASE DISPLAY B05A-E ON ONE SCREEN, AND B05F-J ON THE NEXT SCREEN ALSO
DISPLAYING THE QUESTION TEXT "How much time per day do you spend..." ON THE

NEXT SCREEN SCREEN.

PROGRAMMER DISPLAY BOX B05

DO NOT ALLOW NON-NUMERIC RESPONSE FOR THIS ITEM (I.E., ALPHABETIC OR SYMBOL RESPONSES).

RANGE OF HOURS CAN BE 0-24

RANGE OF MINUTES CAN BE 0-99

PROGRAMMER BOX B05J

PLEASE DISPLAY HELP TEXT WHEN THE ROW HEADER "DOING SOME OTHER ACTIVITY USING A COMPUTER, TABLET, PHONE, OR SIMILAR DEVICE" IS HOVERED OVER.

HELP TEXT:

If there is another activity you do using a computer, tablet, phone, or similar device, please enter how much time you spend doing that activity on a typical weekday and weekend day, then hit "Next". On the next screen you will be asked to type in what that other activity is.

If there are no other activities you do using a computer, tablet, phone, or similar device, please enter 0 minutes on a typical weekday and weekend day.

BOOKLET=3

B06. PROGRAMMER: ONLY NUMERIC RESPONSES ACCEPTED (i.e., NO ALPHABETIC OR SYMBOL RESPONSES ACCEPTED)

On a typical
weekday:

On a typical
weekend day:

How many times per day do you post photos or updates on social media sites (such as Twitter, Instagram, Facebook, Snapchat or Ask.fm)?

B06_wk

posts/updates

*B06_wk
nd*

posts/updates

SOFT CHECK: IF B06= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER DISPLAY BOX B06

ONLY ALLOW 0-999 NUMBER ENTRIES

BOOKLET=3

B07. PROGRAMMER: ONLY NUMERIC RESPOND ACCEPTED (i.e., NO ALPHABETIC OR SYMBOL RESPONSES ACCEPTED)

	On a typical weekday:	On a typical weekend day:
How many e-mails do you send <u>per day</u> to friends, family members, teachers or others?	<input type="text"/> e-mails	<input type="text"/> e-mails

B07_wk

B07_wknd

SOFT CHECK: IF B07= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER SKIP BOX B07
IF B07_WK=0 OR MISSING AND B07_WKND=0 OR MISSING GO TO B07A
ELSE GO TO B08

PROGRAMMER DISPLAY BOX B07
ONLY ALLOW NUMBER ENTRIES

BOOKLET=3 & B07_WK=0 OR MISSING & B07_WKND=0 OR MISSING

B07a. Do you ever send emails to friends, family members, teachers or others?

Select one only

- Yes.....1 B08
- No.....0 B08
- NO RESPONSE.....M B08

SOFT CHECK: IF B07a= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3

B08. PROGRAMMER: ONLY NUMERIC RESPONSES ACCEPTED (i.e., NO ALPHABETIC OR SYMBOL RESPONSES ACCEPTED)

	On a typical weekday :	On a typical weekend day :
<p>How much <u>time per day</u> do you spend using all electronic devices (including phone, tablet, computer, video game systems, television, iPod, etc.) for any type of activity?</p> <p><i>Your best guess is fine.</i></p>	<p><i>B08_wk</i></p> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> </div> <p>HOURS MINUTES</p>	<p><i>B08_wknd</i></p> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> </div> <p>HOURS MINUTES</p>

HARD CHECK: B08_wk HOURS>24.00:
You entered more than 24 hours for the amount of time per day on a typical weekday you spend using all electronic devices. Please correct your answer.

HARD CHECK: B08_wknd HOURS>24.00:
You entered more than 24 hours for the amount of time per day on a typical weekend day you spend using all electronic devices. Please correct your answer.

SOFT CHECK: IF B08= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

PROGRAMMER DISPLAY BOX B08

RANGE OF HOURS CAN BE 0-24.

RANGE OF MINUTES CAN BE 0-99.

BOOKLET=3

B09. Below is a list of talents, interests, or hobbies that students your age are sometimes excited about. Please select the talents, interests, or hobbies that are very important to you. If you do not see yours listed, select the "Other talents, interests, or hobbies" option and type in that talent, interest, or hobby.

What talents, interests, or hobbies are you excited about?

Select all that apply

- Math or science.....1 B10
- Writing or reading.....2 B10
- Computers or electronics.....3 B10
- Team sports or athletics (baseball, basketball, football, gymnastics, volleyball, etc.).....4 B10
- Physical activities (biking, running, martial arts, skateboarding, ice skating etc.).....5 B10
- Dance.....6 B10

- Music.....7 B10
- Singing or choir.....8 B10
- Art.....9 B10
- Drama.....10 B10
- Volunteering, service, or activism.....11 B10
- Being in nature, caring for animals, or participating in outdoor recreation.....12 B10
- Doing construction, architecture, mechanics, or engineering.....13 B10
- Collecting (trading cards, stamps, models, etc.).....14 B10
- Cooking or baking.....15 B10
- Other talents, interests, or hobbies.....99 B10

Please type in your answer

(STR)

- I don't have any talents, interests, or hobbies that I am excited about16 B13
- NO RESPONSE.....M B13

SOFT CHECK: IF B09= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

SOFT CHECK: IF B09=99 AND B09_SPEC UNANSWERED **Please type in what other talents, interests, or hobbies you are excited about.**

PROGRAMMER BOX B04

PROGRAMMERS: IF B09=16 THEN GREY OUT ALL OTHER RESPOSNE OPTIONS
 IF RESPONSE BESIDES B09=16 THEN GREY OUT OPTION 16

BOOKLET=3 & B09=1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,99 AND TWO OPTIONS AT B09 ARE SELECTED

ONLY DISPLAY THE ITEMS SELECTED IN B09 (1-99)
 If B09=99, load B09_SPEC into B10_99

B10. Among the talents, interests, or hobbies you selected, which are you the most excited about?

Select one only.

- Math or science.....1 B11
- Writing or reading.....2 B11
- Computers or electronics.....3 B11

- Team sports or athletics (baseball, basketball, football, gymnastics, volleyball, etc.).....4 B11
- Physical activities (biking, running, martial arts, skateboarding, ice skating etc.).....5 B11
- Dance.....6 B11
- Music.....7 B11
- Singing or choir.....8 B11
- Art.....9 B11
- Drama.....10 B11
- Volunteering, service, or activism.....11 B11
- Being in nature, caring for animals, or participating in outdoor recreation.....12 B11
- Doing construction, architecture, mechanics, or engineering.....13 B11
- Collecting (trading cards, stamps, models, etc.).....14 B11
- Cooking or baking.....15 B11
- Other talents, interests, or hobbies: [B09_SPEC].....99 B11
- NO RESPONSE.....M B11

SOFT CHECK: IF B10= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

PROGRAMMER DISPLAY BOX B10 ONLY THOSE SELECTED IN B09 WILL BE DISPLAYED
PROGRAMMER DISPLAY BOX B10 IF B09=99, DISPLAY B09_SPEC IN RESPONSE OPTIONS FOR B10

BOOKLET=3

B11. Do you have a parent, mentor, friend, or other adult who has done something to help you get better at the talents, interests, or hobbies you are excited about?

Select one only.

- Yes.....1 B12
- No.....0 B13
- NO RESPONSE.....M B13

SOFT CHECK: IF B11= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

BOOKLET=3 & B11=1

B12. Who has done something to help you get better at the talents, interests, or hobbies you are excited about?

Select all that apply

- My mother or female guardian.....1 B13
- My father or male guardian.....2 B13
- My sister or brother.....3 B13
- My grandmother or grandfather.....4 B13
- My aunt or uncle.....5 B13
- My friend.....6 B13
- My teacher.....7 B13
- Other adult, not related to me.....8 B13
- Someone else.....99 B13

Please type in your answer

(STR)

NO RESPONSE.....M B13

SOFT CHECK: IF B12= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

SOFT CHECK: IF B12=99 AND B12_SPEC UNANSWERED Please type in what other person has done something to help you get better at the talents, interests, or hobbies you are excited about.

BOOKLET=3

B13. Some people your age have pets at home, like a dog, cat, fish, or something else.

Do you have a pet at home?

Select one only

- Yes.....1 B14
- No.....0 E03
- NO RESPONSE.....M E03

SOFT CHECK: IF B13= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3 & B13=1

B14. Think about your pet, or your favorite pet if you have several.

How long have you had this pet?

Select one only

- Less than one year.....1 B15
- 1-5 years.....2 B15
- 6-10 years.....3 B15
- More than 10 years.....4 B15
- NO RESPONSE.....M B15

SOFT CHECK: IF B14= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

BOOKLET=3 & B13=1

B15. Think about your pet, or your favorite pet if you have several.

How often do you have your pet near you when you do homework, study, read, or watch TV?

Select one only

- Never.....1 B16
- Rarely.....2 B16
- Sometimes.....3 B16
- Often.....4 B16
- Very often.....5 B16
- NO RESPONSE.....M B16

SOFT CHECK: IF B15= NO RESPONSE; Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.

BOOKLET=3 & B13=1

B16. Think about your pet, or your favorite pet if you have several.

When you feel bad or sad, how often do you go to your pet to help you feel better?

Select one only

- Never.....1 B17
- Rarely.....2 B17
- Sometimes.....3 B17
- Often.....4 B17
- Very often.....5 B17
- NO RESPONSE.....M B17

SOFT CHECK: IF B16= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on.
To skip the question, just click the "Next" button.

BOOKLET=3 & B13=1

B17. Think about your pet, or your favorite pet if you have several.

Do you consider your pet to be a member of your family?

Select one only

- Yes, always.....1 E03
- Yes, sometimes.....2 E03
- No.....3 E03
- I'm not sure.....4 E03
- NO RESPONSE.....M E03

SOFT CHECK: IF B17= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on.
To skip the question, just click the "Next" button.

BOOKLET=3

E03. Next are some questions about how you may feel about math. There are no right or wrong answers.

How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all true	A little bit true	Somewhat true	True	Very True
a. I am certain I can learn everything taught in math.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I am sure I can do even the most difficult homework problems in math.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I am confident I can do all the work in math class if I don't give up.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I am confident I can do even the hardest work in my math class.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF E03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3

E04. How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all true	A little bit true	Somewhat true	True	Very True
a. Math will be useful for me later in life.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Math helps me in my daily life outside of school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Being someone who is good at math is important to me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I enjoy doing math.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF E04= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

BOOKLET=3

E05. How much do you agree or disagree with the following statements?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. You have a certain amount of math ability, and you can't really do much to change it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Your math ability is something about you that you can't change very much.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. No matter who you are, you can significantly change your math ability.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. You can learn new things, but you can't really change your math ability.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. You can always substantially change your math ability.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. No matter how good you are at math, you can always change it quite a bit.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF E05= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

F01. Next are some questions about your family and home life.

How often do your parents/guardians do the following things when you receive good grades in school?

When I get good grades my parents/guardians...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Give me a reward, like a present or gift.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Give me money or increase my allowance.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Take me to some place special, like out to dinner, a movie, or an amusement park.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Give me more opportunities to make decisions for myself.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Encourage me to try harder.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Are less strict with me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Tell me I am a good student.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Tell me they are proud of me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Say I should have done even better.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Do something else when I get good grades	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

(STRING 100)

Error: Reference source not found

SOFT CHECK: IF F01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on.

To skip the question, just click the "Next" button.

SOFT CHECK: IF F01j=2,3,4,5 AND F01j_SPEC UNANSWERED Please type in what else your parents or guardians do when you get good grades.

PROGRAMMER BOX F01J

PLEASE DISPLAY HELP TEXT WHEN THE ROW HEADER "DO SOMETHING ELSE WHEN I GET GOOD GRADES" IS HOVERED OVER.

HELP TEXT: If there is something else your parents or guardians do when you get a good grade, please select how often and then type in what that other thing is that they do when you get a good grade.

If there are no other things your parents or guardians do when you get a good grade, please select "Never".

BOOKLET=3

F02. How often do your parents/guardians do the following things when you receive bad grades in school?

When I get bad grades my parents/guardians...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often
a. Reduce my allowance.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Give me fewer opportunities to make decisions for myself.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Are more strict with me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Punish or ground me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Encourage me to try harder.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Offer me a reward, such as money or a present, if I do better next time.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Select one answer for each row

Never	Rarely	Sometimes	Often	Very often
-------	--------	-----------	-------	------------

g. Make me feel bad. 1 2 3 4 5

h. Offer to help me with my school work. 1 2 3 4 5

i. Offer to find me a tutor. 1 2 3 4 5

j. Do something else when I get bad grades 1 2 3 4 5

(STRING 100)

SOFT CHECK: IF F02= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

SOFT CHECK: IF F02j=2,3,4,5 AND F02_SPEC UNANSWERED **Please type in what else your parents or guardians do when you get bad grades.**

PROGRAMMER BOX F02J

PLEASE DISPLAY HELP TEXT WHEN THE ROW HEADER "DO SOMETHING ELSE WHEN I GET BAD GRADES" IS HOVERED OVER.

HELP TEXT:

If there is something else your parents or guardians do when you get a bad grade, please select how often they do it and then type in what that other thing is that they do when you get a bad grade.

If there are no other things your parents or guardians do when you get a bad grade, please select "Never".

BOOKLET=3 & VERSION = 3.1

F03. How often do your parents/guardians...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

Select one answer for each row

Never	Rarely	Sometimes	Often	Very often	Always
-------	--------	-----------	-------	------------	--------

a. Tell you that they 1 2 3 4 5 6

Select one answer for each row

Never	Rarely	Sometimes	Often	Very often	Always
-------	--------	-----------	-------	------------	--------

are right and that you should not question them?

b. Respect your privacy? 1 2 3 4 5 6

c. Give you a lot of freedom? 1 2 3 4 5 6

d. Make most of the decisions about what you can do? 1 2 3 4 5 6

e. Believe you have a right to your own point of view? 1 2 3 4 5 6

SOFT CHECK: IF F03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

F04. How often do your parents/guardians...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. Know what you do during your free time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Know how much homework you have?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Know what you spend your money on?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Know when you have an exam or paper due at school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Know what your school grades are?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF F04= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

F05. How often do you...

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Never	Rarely	Sometimes	Often	Very often	Always
a. Tell your parents/guardians about your friends without them asking (for example, which	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Never	Rarely	Sometimes	Often	Very often	Always
-------	--------	-----------	-------	------------	--------

friends you hang out with and how your friends feel about various things)?

b. Tell your parents/guardians about school without them asking (for example, how each subject is going or your relationships with teachers)?

1 2 3 4 5 6

c. Keep a lot of secrets from your parents/guardians about what you do during your free time?

1 2 3 4 5 6

SOFT CHECK: IF F05= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

F06. The next questions are about where you live.

How true are the following statements for you?

PROGRAMMER: CODE ONE PER ROW

Select one answer for each row

	Not at all true	A little bit true	Somewhat true	True	Very true
a. There are a lot of adults in my neighborhood who I want to be like when I grow up.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I want to get away from my neighborhood as soon as I can.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I can count on people in my neighborhood to help me if I need it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I feel very safe walking and playing in my neighborhood.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF F06= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

IF BOOKLET=3, CONTINUE TO END1

END1. You are done with this part of the survey. Thank you for taking the time to answer our questions!

Press "Submit" to finish.

PROGRAMMER BOX

IF BOOKLET=3, PROGRAM A "Submit" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed.
EXIT SURVEY.

Appendix U.2 Parent Interview Survey Specifications

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) Parent Questionnaire.

Please refer to the instructions you received in your survey invitation letter to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-855-500-1432, or email us at mgl@rti.org.

Login ID: _____

Password: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this survey, please write directly to: National Center for Education Statistics, Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Fourth floor, , Washington, D.C. 20024.

The collection of information in this survey is authorized by the Education Sciences Reform Act of 2002 (ESRA 2002: 20 U.S. Code § 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.

INTRO BOX FOR INTRO PAGE

ALL

A. WEB INTRO

A01a. SURVEY INFORMATION

Thank you for allowing your child to participate in the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) field test. This will help us learn about children's development during an important time in their lives.

We also want to learn about family and school experiences that shape children's development. This is where **we need your help**. This survey should be filled out by the parent or guardian in this household who knows the most about the child's development, schooling, and home life. Your answers are very important to the study's success and we hope you will complete the survey. This survey is voluntary and you can skip questions you do not want to answer. [You will receive a (\$20/\$40) gift card for completing this survey.]

Please click "Next" button below.

The National Center for Education Statistics (NCES) of the U.S. Department of Education is authorized to conduct MGLS 2017 by the Education Sciences Reform Act of 2002 (20 U.S. Code, Section 9543). All of the information you provide 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 (20 U.S. Code, Section 9573).

ALL

A01c. Thank you very much for participating! Before you get started, here are a few helpful hints.

- To answer a question, click the box to choose your response.
- Press the "Next" button to move forward.
- Press the "Back" button to go back.
- The "Save and Come Back Later" button can be used to save your responses and finish later (button is at the bottom of each page).

- To protect your data, your responses will be automatically saved and you will be logged off if you are idle for more than 30 minutes.

Please click "Next" to begin.

ALL

A02. Are you {RFNAME TAKEN FROM CONSENT FORM}?

- Yes.....1 A03
- No.....0 A03
- NO RESPONSE.....M A03

ALL

A03. Are you the parent, guardian, or person in this household who knows the most about {CFNAME}'s development, schooling, and home life?

- Yes.....1 A04a
- No.....0 A04a
- NO RESPONSE.....M A05a

ASK IF A02=1 and A03=1

A04a. Is the spelling of your full name correct?

"Make corrections to name below or press enter to accept first/middle/last name."

"Current Info:

[RFNAME]

[RMNAME]

[RLNAME]"}

- 1 First name: [_____]
- 2 Middle name: [_____]
- 3 Last name: [_____]

ASK IF A02=2 and A03=1

A04b. Please enter your full name.

“Enter name below.”}

“Current Info:

[RFNAME]

[RMNAME]

[RLNAME]”}

- 1 First name: [_____]
- 2 Middle name: [_____]
- 3 Last name: [_____]

ASK IF A03=2

A05a. Is the parent, guardian, or person in this household who knows the most about {CFNAME}'s development, schooling, and home life available to complete this questionnaire?

- Yes.....1 A05b
- No.....0 A06
- NO RESPONSE.....M A06

ASK IF A05a=1

A05b. Great! Please select Next to be taken back to the introductory page of this questionnaire and ask him or her to begin from there. Thank you very much!

- Next.....1 A01a
- Save and Come Back Later.....0

ASK IF A05a=2

A06. The MGLS:2017 team would like to contact the parent, guardian, or person in the household who knows the most about {CFNAME}'s development, schooling, and home life. Please enter the contact information for this person now and a team member will be in touch soon.

- 1 First Name: [_____]
- 2 Last Name: [_____]
- 3 Phone Number: [_____]
- 4 Email: [_____]

- Next.....1 A01a
- Save and Come Back Later.....0

ALL

A07. Is this spelling of {CFNAME}'s full name correct?

Make corrections to name below or press Next to accept first/middle/last name.

Current Info:

[CFNAME]

[CMNAME]

[CLNAME]

- 1 First name: [_____]
- 2 Middle name: [_____]
- 3 Last name: [_____]

ALL

A08. What is {CFNAME}'s sex?

- Male.....1
- Female.....0

ALL

A09. What is {CFNAME}'s date of birth?

PROGRAMMER: INSERT DROP DOWN FIELDS

BIRTH DATE
 Month Day Year

(January-December) (1-31) (2000-2009)

NO RESPONSE.....M

ALL

A10. Is the following home address for {CFNAME} correct?

Make corrections to address below or press Next to accept it.

CATI: INSERT

"Current Info:

[ADDRESS1]

[ADDRESS2]

[CITY]

[CSTATE]

[CZIP]"

- 1 Street address1: [_____]
- 2 Street address2: [_____]

- 3 City: [_____]
- 4 State: [_____]
- 5 Zip code: [_____]

ALL

B. Family Roster

Now, we have a few questions about you and the other members of your household. We are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.

B01. In addition to you and {CFNAME}, who else lives in your household? To add another name, click the “Add household member” button. When you are done, click the “Done” button.

First name	Last name
{RFNAME}	{RLNAME}
{CFNAME}	{CLNAME}

PROGRAMMER BOX B01

PLEASE INSERT TWO BUTTONS ON THE SCREEN, ONE READS “ADD HOUSEHOLD MEMBER” AND THE SECOND READS “DONE”. THE “ADD HOUSEHOLD MEMBER” BUTTON SHOULD BE LOCATED WITH A PLUS SIGN (+) ON IT DIRECTLY NEXT TO THE FIRST EMPTY ROW IN THE ABOVE TABLE. THE “DONE” BUTTON SHOULD BE LOCATED IN THE BOTTOM RIGHT HAND CORNER OF THE SCREEN.

WHEN A RESPONDENT CLICKS THE “DONE” BUTTON A POP-UP SHOULD APPEAR THAT LISTS THE NAMES OF EVERYONE THAT HAS JUST BEEN ENTERED, AND UNDERNEATH THE LIST OF NAMES IS THE FOLLOWING TEXT:

[INSERT LIST OF HOUSEHOLD MEMBERS]

Is this everyone in the household?

Please be sure to include anyone who usually lives here, but may be temporarily away from home on business or living in a dorm at school, or any babies, small children, grandparents, or other adults living in the household.

A “YES” AND “NO” BUTTON SHOULD BE ON THE POP-UP WITH “YES” ADVANCING THE RESPONDENT THROUGH THE SURVEY, AND “NO” RETURNING THE FAMILY ROSTER DATA.

B02. Please tell us a little bit about the members of your household. If you are not sure of something, your best guess is fine.

	[RFNAME] [RLNAME]	[CFNAME] [CLNAME]	[HH3FNAME] [HH3LNAME]
a. What is this person's age ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. What is this person's sex ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Is this person Hispanic or Latino/Latina ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Which of the following choices describes this person's race ? You may choose more than one.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Which of the following best describes this person?	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. What is this person's relationship to [CFNAME]?	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Which of the following best describes this relationship with [CFNAME]?	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. What is this person's marital status ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. What is the highest level of education this person has completed ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. During the past week did this person work at a job for pay ?	<input type="text"/>	<input type="text"/>	<input type="text"/>

k. In which country was this person born ?			
l. In what year did this person move to the United States permanently?			

PROGRAMMER BOX

PLEASE MAKE QUESTIONS B01A-K APPEAR AS A TABLE WITH A COLUMN FOR EACH RESPONDENT REPORTED IN THE B01 AND A ROW FOR EACH PIECE OF INFORMATION TO BE COLLECTED. IDEALLY NO MORE THAN FIVE (5) HOUSEHOLD MEMBERS WOULD APPEAR ON THE SCREEN AT THE SAME TIME AND LARGER HOUSEHOLDS MIGHT REQUIRE MULTIPLE TABLES (THOUGH THE FINAL DETERMINATION WOULD BE BASED ON DATA COLLECTION PROGRAMMING AND A DETERMINATION OF WHAT IS APPROPRIATE IN SIZE). AN ALTERNATIVE STRATEGY WOULD BE TO HAVE EACH COLUMN SHRUNK UNTIL IT IS SELECTED AND THEN IT BECOMES MAGNIFIED ON THE SCREEN, AND EACH COLUMN SUBSEQUENTLY MANGIFIES AND SHRINKS AS THE RESPONDENT PROGRESSES ACROSS THE TABLE. THIS STRATEGY OF HIGHLIGHTING A PARTICULAR HOUSEHOLD MEMBER COULD ALSO BE USED TO HIGHLIGHT EACH ROW IN AN EFFORT TO DRAW ATTENTION TO THE EXACT INFORMATION BEING REQUESTED ONE-AT-A-TIME.

THE COLUMN FOR HH3FNAME AND HH3LNAME AND ANY OTHER SUBSEQUENT COLUMNS OF NAMES FOR HH#FNAME AND HH#LNAME WILL BE POPULATED AS NECESSARY. COLUMNS WILL NOT APPEAR IF THERE IS NOT A HOUSEHOLD MEMBER TO FILL THE COLUMN (E.G., HOUSEHOLDS WITH ONLY 2 PEOPLE (I.E., RESPONDENT AND CHILD) WILL ONLY HAVE TWO COLUMNS IN THE TABLE).

ROW A-D WILL BE ASKED FOR EVERYONE, ALTHOUGH ROW A AND ROW B SHOULD ALREADY BE FILLED OUT FOR THE CHILD BASED ON RESPONSES TO A08 AND A09. ALL OTHER RESPONSES WILL BE RECORDED USING DROP DOWN BOXES, SO EACH OF THE RESPONSES LISTED BELOW WILL APPEAR AS DROP DOWN BOXES IN THE TABLE.

ROW A WILL HAVE THE FOLLOWING VALUES FOR RESPONSES FROM 0 THROUGH "99 OR OLDER", WITH ONE RESPONSE OPTION OF "DON'T KNOW" OFFERED.

ROW B WILL HAVE THE FOLLOWING RESPONSE OPTIONS:

1. Male
2. Female

ROW C WILL HAVE THE FOLLOWING RESPONSE OPTIONS:

1. Yes, this person is Hispanic or Latino/Latina
2. No, this person is not Hispanic or Latino/Latina

ROW D WILL HAVE THE FOLLOWING RESPONSE OPTIONS:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native

ROW E WILL BE POPULATED BASED ON RESPONSES TO ROW C AND ROW D. IF A PERSON IS REPORTED TO BE HISPANIC/LATINO/LATINA, HAVE RESPONSE OPTIONS FOR THE SPECIFIC HISPANIC GROUP THE RESPONDENT BELONGS TO:

1. Mexican, Mexican-American, or Chicano
2. Cuban
3. Dominican
4. Puerto Rican
5. Central American
6. South American
7. Other (please specify)

THE RESPONSE OPTION "CENTRAL AMERICAN" SHOULD HAVE A HYPERLINK TO THE BELOW HELP TEXT:

By **Central American**, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.

THE RESPONSE OPTION "SOUTH AMERICAN" SHOULD HAVE A HYPERLINK TO THE BELOW HELP TEXT:

By **South American**, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.

IF AN INDIVIDUAL CHOSE "OTHER (PLEASE SPECIFY)" A POP-UP BOX SHOULD APPEAR ASKING THE RESPONDENT TO TYPE IN THE HISPANIC GROUP THEY IDENTIFY WITH.

IF A PERSON IS REPORTED TO BE ASIAN IN ROW D, THEN ROW E WILL HAVE RESPONSE OPTIONS FOR THE SPECIFIC ASIAN GROUP THE RESPONDENT BELONGS TO:

8. Asian Indian
9. Chinese
10. Filipino
11. Japanese
12. Korean
13. Vietnamese
14. Other (please specify)

IF AN INDIVIDUAL CHOSE "OTHER (PLEASE SPECIFY)" A POP-UP BOX SHOULD APPEAR ASKING THE RESPONDENT TO TYPE IN THE ASIAN GROUP THEY IDENTIFY WITH.

IF A RESPONDENT INDICATES THAT A PERSON IS BOTH HISPANIC AND ASIAN, THEN ALL OF THE ABOVE RESPONSE OPTIONS SHOULD BE PROVIDED FOR THE INDIVIDUAL TO CHOOSE FROM. THIS IS WHY THE NUMBERING FOR THESE RESPONSE OPTIONS IS FROM 1-14 (ALTHOUGH THE 'OTHER (PLEASE SPECIFY)' RESPONSE OPTION MAY BE ABLE TO SHARE THE SAME VALUE, AND RESPONSES CAN BE EXAMINED AFTERWARD AND UPCODED ACCORDINGLY).

ROW F WILL BE ASKED OF EVERY MEMBER IN THE HOUSEHOLD, WITH THE RESPONSE FOR CHILD PREFILLED. OTHER RESPONSE OPTIONS FOR ROW F INCLUDE:

1. Mother/Female guardian
2. Father/Male guardian

3. Sister
4. Brother
5. Girlfriend or partner of [CFNAME]'s parent/guardian
6. Boyfriend or partner of [CFNAME]'s parent/guardian
7. Grandmother
8. Grandfather
9. Aunt
10. Uncle
11. Cousin
12. Other relative or non-relative

ROW G WILL BE POPULATED BASED ON RESPONSES TO ROW F. IF ROW F=1, ROW G WILL BE:

1. Birth mother
2. Adoptive mother
3. Step mother
4. Foster mother or female guardian
5. Other female parent or guardian (please specify)

PLEASE MAKE THE RESPONSE CATEGORY "BIRTH MOTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.

PLEASE MAKE THE RESPONSE CATEGORY "ADOPTIVE MOTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

PLEASE MAKE THE RESPONSE CATEGORY "STEP MOTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Step Mother: The female other than the child's mother who is married to the child's father.

PLEASE MAKE THE RESPONSE CATEGORY "FOSTER MOTHER OR FEMALE GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Foster Mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Female Guardian: The female legally placed in charge of the affairs of the child.

PLEASE MAKE THE RESPONSE CATEGORY "OTHER FEMALE PARENT OR GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Other Female Parent or Guardian: This person acts as the mother of the child, but does not fit into one of the other categories. For example, in a household with two mothers, one of the mothers may not classify herself as biologically related and she may not be legally in charge of the affairs of the child even though she is another parent to the child. This category may also be used if a mother has a child through a surrogate mother, or with a donated egg, and does not classify the child as biologically related or adopted through a legal process.

IF ROW F=2, ROW G WILL BE:

1. Birth father
2. Adoptive father
3. Step father

4. Foster father or male guardian
5. Other male parent or guardian (please specify)

PLEASE MAKE THE RESPONSE CATEGORY "BIRTH FATHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.

PLEASE MAKE THE RESPONSE CATEGORY "ADOPTIVE FATHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.

PLEASE MAKE THE RESPONSE CATEGORY "STEP FATHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Step Father: The male other than the child's father who is married to the child's mother.

PLEASE MAKE THE RESPONSE CATEGORY "FOSTER FATHER OR MALE GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Foster Father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Male Guardian: The male legally placed in charge of the affairs of the child.

PLEASE MAKE THE RESPONSE CATEGORY "OTHER MALE PARENT OR GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Other Male Parent or Guardian: This person acts as the father of the child, but does not fit into one of the other categories. For example, in a household with two fathers, one of the fathers may not classify himself as biologically related and he may not be legally in charge of the affairs of the child even though he is another parent to the child. This category may also be used if a father has a child through a surrogate mother, or with donated sperm, and does not classify the child as biologically related or adopted through a legal process.

IF ROW F=3, ROW G WILL BE:

1. Full sister
2. Half sister
3. Step sister
4. Adoptive sister
5. Foster sister

PLEASE MAKE THE RESPONSE CATEGORY "FULL SISTER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Full Sister: A female with whom the child shares the same biological parents.

PLEASE MAKE THE RESPONSE CATEGORY "HALF SISTER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Half Sister: A female with whom the child shares one biological parent.

PLEASE MAKE THE RESPONSE CATEGORY "STEP SISTER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Step Sister: A female to whom the child is unrelated except by the marriage of one biological parent.

PLEASE MAKE THE RESPONSE CATEGORY "ADOPTIVE SISTER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Adoptive Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.

PLEASE MAKE THE RESPONSE CATEGORY "FOSTER SISTER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Foster Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

IF ROW F=4, ROW G WILL BE:

1. Full brother
2. Half brother
3. Step brother
4. Adoptive brother
5. Foster brother

PLEASE MAKE THE RESPONSE CATEGORY "FULL BROTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Full Brother: A male with whom the child shares the same biological parents.

PLEASE MAKE THE RESPONSE CATEGORY "HALF BROTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Half Brother: A male with whom the child shares one biological parent.

PLEASE MAKE THE RESPONSE CATEGORY "STEP BROTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Step Brother: A male to whom the child is unrelated except by the marriage of one biological parent.

PLEASE MAKE THE RESPONSE CATEGORY "ADOPTIVE BROTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Adoptive Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.

PLEASE MAKE THE RESPONSE CATEGORY "FOSTER BROTHER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Foster Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

IF ROW F=12, ROW G WILL BE:

1. Girlfriend or partner of [CFNAME]'s parent/guardian
2. Boyfriend or partner of [CFNAME]'s parent/guardian
3. Female guardian
4. Male guardian
5. Daughter/son or [CFNAME]'s parent's partner
6. Other relative of [CFNAME]'s parent's partner (please specify)
7. Other non-relative (please specify)

PLEASE MAKE THE RESPONSE CATEGORY "GIRLFRIEND OR FEMALE PARTNER OF CHILD'S PARENT/GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Girlfriend or Female Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

PLEASE MAKE THE RESPONSE CATEGORY "BOYFRIEND OR MALE PARTNER OF CHILD'S PARENT/GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Boyfriend or Male Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

PLEASE MAKE THE RESPONSE CATEGORY "FEMALE GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Female Guardian: The female legally placed in charge of the affairs of the child.

PLEASE MAKE THE RESPONSE CATEGORY "MALE GUARDIAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Male Guardian: The male legally placed in charge of the affairs of the child.

PLEASE MAKE THE RESPONSE CATEGORY "DAUGHTER/SON OF CHILD'S PARENT'S PARTNER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

PLEASE MAKE THE RESPONSE CATEGORY "OTHER RELATIVE OF CHILD'S PARENT'S PARTNER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.

PLEASE MAKE THE RESPONSE CATEGORY "OTHER NON-RELATIVE" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

ROW H WILL ONLY BE ACTIVE (I.E., RESPONSES CAN ONLY BE PROVIDED) FOR INDIVIDUALS WHOSE AGE IS ≥ 16 (BASED ON RESPONSES IN ROW A). RESPONSE OPTIONS FOR ROW H WILL BE:

1. Married
2. Separated
3. Divorced
4. Widowed
5. Domestic partnership or Civil union
6. Cohabiting or living together
7. Dating but not living together
8. Single, never married

ROW I WILL ONLY BE ACTIVE (I.E., RESPONSES CAN ONLY BE PROVIDED) FOR INDIVIDUALS WHOSE AGE IS ≥ 18 (BASED ON RESPONSES IN ROW A). RESPONSE OPTIONS FOR ROW I WILL BE:

1. 8th grade or lower
2. 9th to 11th grade
3. 12th grade but no diploma
4. High school diploma or equivalent
5. Vocational/technical program after high school but no vocational/technical diploma
6. Vocational/technical diploma after high school
7. Some college but no degree
8. Associate's degree

- 9. Bachelor's degree
- 10. Graduate or professional school but no degree
- 11. Master's degree (MA, MS)
- 12. Doctorate degree (Ph.D, Ed.D)
- 13. Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.)
- 14. Do not know

ROW J WILL ONLY BE ACTIVE (I.E., RESPONSES CAN ONLY BE PROVIDED) FOR INDIVIDUALS WHOSE AGE IS >=16 (BASED ON RESPONSES IN ROW A). RESPONSE OPTIONS FOR ROW J WILL BE:

- 1. Yes
- 2. No

ROW K WILL BE ASKED OF ALL MEMBERS OF THE HOUSEHOLD. A LIST WILL BE GENERATED DETAILING A PRESUMABLY EXHAUSTED LIST OF COUNTRIES AND TERRITORIES FROM AROUND THE WORLD. THE LIST WILL BE SEARCHABLE BY TYPING IN THE FIRST FEW LETTERS, ALTHOUGH "UNITED STATES" SHOULD APPEAR AT THE TOP OF THE LIST, ALONG WITH THE RESPONSE OPTION "DON'T KNOW", AND AT THE BOTTOM OF THE LIST SHOULD BE THE OPTION "OTHER (PLEASE SPECIFY)".

ROW L WILL ONLY BE ASKED OF PERSONS WHO WERE REPORTED TO BE BORN SOMEWHERE OTHER THAN THE UNITED STATES. RESPONSE OPTIONS WILL BE POPULATED WITH THE FIRST RESPONSE OPTION EQUALLING THE VALUE REPORTED IN ROW A AND ALL YEARS BETWEEN THEN AND THE CURRENT YEAR WILL BE OPTIONS, WITH THE FINAL CATEGORY BEING "DON'T KNOW". IF ROW A IS BLANK, POPULATE ROW L WITH VALUES OF YEAR STARTING WITH 1950 THROUGH TO THE CURRENT YEAR AND THE FINAL RESPONSE OPTION "DON'T KNOW".

ALL

B02m. Who is a parent, guardian, or primary caregiver for [CFNAME]?

Select all that apply

- [HH1FNAME] [HH1LNAME].....1
- [HH#FNAME] [HH#LNAME].....#

PROGRAMMER BOX

POPULATE RESPONSE OPTIONS WITH THE FIRST AND LAST NAME OF THE RESPONDENT AND EACH MEMBER OF THE HOUSEHOLD THAT IS 16 YEARS OLD OR OLDER.

IF RESPONDENT SELECTS MORE THAN 2 MEMBERS OF THE HOUSEHOLD, RETAIN ANSWERS BUT HAVE A POP-UP APPEAR WITH THE FOLLOWING TEXT:

Please select the two members of the household **most** responsible for providing care to [CFNAME]. If more than two household members provide equal amounts of care to the child, please select the two members that you know the most about.

- [HH1FNAME] [HH1LNAME].....1
- [HH#FNAME] [HH#LNAME]..... #
- [HH#FNAME] [HH#LNAME]..... #

THE TOTAL NUMBER OF NAMES TO APPEAR IN THE POP-UP LIST IS DEPENDENT ON THE NUMBER OF HOUSEHOLD MEMBERS SELECTED IN B02M. IF THE RESPONDENT CONTINUES TO RESPOND WITH MORE THAN TWO INDIVIDUALS AS THE PRIMARY PARENTS IN THE HOUSEHOLD, THE SELECTION LOGIC WILL BE APPLIED ACCORDING TO THE FOLLOWING RULES: 1) IF A HOUSEHOLD MEMBER IDENTIFIED AS MOTHER IS SELECTED AS ONE OF THE PRIMARY PARENTS THEY WILL BE SET TO BE PRIMARY PARENT 1 REGARDLESS OF WHO ELSE IS SELECTED; 2) IF A HOUSEHOLD MEMBER IDENTIFIED AS FATHER IS SELECTED AS ONE OF THE PRIMARY PARENTS THEY WILL BE SET TO BE PRIMARY PARENT 2 REGARDLESS OF WHO ELSE IS SELECTED; 3) IF A HOUSEHOLD MEMBER IDENTIFIED AS MOTHER IS SELECTED AND NO HOUSEHOLD MEMBER IS IDENTIFIED AS FATHER THEN PRIMARY PARENT 2 SHOULD BE ASSIGNED TO THE HOUSEHOLD MEMBER ACCORDING TO THEIR RELATIONSHIP TYPE WITH THE FOLLOWING PRIORITY ORDER A) ANOTHER MOTHER, B) BOYFRIEND/GIRLFRIEND, C) GRANDMOTHER/GRANDFATHER, D) AUNT/UNCLE, E) OTHER RELATIVE/NON-RELATIVE OVER AGE 18. IF NO OTHER FAMILY MEMBER MEETS ONE OF THESE CRITERIA, THEN PRIMARY PARENT 2 SET TO MISSING; 4) IF A HOUSEHOLD MEMBER IDENTIFIED AS FATHER IS SELECTED AND NO HOUSEHOLD MEMBER IS IDENTIFIED AS MOTHER THEN PRIMARY PARENT 1 SHOULD BE ASSIGNED TO THE HOUSEHOLD MEMBER ACCORDING TO THEIR RELATIONSHIP TYPE WITH THE FOLLOWING PRIORITY ORDER A) ANOTHER FATHER, B) BOYFRIEND/GIRLFRIEND, C) GRANDMOTHER/GRANDFATHER, D) AUNT/UNCLE, E) OTHER RELATIVE/NON-RELATIVE OVER AGE 18. IF NO OTHER FAMILY MEMBER MEETS ONE OF THESE CRITERIA, THEN HOUSEHOLD MEMBER IDENTIFIED AS FATHER BECOMES PRIMARY PARENT 1 AND PRIMARY PARENT 2 SET TO MISSING.

IF TWO OR FEWER HOUSEHOLD MEMBERS ARE SELECTED IN B02M, THE FOLLOWING RULES APPLY FOR DESIGNATING PRIMARY PARENT 1 AND PRIMARY PARENT 2: 1) FOR HOUSEHOLDS WITH TWO INDIVIDUALS OF THE OPPOSITE SEX SELECTED, THE FEMALE WILL BE PRIMARY PARENT 1 AND THE MALE WILL BE PRIMARY PARENT 2; 2) FOR HOUSEHOLDS WITH TWO INDIVIDUALS OF THE SAME SEX SELECTED, THE INDIVIDUAL IDENTIFIED AS "MOTHER" WILL BE SET AS PRIMARY PARENT 1 (IF TWO FEMALES) AND THE INDIVIDUAL IDENTIFIED AS "FATHER" WILL BE SET AS PRIMARY PARENT 2 (IF TWO MALES); 3) FOR HOUSEHOLDS WITH TWO INDIVIDUALS OF THE SAME SEX WHO HAVE BOTH IDENTIFIED AS MOTHER OR FATHER, PRIMARY PARENT 1 WILL BE ASSIGNED TO THE MEMBER THAT HAS THE LOWEST VALUE FOR B02G—THE OTHER MEMBER WILL BE ASSIGNED PRIMARY PARENT 2; 4) FOR HOUSEHOLDS WITH TWO INDIVIDUALS OF THE SAME SEX WHO HAVE BOTH IDENTIFIED AS MOTHER OR FATHER AND WHO HAVE EQUAL VALUES ON B02G, PRIMARY PARENT 1 WILL BE ASSIGNED OT THE MEMBER THAT IS YOUNGEST—THE OTHER HOUSEHOLD MEMBER WILL BE ASSIGNED PRIMARY PARENT 2.

INFORMATION FROM THIS ITEM WILL BE USED TO CREATE 'POINTERS' FOR THE PRIMARY ADULTS IN THE HOUSEHOLD AND ASSIST WITH THE MARITAL STATUS AND EMPLOYMENT QUESTIONS. FOR HOU

THE NUMBER OR POUND SIGN (#) IMPLIES THAT RESPONSES WILL BE CODED TO CORESPOND TO A HOUSEHOLD MEMBER'S LOCATION IN THE FAMILY ROSTER.

ASK IF B02H = 1

B03a. Is [HH#FNAME HH#LNAME with B02H = 1] married to someone in the household?

- Yes.....1
- No.....2

ASK IF B03a = 1

B03b. Who is [HH#FNAME HH#LNAME with B02H = 1] married to?

- [HH#FNAME HH#LNAME].....1
- [HH#FNAME HH#LNAME].....2

PROGRAMMER BOX

POPULATE RESPONSE OPTIONS WITH THE FIRST AND LAST NAME OF EACH MEMBER OF THE HOUSEHOLD THAT IS 16 YEARS OLD OR OLDER (AND HAS NOT BEEN SELECTED IN A PREVIOUS LOOP OF B03A AND B03B).

LOOP B03A AND B03B FOR ALL HOUSEHOLD MEMBERS THAT HAVE B02H = 1 AND HAVE NOT ALREADY BEEN MATCHED BASED ON PRIOR LOOPS OF B03A AND B03B.

ASK IF B02H = 5

B04a. Is [HH#FNAME HH#LNAME with B02H = 5] in a domestic partnership or civil union with someone in the household?

- Yes.....1
- No.....2

ASK IF B04a = 1

B04b. Who is [HH#FNAME HH#LNAME with B02H = 5] in a domestic partnership or civil union with?

- [HH#FNAME HH#LNAME].....1
- [HH#FNAME HH#LNAME].....2

PROGRAMMER BOX

POPULATE RESPONSE OPTIONS WITH THE FIRST AND LAST NAME OF EACH MEMBER OF THE HOUSEHOLD THAT IS 16 YEARS OLD OR OLDER (AND HAS NOT BEEN SELECTED PREVIOUSLY IN B04A OR AN EARLIER LOOP OF B04B).

LOOP B04A AND B04B FOR ALL HOUSEHOLD MEMBERS THAT HAVE B02H = 5 AND HAVE NOT ALREADY BEEN MATCHED BASED ON PRIOR LOOPS OF B04A AND B04B.

ASK IF B02H = 6

B05a. Who is [HH#FNAME HH#LNAME with B02H = 6] cohabiting or living with?

- [HH#FNAME HH#LNAME].....1
- [HH#FNAME HH#LNAME].....2

PROGRAMMER BOX

POPULATE RESPONSE OPTIONS WITH THE FIRST AND LAST NAME OF EACH MEMBER OF THE HOUSEHOLD THAT IS 16 YEARS OLD OR OLDER (AND HAS NOT BEEN SELECTED PREVIOUSLY IN B03B, B04B, OR AN EARLIER LOOP OF B05A).

LOOP B05A FOR ALL HOUSEHOLD MEMBERS THAT HAVE B02H = 6 AND HAVE NOT ALREADY BEEN MATCHED BASED ON PRIOR LOOPS OF B05A.

C. FAMILY AND PARENT BACKGROUND

All

Thank you for telling us about each member of your household. Now we have some questions about the household as a whole. First, we would like to know about languages used in your home.

C01. Is English the primary language used in your home?

- Yes.....1 C02a
- No.....0 C03a
- NO RESPONSE.....M

ASK IF C01=1

C02a. Is any other language used in your home?

- Yes.....1 C02b
- No.....0 C04
- NO RESPONSE.....M

ASK IF C02A=1

C02b. Please select the language(s) other than English that are used in your home from the alphabetical list below. You may select more than one.

Select all that apply

- Arabic.....1
- Chinese language/dialect.....2
- Farsi.....3
- Filipino language.....4
- French.....5
- German.....6
- Greek.....7
- Hmong.....8
- Italian.....9
- Japanese.....10
- Korean.....11
- Polish.....12
- Portuguese.....13
- Sign Language.....14
- Spanish.....15
- Vietnamese.....16
- Some other language.....99
- Specify (STRING (50))
- NO RESPONSE.....M

ASK IF C01=2 and C02A=1

C03a. What is the primary language used in your home?

Select all that apply

- Arabic.....1
- Chinese language/dialect.....2
- Farsi.....3
- Filipino language.....4
- French.....5
- German.....6
- Greek.....7

- Hmong.....8
 - Italian.....9
 - Japanese.....10
 - Korean.....11
 - Polish.....12
 - Portuguese.....13
 - Sign Language.....14
 - Spanish.....15
 - Vietnamese.....16
 - Some other language.....99
- Specify (STRING (50))
- NO RESPONSE.....M

ASK IF C01=2 and C02A=1

C03B. Is any other language used in your home?

- Yes.....1 C03c
- No.....0 C04
- NO RESPONSE.....M

ASK IF C03B=1

C03C. Please select the language(s) other than **[LANGUAGE LISTED IN C03A]** that are used in your home from the alphabetical list below. You may select more than one.

PROGRAMMER BOX

USE LIST FROM C02b, BEING SURE TO INCLUDE ENGLISH, BUT EXCLUDE THE PRIMARY LANGUAGE SELECTED FROM THAT LIST.

ASK IF B02F NE 1 FOR ANY MEMBER OF HOUSEHOLD

C04. What is the highest level of education **[CFNAME]'s mother** completed?

- 8th grade or lower.....1
- 9th to 11th grade.....2
- 12th grade but no diploma.....3
- High school diploma or equivalent.....4
- Vocational/technical program after high school but no vocational/technical diploma....5

- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, Ed.D).....12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know.....14

ASK IF B02F NE 2 FOR ANY MEMBER OF HOUSEHOLD

C04. What is the highest level of education [CFNAME]'s father completed?

- 8th grade or lower.....1
- 9th to 11th grade.....2
- 12th grade but no diploma.....3
- High school diploma or equivalent.....4
- Vocational/technical program after high school but no vocational/technical diploma....5
- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, Ed.D).....12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know.....14

ASK IF B02F NE 7 FOR ANY MEMBER OF HOUSEHOLD AND RESPONDENT'S B02F NE 3 AND NE 4.

C05. What is the highest level of education **your** mother completed?

- 8th grade or lower.....1
- 9th to 11th grade.....2
- 12th grade but no diploma.....3
- High school diploma or equivalent.....4
- Vocational/technical program after high school but no vocational/technical diploma....5
- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, Ed.D).....12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know.....14

ASK IF B02F NE 8 FOR ANY MEMBER OF HOUSEHOLD AND RESPONDENT'S B02F NE 3 AND NE 4.

C06. What is the highest level of education **your** father completed?

- 8th grade or lower.....1
- 9th to 11th grade.....2
- 12th grade but no diploma.....3
- High school diploma or equivalent.....4
- Vocational/technical program after high school but no vocational/technical diploma....5
- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, Ed.D).....12

- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know..... 14

ASK IF F02F NE 7 FOR ANY MEMBER OF HOUSEHOLD AND RESPONDENT'S B02F NE 3 AND NE 4 AND RESPONDENT MARITAL STATUS CONNECTED TO OTHER HOUSEHOLD MEMBER BASED ON B03B, B04B, or B05A.

C07. What is the highest level of education [HH#FNAME HH#LNAME]'s mother completed?

- 8th grade or lower..... 1
- 9th to 11th grade..... 2
- 12th grade but no diploma..... 3
- High school diploma or equivalent..... 4
- Vocational/technical program after high school but no vocational/technical diploma.... 5
- Vocational/technical diploma after high school..... 6
- Some college but no degree..... 7
- Associate's degree..... 8
- Bachelor's degree..... 9
- Graduate or professional school but no degree..... 10
- Master's degree (MA, MS)..... 11
- Doctorate degree (Ph.D, Ed.D)..... 12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know..... 14

PROGRAMMER BOX

HH#FNAME AND HH#LNAME WILL BE AUTOFILLED BASED ON THE FIRST AND LAST NAME OF THE INDIVIDUAL FROM B03B, B04B, OR B05A WHO IS LINKED WITH THE RESPONDENT.

ASK IF F02F NE 7 FOR ANY MEMBER OF HOUSEHOLD AND RESPONDENT'S B02F NE 3 AND NE 4 AND RESPONDENT MARITAL STATUS CONNECTED TO OTHER HOUSEHOLD MEMBER BASED ON B03B, B04B, or B05A.

C08. What is the highest level of education [HH#FNAME HH#LNAME]'s father completed?

- 8th grade or lower..... 1
- 9th to 11th grade..... 2
- 12th grade but no diploma..... 3
- High school diploma or equivalent..... 4

- Vocational/technical program after high school but no vocational/technical diploma....5
- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, Ed.D).....12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.) 13
- Do not know.....14

PROGRAMMER BOX

HH#FNAME AND HH#LNAME WILL BE AUTOFILLED BASED ON THE FIRST AND LAST NAME OF THE INDIVIDUAL FROM B03B, B04B, OR B05A WHO IS LINKED WITH THE RESPONDENT (SAME NAME AS APPEARS IN C07).

D. HOME LIFE

All

Great! We really appreciate you taking the time to answer all of our questions about people living in your household. The study doesn't happen without you. Let's keep moving right along. Now we have some questions about how much parents and guardians keep an eye on children around this age.

D01. How often do you...

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)	Never	Rarely	Some-times	Often	Very often	Always
a. Know what {CFNAME} does during {his/her} free time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Know what type of homework {CFNAME} has?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Know what {CFNAME} spends {his/her} money on?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Know when {CFNAME} has an exam or paper due at school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Know what {CFNAME}'s grades are in different subjects at school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Know where {CFNAME} goes after school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

All

How often does {CFNAME} tell you about...

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)	Never	Rarely	Some-times	Often	Very often	Always
g. {his/her} friends without you asking (for example, which friends {he/she} hangs out with and how {his/her} friends feel about various things)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. school without you asking (for example, how each subject is going; {his/her} relationships with teachers)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

All

How often does {CFNAME}...

(Please select one response per row.)

- i. keep secrets from you about what {he/she} does during {his/her} free time?

Never	Rarely	Some-times	Often	Very often	Always
-------	--------	------------	-------	------------	--------

1 2 3 4 5 6

All

Next, we'd like to ask you some questions about things children sometimes do around this age.

D02. Have any of the following things happened to {CFNAME}? Has {he/she}...

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)

- a. Gotten involved with the wrong kinds of people {his/her} age?

Yes	No
-----	----

1 2

- b. Ever used drugs (e.g., marijuana, cocaine, ecstasy, or 'bath salts')?

1 2

- c. Ever used alcohol?

1 2

- d. Gotten in trouble with the police?

1 2

- e. Beaten up other people {his/her} age?

1 2

- f. Been beaten up by other people {his/her} age?

1 2

- g. Run away?

1 2

All

The next set of questions is about the neighborhood in which you live.

D03. How true are the following statements about your neighborhood?

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)

- a. I worry about people with guns and knives in my neighborhood.

Not at all true	A little bit true	Somewhat true	True	Very true
-----------------	-------------------	---------------	------	-----------

1 2 3 4 5

- b. People in this neighborhood do not get along with each other.

1 2 3 4 5

- c. Drug dealers are a problem in my neighborhood.

1 2 3 4 5

- d. I worry about the kind of people my children will meet in this neighborhood.

1 2 3 4 5

- e. My neighborhood is safe for children

1 2 3 4 5

	during the daytime.					
f.	My neighborhood is safe for children during the nighttime.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g.	There are lots of run down homes in our neighborhood.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

E. CHILD'S SCHOOL EXPERIENCES

All

The information you have provided so far is extremely helpful. Thanks! The next set of questions is about your involvement with {CFNAME}'s school and contact you may have had with the school about {CFNAME}'s behavior or performance.

E01. Indicate how much you disagree or agree with each of the following statements. Please think about the current school year as you consider each statement.

PROGRAMMER: CODE ONE PER ROW

<i>(Please select one response per row.)</i>		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
a.	I make it my business to stay on top of things at school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b.	I like to spend time at {CFNAME}'s school when I can.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c.	It's important that I let the teachers know about things that concern {CFNAME}.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d.	I find it helpful to talk with {CFNAME}'s teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e.	{CFNAME}'s teachers know me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

All

E02. Indicate how often you have done the following during this school year.

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)

	Never	Once so far this year	About once a month	Once every two weeks	Once a week	Daily
a. I contacted {CFNAME}'s teachers with questions about schoolwork.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. I exchanged phone calls or notes with {CFNAME}'s teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

All

E03. Since the start of the school year, how many times have [CATI: IF B12 NE 1 OR 5 INSERT "you"; IF B12=1 OR 5 INSERT "you or your spouse/partner"] had contact with the school about...

PROGRAMMER: CODE ONE PER ROW

(Please select one response per row.)

	None	Once or twice	Three or four times	More than four times
a. {CFNAME}'s school schedule for this year?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. {CFNAME} missing too many days of school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. {CFNAME}'s positive or good behavior in school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Information on how to help {CFNAME} at home with specific skills or homework?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. {CFNAME}'s plans after leaving high school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. {CFNAME}'s course selection for entry into college, vocational, or technical school after completing high school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

All

The next questions are about disciplinary actions {CFNAME}'s school may have taken.

E04. Since starting kindergarten, how many times has {CFNAME} ever been suspended or expelled from school? Do not count detentions.

(Please select the number of times.)

PROGRAMMER: INSERT DROP DOWN FIELDS

Number of times suspended or expelled

NO RESPONSE.....M

PROGRAMMER BOX

INSERT DROP DOWN: R=0-10 or more.

IF E04=0 GOTO E7.

ASK IF E04. >0

E05a. What was the reason for the [CATI: IF E04>1 INSERT "most recent"] suspension or expulsion?

Select all that apply

- Repeated violation of the school rules.....1
- Use of profanity (swearing).....2
- Threatening students or teachers.....3
- Defacing or destroying school property.....4
- Bringing a weapon to school.....5
- Fighting with another student.....6
- Ganging up (with one or more other students) on another student.....7
- Threatening to use or making a false report of the use of an explosive device at school 8
- Assaulting a teacher, principal, or other school personnel.....9
- Other.....10

Specify (STRING (50))

NO RESPONSE.....M

ASK IF E04. >0

E06. How many days was the [CATI: IF E04>1 INSERT "most recent"] suspension?

Days for most recent suspension

{CFNAME} was expelled.....2

All

The next questions are about grades your child may have repeated or skipped.

E07. What grades, if any, has {CFNAME} repeated since starting school?

Select all that apply

- Has not repeated any grades.....1
- Kindergarten.....2
- 1st grade.....3
- 2nd grade.....4
- 3rd grade.....5
- 4th grade.....6
- 5th grade.....7
- 6th grade.....8
- 7th grade.....9
- 8th grade.....10
- NO RESPONSE.....M

HARD CHECK: IF E07 = 1 AND RESPONDENT ANSWERS THAT CHILD HAS REPEATED A GRADE: **You said that {CFNAME} has not repeated any grades and repeated {FILL FROM RESPONSE 2 THROUGH 10}. Please tell us all the grades that {CFNAME} has repeated since starting school. If {CFNAME} has not repeated any grades, please only select "Has not repeated any grades."**

All

E08. What grades, if any, has {CFNAME} skipped since starting school?

Select all that apply

- Has not skipped any grades.....1
- Kindergarten.....2
- 1st grade.....3
- 2nd grade.....4
- 3rd grade.....5
- 4th grade.....6
- 5th grade.....7
- 6th grade.....8
- 7th grade.....9
- 8th grade.....10
- NO RESPONSE.....M

HARD CHECK: IF E07 = 1 AND RESPONDENT ANSWERS THAT CHILD HAS SKIPPED A GRADE: **You said that {CFNAME} has not skipped any grades and skipped {FILL FROM RESPONSE 2 THROUGH 10}. Please tell us all the grades that {CFNAME} has skipped since starting school. If {CFNAME} has not skipped any grades, please only select “Has not skipped any grades.”**

All

The following questions are about programs {CFNAME} may participate in at school.

E09. Has {CFNAME} ever been enrolled in a program for English language learners (ELLs) such as English as a Second Language (ESL), English immersion, or bilingual education?

- Yes.....1 E10
- No.....0 E11

ASK IF E09. = 1

E10. Is {he/she} currently enrolled in an English as a Second Language (ESL), English immersion, or bilingual education program?

- Yes.....1
- No.....0

All

E11. Does {CFNAME} receive free or reduced price lunches at school?

- Yes.....1 E12
- No.....0 F01

ASK IF E11. = 1

E12. Are these lunches free or reduced price?

- Free.....1
- Reduced price.....0

F. CHILD HEALTH AND WELL BEING

Thank you for answering all of our questions about {CFNAME}'s educational experiences. Now, we would like to ask you about {CFNAME}'s health.

All

F01. In general, would you say that {CFNAME}'s health is...

- Excellent.....1
- Very good.....2
- Good.....3
- Fair.....4
- Poor.....5

All

F02. Has a doctor, health care provider, teacher, or school official ever told you that {CFNAME} has...

	Yes	No
a. Hearing problems that cannot be corrected with a hearing aid?	1 <input type="radio"/>	0 <input type="radio"/>
b. Vision problems that cannot be corrected with glasses or contact lenses?	1 <input type="radio"/>	0 <input type="radio"/>

All

F03. Has a doctor, nurse, or other medical professional ever told you that {CFNAME} has had a concussion?

- Yes.....1 F04
- No.....0 F05

ASK IF F03. = 1

F04. How many times has {CFNAME} been diagnosed by a doctor as having had a concussion?

|_|_| Enter Number of Times

All

F05. Has a doctor, nurse, or other medical professional ever told you that {CFNAME} has asthma?

- Yes.....1 F06
- No.....0 F07

ASK IF F05. = 1

F06. Has {CFNAME} ever been taken to an emergency room or hospitalized for at least one night because of asthma?

- Yes.....1
- No.....0

All

The next set of questions is about professional evaluations {CFNAME} may have had in the past.

F07. Has {CFNAME} ever been evaluated by a professional because of an issue with...

	Yes	No
a. Independently taking care of {himself/herself}?	1 <input type="radio"/>	0 <input type="radio"/>
b. Paying attention?	1 <input type="radio"/>	0 <input type="radio"/>
c. Learning, thinking, or solving problems?	1 <input type="radio"/>	0 <input type="radio"/>
d. Difficulty coordinating or moving {his/her} whole body, arms or legs?	1 <input type="radio"/>	0 <input type="radio"/>
e. Behaving or relating to <i>other children</i> ?	1 <input type="radio"/>	0 <input type="radio"/>
f. Behaving or relating to <i>adults</i> ?	1 <input type="radio"/>	0 <input type="radio"/>
g. {His/Her} activity level?	1 <input type="radio"/>	0 <input type="radio"/>
h. {His/Her} emotional or mental health issues?	1 <input type="radio"/>	0 <input type="radio"/>
i. Harming {himself/herself}?	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER BOX

IF F07a=1 OR F07b=1 OR F07c=1 OR F07d=1 OR F07e=1 OR F07f=1 OR F07g=1 OR F07h=1 OR F07i=1, GO TO F08.

ELSE IF F07a NE 1 AND F07b NE 1 AND F07c NE 1 AND F07d NE 1 AND F07e NE 1 AND F07f NE 1 AND F07g NE 1 AND F07h NE 1, AND F07i=1, GO TO F16.

PROGRAMMER BOX F07

PLEASE MAKE THE ITEM TEXT "PROFESSIONAL" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.

ASK IF ANY OF F07A-I = 1.

Fill text from any items in F07A-I=1

F08. Have you obtained a diagnosis or diagnoses for {CFNAME}'s issue with {TEXT FROM F07A-I} from a professional?

- Yes.....1 F09
- No.....0 F16

PROGRAMMER BOX

IF ANY OF F07A-I = 1, THIS ITEM (F08) WILL BE ASKED FOR EACH ITEM IN THE F07 SERIES WITH A RESPONSE OF 1.

PROGRAMMER BOX F08

PLEASE MAKE THE ITEM TEXT "PROFESSIONAL" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.

ASK IF F08.=1.

F09. What was the diagnosis?

If you don't see your child's diagnosis in the list below, please type it in the "Other, Please Specify" box.

Select all that apply.

- Learning disability (LD).....1 F13a
 - Learning disability (LD -- Reading disability (or dyslexia).....2 F13a
 - Learning disability LD -- Math disability.....3 F13a
 - Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)....4 F13a
 - Autism Spectrum Disorder (ASD); Autistic Disorder/Asperger's Disorder/Pervasive Developmental Disorder (PDD).....5 F13a
 - Speech or language disorder.....6 F13a
 - Intellectual disability* (severe cognitive disability)7 F13a
 - Health impairment (such as seizures, asthma, diabetes).....8 F13a
 - Physical disability (such as cerebral palsy, spina bifida, amputee, contractures). .9 F13a
 - Sensory impairment (such as hypersensitivity; sensory processing problems; sensory integration problems; sensory deficit, or sensory organization problems).....10 F13a
 - Emotional disturbance.....11 F13a
 - Conduct disorder or oppositional defiant disorder.....12 F13a
 - Panic disorder13 F13a
 - Anxiety disorder or phobia.....14 F13a
 - Obsessive compulsive disorder (OCD).....15 F13a
 - Eating disorder.....16 F13a
 - Depression.....17 F13a
 - Bipolar disorder.....18 F13a
 - Tourette's syndrome.....19 F13a
 - Traumatic brain injury.....20 F13a
 - Diagnosis not yet determined.....21 F13a
 - Other.....99 F13a
- Please specify (STRING (50))
- NO RESPONSE.....M

* Previously called mental retardation

PROGRAMMER BOX F09

PLEASE MAKE THE RESPONSE CATEGORY "LEARNING DISABILITY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Learning disability involves problems with one or more of the basic processes used in understanding or in using language (spoken or written), listening, thinking, reading, writing, spelling, or solving problems in math. This may be referred to as a reading disability or math disability. In some cases a child with a learning disability can perform at grade level with special help.

PLEASE MAKE THE RESPONSE CATEGORY "READING DISABILITY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Reading disability is a learning disability that affects a child's ability to read and often also affects his or her writing.

PLEASE MAKE THE RESPONSE CATEGORY "MATH DISABILITY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Math disability is a learning disability that affects the child's ability to understand and solve math problems.

PLEASE MAKE THE RESPONSE CATEGORY "ATTENTION DEFICIT DISORDER (ADD)/ ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD): ADD and ADHD are health impairments that make it hard for a child to focus and pay attention. With ADHD, a child is also often hyperactive (always on the go) and may have trouble being patient. A child may act without thinking, and struggle to sit still (more than is appropriate for his or her age).

PLEASE MAKE THE RESPONSE CATEGORY "AUTISM" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Autism Spectrum Disorder (ASD) or autism: ASD or autism affects a child's ability to communicate (verbally and nonverbally) and interact socially. A child with autism has difficulty understanding emotions and the perspective of others. The characteristics may include a lack of responsiveness to other people, facial expressions that do not seem appropriate for the situation, responding in other socially inappropriate ways, and repetitive activities and movements (such as hand-flapping or rocking). A child with autism may show resistance to change and hypersensitivity to sensory experiences such as the texture of some clothes for example. A child with autism may be advanced or gifted in one or more areas. Autism Spectrum Disorder (ASD) includes children with Asperger's syndrome and pervasive developmental disorder (PDD).

PLEASE MAKE THE RESPONSE CATEGORY "SPEECH OR LANGUAGE DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Speech or language impairment refers to a communication disorder. A child with a speech disorder may have voice disorders stutter, or have problems distinguishing sounds. Speech disorders range from difficulty with using a particular sound (for example, the "th" sound in this) to difficulty with speaking loudly. A child may also have difficulty understanding and forming sentences, finding words for what she or he wants to say, or his or her ability to repeat information just heard.

PLEASE MAKE THE RESPONSE CATEGORY "INTELLECTUAL OR SEVERE COGNITIVE DISABILITY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Intellectual disability (Severe cognitive disability): A child's mental development is noticeably behind what is expected for a child of his or her age. A child with an intellectual disability also has difficulty with performing some daily life activities or functions on his or her own. A child's learning in school is very slow and far behind other children of that age.

PLEASE MAKE THE RESPONSE CATEGORY "HEALTH IMPAIRMENT" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Health impairment includes health issues that cause problems with strength, vitality, and alertness. A child with a health condition may function intellectually or cognitively as well as his or her peers, but have difficulty "keeping up" in general. Health impairments include problems such as epilepsy or other seizure disorder, asthma, diabetes, sickle cell anemia, or hemophilia.

PLEASE MAKE THE RESPONSE CATEGORY "PHYSICAL DISABILITY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Physical disability affects a child's ability to move or balance. Disabling physical problems can include for example, cerebral palsy, amputations, bone tuberculosis, polio, and contractures (difficulty straightening a joint such as knees, elbows, and fingers).

PLEASE MAKE THE RESPONSE CATEGORY "SENSORY DISORDERS" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Sensory impairments involve being hypersensitive (overly responsive) to touch, sound, movement, or temperature; or very under responsive to those sensory input. Sensory impairments may also involve a lack of control over what sensory information to pay attention to. A child may have an increased alertness to very small changes in the environment making it difficult to maintain attention to what she or he is supposed to be learning.

PLEASE MAKE THE RESPONSE CATEGORY "SERIOUS EMOTIONAL DISTURBANCE OR SED" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Emotional Disturbance (ED) involves difficulty with emotions over a long period of time that hurts a child's school performance. ED may include (a) difficulty learning that cannot be explained by other factors; (b) difficulty with interpersonal relationships (i.e., getting along) with peers and teachers; (c) behavior or feelings that do not match what is happening; d) a general mood of unhappiness or depression; and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes bipolar disorder and schizophrenia. It does not apply to a child who is socially maladjusted (extreme behavior problems), unless he or she also has an emotional disturbance.

PLEASE MAKE THE RESPONSE CATEGORY "CONDUCT DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Conduct disorder involves a pattern of behavior that is frequently defiant, angry, hostile, and disrespectful, and disrupts child's normal functioning. Before the age of ten, a child exhibiting these negative behaviors is usually diagnosed with oppositional defiant disorder. If behavioral symptoms after age ten are not severe, a child may also be diagnosed with oppositional defiant disorder.

PLEASE MAKE THE RESPONSE CATEGORY "PANIC DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Panic Disorder involves the sudden onset of several different physical signs, such as rapid heart rate, shaking, sweating, nausea, dizziness, and difficulty breathing when the child is not in danger. A panic disorder may make a child think that something horrible is about to happen.

PLEASE MAKE THE RESPONSE CATEGORY "ANXIETY DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Anxiety Disorders: A child who has an anxiety disorder worries much more than other children and may worry all the time. She or he may worry about nothing in particular or themselves, other's safety, her or his health, and/or the world. She or he often has physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness. Anxiety disorders include generalized anxiety disorder, posttraumatic stress disorder (PTSD), social anxiety disorder (also called

social phobia), and other specific phobias that interfere with a child's ability to function.

PLEASE MAKE THE RESPONSE CATEGORY "OBSESSIVE COMPULSIVE DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Obsessive Compulsive Disorder: A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that occur over and over and cause distress. A child spends so much time on the thoughts that she or he has a hard time taking care of herself or himself or relating to others. Compulsions are acts that a child feels driven to repeat over and over, such as a need to clean or organize excessively, to keep everything the same.

PLEASE MAKE THE RESPONSE CATEGORY "EATING DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Eating disorders may involve eating too little and an obsession with staying thin (anorexia) or binge eating (gorging food). A child may make his or herself throw-up (vomit) after binge eating and/or taking laxatives (bulimia) or a child may vomit without trying after overeating.

PLEASE MAKE THE RESPONSE CATEGORY "DEPRESSION" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Depression is a general or pervasive mood of sadness or unhappiness. It includes feeling helpless, hopeless, and worthless. Depression lasts for many days to weeks keeping a child from functioning normally.

PLEASE MAKE THE RESPONSE CATEGORY "BIPOLAR DISORDER" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Bipolar Disorder (also known as manic depressive disorder or manic depression) causes unusual swings in mood, energy, and activity levels in a child. This disability can make it difficult to carry out day-to-day tasks and can lead to poor decisions. The intense emotional swings are often unrelated to life events.

PLEASE MAKE THE RESPONSE CATEGORY "TOURETTE'S SYNDROME" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Tourette's syndrome is a nervous system disorder that involves movements or vocalizations that are repetitive and involuntary (not under the control of the child). These involuntary movements and vocalizations are called tics. Some examples include repeated facial grimaces, eye blinking, throat clearing, or grunting. Tics often get worse if a child is excited or anxious. Early symptoms are often first noticed between 3 and 9 years of age.

PLEASE MAKE THE RESPONSE CATEGORY "TRAUMATIC BRAIN INJURY" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Traumatic Brain Injury (TBI) is an injury to the brain from an impact to the head such as a bad fall or a car accident. A TBI makes it hard for a child to learn and may affect day to day functioning. TBI applies to open or closed head injuries that lead to difficulties in one or more areas, such as understanding; memory; attention; reasoning; abstract thinking; judgment; problem-solving; language; sensory, perceptual, and motor abilities; social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are there or that occur at birth, or that grow worse over time.

ASK IF F09.= 5

- F11. What type of Autism Spectrum Disorder does {CFNAME} have? Is it Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, Pervasive Developmental Disorder, or something else?

- Autistic Disorder.....1
- Asperger's Disorder.....2
- Childhood Disintegrative Disorder.....3
- Pervasive Developmental Disorder (PDD).....4
- Other.....99

Specify (STRING (50))

ASK IF F09.=1-91 THIS QUESTION WILL REPEAT FOR EACH RESPONSE GIVEN IN F09.

PROGRAMMER BOX

THIS SERIES WILL BE ASKED FOR THE FIRST DIAGNOSIS, AND THEN LOOP BACK AND REPEAT FOR THE SECOND DIAGNOSIS SO THAT RESPONDENTS THINK ABOUT ONE SPECIFIC DIAGNOSIS AND THEN ANSWER WHEN IT OCCURRED AND IF MEDICATIONS ARE BEING TAKEN.

F13a. What month and year was the diagnosis of [CATI: IF F09=1-20 INSERT ITEM TEXT; IF F09 = 91 INSERT TEXT ENTERED AT F10] made? If {CFNAME} was diagnosed more than once, please indicate the first diagnosis.

PROGRAMMER: INSERT DROP DOWN FIELDS

MONTH AND YEAR OF DIAGNOSIS
 Month Year

- Do not know.....91 F13b
- NO RESPONSE.....M F13b

ASK IF F13a.=3

F13b. If you do not know the month and year the diagnosis of [CATI: IF F09=1-20 INSERT ITEM TEXT; IF F09 = 91 INSERT TEXT ENTERED AT F10] was made, please enter {CFNAME}'s age at that time. Your best guess is fine. If {CFNAME} was diagnosed more than once, please indicate {his/her} age at the time of the first diagnosis.

PROGRAMMER: INSERT DROP DOWN FIELDS

AGE OF DIAGNOSIS
 AGE

- Do not know.....91
- NO RESPONSE.....M

HARD CHECK: IF F13b = 1 AND F13b > A09: You said that {CFNAME} was diagnosed with [CATI: IF F09=1-20 INSERT ITEM TEXT; IF F09 = 91 INSERT TEXT ENTERED AT F10] at age [INSERT AGE ENTERED AT F13b]. That age is older than {CFNAME}'s age we have on file. Please correct the age of diagnosis or {CFNAME}'s current age.

ASK IF F09.=1-91} THIS ITEM WILL REPEAT FOR EACH SELECTION MADE AT F09.

F14. Is {CFNAME} now taking any prescription medicine for the condition related to {his/her} [CATI: IF F09=1-20 INSERT ITEM TEXT; IF F09 = 91 INSERT TEXT ENTERED AT F10]?

- Yes.....1 F15
- No.....0 F16
- NO RESPONSE.....M F16

ASK IF F09. = 2 or 3 AND F14.= 1

F15. Is {CFNAME} medicated for ADD or ADHD at school, at home, or both?

- At school.....1
- At home.....2
- Both at school and at home.....3

All

Now we would like to ask about the experience {CFNAME} and your family may have had with a 504 Plan or an Individualized Education Program (IEP).

All

F16. Does {CFNAME} currently have a 504 plan based on section 504 of the Rehabilitation Act that describes accommodations to support {his/her} learning?

- Yes.....1
- No.....0
- Don't know.....2

PROGRAMMER BOX F16

PLEASE MAKE THE ITEM TEXT "SECTION 504 PLAN" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.

All

F17. Has {CFNAME} ever had an Individualized Education Program (IEP)?

- Yes.....1 F18
- No.....0 G01
- Don't know.....2 G01

PROGRAMMER BOX F16

PLEASE MAKE THE ITEM TEXT "INDIVIDUALIZED EDUCATION PROGRAM (IEP)" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with nondisabled students, and lists accommodations or modifications needed to measure what the student knows through tests.

ASK IF F17.=1

F18. Does {CFNAME} still have an IEP?

- Yes.....1 F20
- No.....0 F19a
- Don't know.....2 F19a

ASK IF F18.=2

F19a. Why does {he/she} no longer have an IEP?

Select all that apply

- {CFNAME} no longer needs special services.....1
- {CFNAME} met IEP goals.....2
- {CFNAME} was declassified, school says {he/she} no longer needs services.....3
- {CFNAME} no longer eligible, doesn't qualify.....4
- School doesn't have the programs {CFNAME} needs 5
- I don't want {CFNAME} in special education.....6
- {CFNAME} did not want to be in special education.....7
- {CFNAME} now has a 504 Plan.....8
- Other.....99

Specify (STRING (50))

NO RESPONSE.....M

ASK IF F18.=1

F20. In the last 12 months, has there been an IEP meeting about {CFNAME}'s special education program or services?

- Yes.....1 F21
- No.....0 F23
- Don't know.....2 F23

ASK IF F20.=1

F21. Did you or another adult in the household go to the meeting?

- Yes.....1
- No.....0
- Don't know.....2

ASK IF F20.=1

F22. Did {CFNAME} go to the meeting?

- Yes.....1
- No.....0
- Don't know.....2

ASK IF F18.=1

F23. Who came up with the goals on {CFNAME}'s IEP?

Select all that apply

- School staff.....1
- Me or other parent/family member 2
- {CFNAME}.....3
- Another person.....4

Specify (STRING (50))

NO RESPONSE.....M

ASK IF F18.=1

F24. Of the people who came up with the IEP goals, who came up with the most goals?

- School staff.....1
- Me or another parent/family member.....2
- {CFNAME}.....3
- Another person.....4

Specify (STRING (50))

- Not applicable; everyone came up with the same number of goals.....5

ASK IF F18.=1

F25. How active was {CFNAME} in developing {his/her} IEP? For example, did {CFNAME} participate in discussions about {his/her} disability, {his/her} strengths, {his/her} needs, the accommodations that would help {him/her} achieve in class, {his/her} goals for the future, and the goals {he/she} feels are most important for {him/her} to work on?

- Very active; took a leadership role in IEP development.....1
- Active; participated regularly in IEP development.....2
- Somewhat active; participated occasionally in IEP development.....3
- Not active; did not participate in IEP development.....4

ASK IF F18.=1

F26. Overall, how satisfied are you with the progress {CFNAME} has made towards {his/her} IEP goals this year? Are you...

- Completely satisfied.....1
- Very satisfied.....2
- Fairly satisfied.....3
- Somewhat dissatisfied.....4
- Very dissatisfied.....5

ASK IF F18.=1

F27. Have you had any discussions with {CFNAME}'s IEP team about {his/her} transition to high school?

- Yes.....1
- No.....0

ASK IF F18.=1

F28. How often have you discussed the following topics with staff at {CFNAME}'s school about how {CFNAME} can...

	Never	Rarely	Sometimes	Often	Very often
a. Develop self-determination and self-advocacy skills?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

- | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| b. Expand social and community support networks? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Learn “soft” employment skills (such as appropriate dress, working well in a group, following instructions)? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Practice skills in handling money such as counting money, making change, saving money for a desired object or event? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. Prepare for change? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

ASK IF F16.OR F18=1

The next set of questions asks about the types of services that {CFNAME} receives, either at school or outside of school. Let’s begin by looking at accommodations and services that {CFNAME} might receive for {his/her} academic performance.

F29. During the past 12 months, has {CFNAME} received any of the following services for {his/her} academic performance?

	Yes	No - Service was needed, but not available	No - Service was not needed	Don't know
a. Catch-up courses or double-dosing of classes during the regular school day	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Supplemental instruction or tutoring in academic subjects before or after school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Supplemental instruction or tutoring in academic subjects on weekends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Help connecting students to outside academic transition services, supports, or activities (e.g., tutoring, mentoring)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Tutor	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Braille instruction or other related services for visually impaired (e.g., Nemeth code, abacus)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

PROGRAMMER BOX F29

SELECTING THE “YES” CATEGORY AND ANY OF THE “NO” CATEGORIES IS NOT ALLOWED.

SELECTING BOTH "NO" CATEGORIES IS NOT ALLOWED.

SELECTING "DON'T KNOW" AND ANY OF THE OTHER CATEGORIES IS NOT ALLOWED.

PROGRAMMER BOX F29a

ASK WHETHER EACH SERVICE WAS RECEIVED FROM THE SCHOOL OR THROUGH AN OUTSIDE SOURCE IN F29A IF F29A-F=1. RESPONDENTS CAN SELECT BOTH OPTIONS.

F29a. Were each of the following services for academic performance {CFNAME} and your family have received from the school or from an outside source?

Select all that apply

	Received through school	Received through outside source
a. Catch-up courses or double-dosing of classes during the regular school day	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Supplemental instruction or tutoring in academic subjects before or after school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Supplemental instruction or tutoring in academic subjects on weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Help connecting students to outside academic transition services, supports, or activities (e.g., tutoring, mentoring)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Tutor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Braille instruction or other related services for visually impaired (e.g., Nemeth code, abacus)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ASK F30 FOR EACH SERVICE IN F29 PROVIDED BY THE SCHOOL.

Now we would like to know how helpful you have found the services {CFNAME} and your family have received from {his/her} school.

F30. Overall, how helpful are/were each of the following services for academic performance {CFNAME} and your family have received from the school?

		Very helpful	Helpful	Not helpful	Not at all helpful
F030a. ASK IF F29a=1 AND F29aa.=1	a. Catch-up courses or double-dosing of classes during the regular school day	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F030b. ASK IF F29b.=1 AND F29bb=1	b. Supplemental instruction or tutoring in academic subjects before or after school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F030c. ASK IF F29c.=1 AND F29cc.=1	c. Supplemental instruction or tutoring in academic subjects on weekends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F030d. ASK IF F29d.=1 AND F29dd.=1	d. Help connecting students to outside academic transition services, supports, or activities (e.g., tutoring, mentoring)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F030e. ASK IF F29e.=1 AND F29ee.=1	e. Tutor	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F030f. ASK IF F29f.=1 AND F29ff.=1	f. Braille instruction or other related services for visually impaired (e.g., Nemeth code, abacus)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ASK IF F16.OR F18=1

F31. During the past 12 months, has {CFNAME} received any of the following services for positive skills and behaviors?

	Yes	Service was needed, but not available	Service was not needed	Don't know
a. Help developing capability to dress, clean, care for self	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Help connecting students to community skill- and behavior-related services, supports, or activities (e.g., assistive technology, networking)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Speech or language therapy, or communication services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Psychological or mental health services or counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Physical or occupational therapy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Orientation and mobility services (to help individuals navigate their environment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

PROGRAMMER BOX F31

SELECTING THE "YES" CATEGORY AND ANY OF THE "NO" CATEGORIES IS NOT ALLOWED.

SELECTING BOTH "NO" CATEGORIES IS NOT ALLOWED.

SELECTING "DON'T KNOW" AND ANY OF THE OTHER CATEGORIES IS NOT ALLOWED.

PROGRAMMER BOX F31a

ASK WHETHER EACH SERVICE WAS RECEIVED FROM THE SCHOOL OR THROUGH AN OUTSIDE SOURCE IN F31A IF F31A-F=1. RESPONDENTS CAN SELECT BOTH OPTIONS.

F31a. Were each of the following services for positive skills and behaviors {CFNAME} and your family have received from the school or from an outside source?

Select all that apply

	Received through school	Received through outside source
a. Help developing capability to dress, clean, care for self	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Help connecting students to community skill- and behavior-related services, supports, or activities (e.g., assistive technology, networking)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Speech or language therapy, or communication services	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Psychological or mental health services or counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Physical or occupational therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Orientation and mobility services (to help individuals navigate their environment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ASK F32 FOR EACH SERVICE IN F31 PROVIDED BY THE SCHOOL.

F32. Overall, how helpful are/were each of the following services for positive skills and behaviors {CFNAME} and your family have received from the school?

		Very helpful	Helpful	Not helpful	Not at all helpful
F032a. ASK IF F031a. =1 AND F031aa.=1	a. Help developing capability to dress, clean, care for self	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F032b. ASK IF F031b. =1 AND F031bb.=1	b. Help connecting students to community skill- and behavior-related services, supports, or activities (e.g., assistive technology, networking)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F032c. ASK IF F031c. =1 AND F031cc.=1	c. Speech or language therapy, or communication services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F032d. ASK IF F031d. =1 AND F031dd.=1	d. Psychological or mental health services or counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F032e. ASK IF F031e. =1 AND F031ee.=1	e. Physical or occupational therapy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F032f. ASK IF F031f. =1 AND F031ff.=1	f. Orientation and mobility services (to help individuals navigate their environment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ASK IF F16.OR F18=1

F33. During the past 12 months, has {CFNAME} received any of the following services for positive life functioning?

(Please select all that apply.)

	Yes	No - Service was needed, but not available	No - Service was not needed	Don't know
a. Reader or interpreter, including sign language	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Audiology services for hearing problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Special transportation because of disability	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

PROGRAMMER BOX F33

SELECTING THE "YES" CATEGORY AND ANY OF THE "NO" CATEGORIES IS NOT ALLOWED.

SELECTING BOTH "NO" CATEGORIES IS NOT ALLOWED.

SELECTING "DON'T KNOW" AND ANY OF THE OTHER CATEGORIES IS NOT ALLOWED.

PROGRAMMER BOX F33a

ASK WHETHER EACH SERVICE WAS RECEIVED FROM THE SCHOOL OR THROUGH AN OUTSIDE SOURCE IN F33A IF F33A-F=1. RESPONDENTS CAN SELECT BOTH OPTIONS.

F33a. Were each of the following services for positive life functioning {CFNAME} and your family have received from the school or from an outside source?

Select all that apply

	Received through school	Received through outside source
a. Reader or interpreter, including sign language	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Audiology services for hearing problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Special transportation because of disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ASK F34 FOR EACH SERVICE IN F33 PROVIDED BY THE SCHOOL.

F34. Overall, how helpful {are/were} each of the following services for positive life functioning {CFNAME} and your family have received from the school?

		Very helpful	Helpful	Not helpful	Not at all helpful
F034a. ASK IF F033a.=1 AND F033aa.=1 F034b.	a. Reader or interpreter, including sign language	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
ASK IF F033b.=1 AND F033bb.=1 F034c.	b. Audiology services for hearing problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
ASK IF F033c.=1 AND F033cc.=1	c. Special transportation because of disability	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ASK IF F16.OR F18=1

F35. During the past 12 months, has {CFNAME} received any other services? If so, please specify what those services were.

Yes.....1 F35a

Specify (STRING (50))

No.....0 G01

Don't Know.....2 G01

ASK IF F35=1

F35a. Were the services for {FILL FROM F35} {CFNAME} and your family have received from the school or from an outside source?

Select all that apply

Received through school.....1 F36

Received through outside source.....2 G01

Don't know.....3 G01

NO RESPONSE.....M

ASK IF F35.=1 and F35a=1

F36. Overall, how helpful were the services {CFNAME} and your family have received from the school?

- Very helpful.....1
- Helpful.....2
- Not helpful.....3
- Not at all helpful.....4

All

SECTION G ITEMS WILL LOOP WITH SHIFTING FILLS TO CAPTURE RESPONDENT AND/OR CHILD'S MOTHER AND FATHER (IF THEY LIVE IN THE HOUSEHOLD) BASED ON RESPONSES TO B01g, B03g, B12, AND B13. PROGRAM ITEMS WILL INCLUDE A Gxxa, Gxxb, Gxxc, AND Gxxd FOR EACH SCENARIO POSSIBILITY.

G. EMPLOYMENT AND INCOME

Now we have a few questions about jobs and work people in the household do for a living.

ASK FOR MEMBERS OF HOUSEHOLD WITH B02F = 1 OR 2 AND B02J = 2 OR NO HOUSEHOLD MEMBER HAS B02F = 1 AND NO HOUSEHOLD MEMBER HAS B02F = 2 AND B02J = 2 FOR RESPONDENT OR NO HOUSEHOLD MEMBER HAS B02F = 1 AND NO HOUSEHOLD MEMBER HAS B02F = 2 AND HOUSEHOLD MEMBER LINKED TO RESPONDENT THROUGH MARITAL STATUS (B03B, B04B, B05A) AND B02J = 2.

- G02.** Was [HH#FNAME] [HH#LNAME] on leave or vacation from a job?
- Yes.....1 G07
 - No.....0 G03

ASK IF B02J = 2 AND G02 = 0

- G03.** Has [HH#FNAME] [HH#LNAME] been actively looking for work in the past 4 weeks?
- Yes.....1
 - No.....0

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02.

ASK IF B02J = 2 AND G02 = 0

- G04.** Has [HH#FNAME] [HH#LNAME] worked at a job for pay in the last 5 years?
- Yes.....1
 - No.....0 G05

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02.

ASK IF G04. = 2

- G05.** What was [HH#FNAME] [HH#LNAME] doing most of last week? Would you say...
- Keeping house or caring for children.....1
 - Going to school.....2
 - Retired.....3
 - Unable to work.....4
 - Something else?.....91 G06

PROGRAMMER BOX
PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02.

ASK IF G05. = 91

- G06.** Please enter what [HH#FNAME] [HH#LNAME] was doing most of last week.
PROGRAMMER: INSERT TEXT BOX

 (STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX
PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02.

ASK IF B02J. = 1

- G07.** How many jobs does [HH#FNAME] [HH#LNAME] have now?

|__|__| Enter number of jobs

NO RESPONSE.....M

PROGRAMMER BOX
PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF B02J. = 1

- G08.** About how many total hours per week does [HH#FNAME] [HH#LNAME] usually work for pay?

|__| |__| Enter number of weekly hours

NO RESPONSE.....M

PROGRAMMER BOX
PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF B02J. = 1

G09a. Who does [HH#FNAME] [HH#LNAME] work for?

PROGRAMMER: INSERT TEXT BOX

Enter employer name

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX
PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G04. NE 2

G09b. Who did [HH#FNAME] [HH#LNAME] work for the last time [he/she] worked?

PROGRAMMER: INSERT TEXT BOX

Enter employer name

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G01. = 1

G10a. What kind of business or industry is this?

- Construction (Buildings, alterations and public works).....1
- Governments (Local, state and Federal agencies).....2
- Foreign Trade (Exports, imports and participants).....3
- Manufacturing (Companies, operations and shipments, products).....4
- Mining (Minerals, gases and initial processing).....5
- Retail (Merchandise for personal or home use).....6
- Services (Personal, business and transport services).....7
- Wholesale (Merchandise for business use).....8
- Other.....9

Specify (STRING (50))

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G04. NE 2

G10b. What kind of business or industry was this?

- Construction (Buildings, alterations and public works).....1
- Governments (Local, state and Federal agencies).....2
- Foreign Trade (Exports, imports and participants).....3
- Manufacturing (Companies, operations and shipments, products).....4
- Mining (Minerals, gases and initial processing).....5
- Retail (Merchandise for personal or home use).....6
- Services (Personal, business and transport services).....7
- Wholesale (Merchandise for business use).....8

Other.....9

Specify (STRING (50))

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G01. = 1

G11a. What kind of work is [HH#FNAME] [HH#LNAME] doing?

PROGRAMMER: INSERT TEXT BOX

Enter job title

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G04. NE 2

G11b. What kind of work was [HH#FNAME] [HH#LNAME] doing?

PROGRAMMER: INSERT TEXT BOX

Enter job title

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G01. = 1

G12. What are [HH#FNAME] [HH#LNAME]'s most important activities or duties on this job? What does [HH#FNAME] [HH#LNAME] actually do at this job?

PROGRAMMER: INSERT TEXT BOX

Enter job duties

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

ASK IF G04. NE 2

G12. What were [HH#FNAME] [HH#LNAME]'s most important activities or duties on this job? What did [HH#FNAME] [HH#LNAME] actually do at this job?

PROGRAMMER: INSERT TEXT BOX

Enter job duties

(STRING (100))

NO RESPONSE.....M

PROGRAMMER BOX

PLEASE NOTE HH#FNAME AND HH#LNAME WILL BE FILLED ACCORDING TO FIRST AND LAST NAMES FILLED IN G02 FOR B02J = 2 AND ACCORDING TO B01 FOR B02J = 1.

LOOP G02 THROUGH G12 FOR ANY MEMBER OF HOUSEHOLD WITH B02F = 1 OR B02F = 2 AND IF NO HOUSEHOLD MEMBER HAS B02F = 1 AND NO HOUSEHOLD MEMBER HAS B02F = 2 FOR RESPONDENT AND HOUSEHOLD MEMBER LINKED TO RESPONDENT THROUGH PARITAL STATUS (B03B, B04B, B05A).

All

In studies like this, households are sometimes grouped according to income.

G13. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

PROGRAMMER: INSERT DROP DOWN MENU

HOUSEHOLD INCOME

NO RESPONSE.....M

PROGRAMMER BOX G13

INSERT DROPDOWN MENU WITH THE FOLLOWING CATEGORIES:

- 1 \$5,000 or less
- 2 \$5,001 to \$10,000
- 3 \$10,001 to \$15,000
- 4 \$15,001 to \$20,000
- 5 \$20,001 to \$25,000
- 6 \$25,001 to \$30,000
- 7 \$30,001 to \$35,000
- 8 \$35,001 to \$40,000
- 9 \$40,001 to \$45,000
- 10 \$45,001 to \$50,000
- 11 \$50,001 to \$55,000
- 12 \$55,001 to \$60,000
- 13 \$60,001 to \$ 65,000
- 14 \$65,001 to \$70,000
- 15 \$70,001 to \$75,000
- 16 \$75,001 to \$80,000
- 17 \$80,001 to \$85,000
- 18 \$85,001 to \$90,000
- 19 \$90,001 to \$95,000
- 20 \$95,001 to \$100,000
- 21 \$100,001 to \$110,000
- 22 \$110,001 to \$120,000
- 23 \$120,001 to \$130,000
- 24 \$130,001 to \$140,000
- 25 \$140,001 to \$150,000
- 26 \$150,001 to \$160,000
- 27 \$160,001 to \$170,000
- 28 \$170,001 to \$180,000
- 29 \$180,001 to \$190,000
- 30 \$190,001 to \$200,000
- 31 \$200,001 to \$225,000

32	\$225,001 to \$250,000
33	\$250,001 to \$275,000
34	\$275,001 to \$300,000
35	\$300,001 to \$325,000
36	\$325,001 to \$350,000
37	\$350,001 to \$375,000
38	\$375,001 to \$400,000
39	\$400,001 to \$425,000
40	\$425,001 to \$450,000
41	\$450,001 to \$475,000
42	\$475,001 to \$500,000
43	\$500,001 or more

All

G14. Which of the following have you or members of your household done to financially prepare for {CFNAME}'s education after high school?

Select all that apply

- Started a savings account.....1
- Bought an insurance policy.....2
- Bought U.S. savings bonds.....3
- Made investments in stocks or real estate.....4
- Set up a college investment fund (such as a mutual fund).....5
- Started working another job and/or more hours.....6
- Established another form of savings.....7
- Reduced other expenses in some way (e.g., pay off car, put off vacations or other expenses) 8
- Planned to reduce other expenses in some way.....9
- Re-mortgaged your property or took out a home equity loan.....10
- Planned to re-mortgage your property or take out a home equity loan.....11
- Had your child put aside earnings.....12
- Participated in a state-sponsored college savings program (such as a 529 plan).....13
- Other (please specify).....14

Specify (STRING (50))

- Have not started planning yet.....15 H01
- NO RESPONSE.....M

ASK IF G14.<=14

G15. About how much money has been set aside for {his/her} future educational needs?

- None.....1
- \$2,000 or less.....2
- \$2,001-\$5,000.....3
- \$5,001-\$10,000.....4
- \$10,001-\$15,000.....5
- \$15,001-\$25,000.....6
- \$25,001-\$35,000.....7
- \$35,001-\$60,000.....8
- More than \$60,000.....9

All

H. MOBILITY

The next questions ask about how often {CFNAME} have moved since {CFNAME} started kindergarten.

H01. How long has {CFNAME} lived in {his/her} current residence?

|__|__| Enter number of years

NO RESPONSE.....M

HARD CHECK: IF H01 > CHILD'S AGE+1 YEAR: You said that {CFNAME} has lived in {his/her} current residence for {FILL FROM H01} years. That age is older than {CFNAME}'s age we have on file. Please correct the number of years {CFNAME} has lived in {his/her} current residence or {CFNAME}'s current age.

All

H02. In the last 5 years how many different places has {CFNAME} lived for four months or more?

|__|__| Enter number of places

NO RESPONSE.....M

HARD CHECK: If H02 > 20: You said that {CFNAME} has lived in {fill from H02} different places for four months or more in the last five years.

SOFT CHECK: IF H02 >= 10: You said that {CFNAME} has lived in {fill from H02} different places for four months or more in the last five years. Please confirm that this is correct.

All

H03a. How many times has {CFNAME} changed schools since {he/she} entered kindergarten as a

result of grade promotion?

|__|__| Enter number of times

NO RESPONSE.....M

PROGRAMMER BOX H03a

PLEASE MAKE THE ITEM TEXT "GRADE PROMOTION" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:

Grade promotion would include moving to a different school because of the prior school not serving more advanced levels, such as a move from an elementary school to a middle school or from a middle school to a junior high school in the same district.

All

H03b. How many times has {CFNAME} changed schools since {he/she} entered kindergarten for a reason other than grade promotion?

|__|__| Enter number of times

NO RESPONSE.....M

All

H04. Is {CFNAME} attending a different school this year than the one {he/she} had attended last school year?

- Yes.....1
- No.....0

All

I. PARENT INVOLVEMENT

The final section asks about your expectations for {CFNAME}'s future and conversations you may have had with {CFNAME} about school or {his/her} future plans.

101. Since the start of this school year, how often have you discussed the following with {CFNAME}?

	Never	Rarely	Sometimes	Often	Very often
a. Selecting a math course to take next school year	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Selecting courses other than math to	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

	take next school year					
c.	Preparing for college entrance exams such as ACT, SAT, or ASVAB	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d.	Applying to college or other schools after high school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e.	Careers {CFNAME} might be interested in	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

All

102. How far in school do you expect {CFNAME} to go? Would you say you expect {he/she} ...

- Won't finish high school?.....1
- Will graduate from high school, but won't go any further?.....2
- Will go to a technical or trade school after high school?.....3
- Will attend college?.....4
- Will graduate from college?.....5
- Will attend a higher level of school after graduating from college?.....6
- Don't know?.....7

All

THANK. Thank you for your cooperation!
(PRESS ANY KEY TO END SURVEY)

Appendix U.3 Mathematics Teacher Survey Specifications

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) Math Teacher Questionnaire.

Please refer to the instructions you received in your survey invitation letter to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-855/800-1432, or email us at mgls@rti.org.

Login ID: _____

Password: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 20 minutes for the teacher-level information and 10 minutes per study student, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this survey, please write directly to: National Center for Education Statistics, Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Fourth floor, Washington, D.C. 20024.

The collection of information in this survey is authorized by the Education Sciences Reform Act of 2002 (ESRA 2002: 20 U.S. Code § 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.

ALL

SURVEY INFORMATION

You have received an invitation to complete this questionnaire because a student you teach has been selected to participate in the MGLS:2017 field test study. To enhance the information provided by your students and their parents, we need you to complete this survey.

The first part will ask questions about your classroom, then the second part will ask questions about specific students that are in your classroom and are participating in our study. The third part will ask some background questions about yourself and your school. Part one and two may be repeated if you have study students in more than one of your classes.

Taking part in the study is voluntary, and you can skip questions you do not want to answer. We realize you are very busy, but urge you to complete the questionnaire as completely and accurately as possible. Your answers are very important to the study's success. You will receive a \$20 gift card for completing the questionnaire about you and your classroom, and \$7 for each questionnaire about a student in our study.

Please click below to start the survey.

Begin the Survey

PROGRAMMER BOX

Begin your survey

ALL

A00c.

How to Complete the Survey

Thank you for taking the time to complete this survey. Before you get started, here are a few helpful hints.

- Please record your answers by checking the box next to the appropriate answer or entering information as directed. Answer each question as accurately as possible; if you need to estimate an answer that is okay.
- Press the "Next" button to move forward.
- Press the "Back" button to go back.
- The "Save and Come Back Later" button can be used to save your responses and finish later.
- To protect your answers, your responses will be automatically saved and you will be logged off if you are idle for more than 30 minutes.

Please click the button below to begin the survey.

PROGRAMMER BOX

Begin your survey

Notes to programmers:

- 1) Question numbers appear in the specs for programming purposes (i.e., routing, skip logic, etc.) but the question numbers should not be displayed to the respondent
- 2) All questions will generally have the same soft check message

WARNING – 30 MINUTES

[WARNING IF IDLE 25 MINUTES] If you do not fill in an answer, the questionnaire will time out automatically, and you will have to sign in again to resume the questionnaire

[IF IDLE MORE THAN 30 MINUTES] You have timed out of the survey. Your answers have been saved. **Please enter your Login ID and password to continue the survey.**

Login ID: _____

Password: _____

WARNING – COMPLETED SURVEY

[IF RESPONDENT ATTEMPTS TO LOGIN TO A COMPLETED SURVEY] Our records indicate that you have finished your survey. Thank you for your participation. You do not need to login again.

If you think you are receiving this message in error, or have questions about the study, please call FN LN at (855) 500-1432 or send an email to mgl@s@rti.org and include the contact information you were provided.

WARNING – SAVE AND COME BACK LATER

[IF RESPONDENT SELECTS SAVE BUTTON] The questionnaire is not complete yet. Do you want to save your answers?

Options: "Save" or "Cancel"

[IF RESPONDENT SELECTS "SAVE"] Thank you for responding so far. Please log back in to complete the questionnaire as soon as possible.

WARNING – WELCOME BACK

[IF RESPONDENT RETURNING TO ONLINE SURVEY FOR SECOND OR HIGHER ORDER TIME] **Welcome back!** Thank you for taking the time to complete our survey. **Please enter your Login ID and password**, and the survey will begin where you left off. All your previous answers have been saved.

Login ID: _____

Password: _____

The first part of the survey is about to begin. It asks questions about you and the classroom listed below.

School: classroom:

Teacher:

Ask items SCO, SCOa, AND SCOb one time only.

SCO. Are you {Fill TeacherName}?

- Yes.....1 A01
- Yes, but my name is misspelled.....2 SCOa
- No, this is not my name.....3 SCOa

PROGRAMMER BOX
IF SCO = 2 OR 3, ALERT SENT TO UPDATE SMS
IF SCO =3, ALERT SENT TO CREATE NEW TEACHER WITH NEW USER NAME
AND PASSWORD

HARD CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next".

If SCO = 2 or 3

SCOa. Please enter the correct spelling of your first and last name

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next" or click "Back" to return to the first question.

PROGRAMMER BOX
IF SCO = 1 OR 2, GO TO A01; OTHERWISE GO TO END1. ASSIGN STATUS CODE.

A01. This section asks specific questions about your [CLASS NAME] class.

How many students are enrolled in this class?

(NUMBER RANGE = ACCEPTABLE RANGE = 1 - 50)

NO RESPONSE.....M

SOFT CHECK: IF A01 >50; You entered that [A01 RESPONSE] students are in this class. Is this correct? Adjust the number of students or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

A01a. Please provide some information about your [CLASS NAME] class.

Which of the following best describes this mathematics course?

- Grade 6 general mathematics1
- Grade 6 honors mathematics.....2
- Grade 6 remedial mathematics.....3
- Grade 7 general mathematics.....4
- Grade 7 honors mathematics.....5
- Grade 7 remedial mathematics.....6
- Grade 8 general mathematics.....7
- Grade 8 honors mathematics.....8
- Grade 8 remedial mathematics.....9
- Introduction to algebra/ pre-algebra.....10
- Algebra.....11
- Algebra II.....12
- Geometry.....13
- Other.....99

Specify

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

A02. What percentage of students in this [CLASS NAME] class...

If none, enter "0."

	Percentage
a. Are below grade level in their mathematics skills?	<input type="text"/>
b. Are about on grade level in their mathematics skills?	<input type="text"/>
c. Are above grade level in their mathematics skills?	<input type="text"/>

SOFT CHECK: IF ANY A02 >100; You entered more than 100 percent of students are at this level. Please adjust the percent to 100 or less.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

A03. At this point in the school year, how would you rate the behavior of the students in this class?

- Group misbehaves very frequently and is almost always difficult to handle.1
- Group misbehaves frequently and is often difficult to handle.2
- Group misbehaves occasionally.3
- Group behaves well.4
- Group behaves exceptionally well.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B01. This section focuses on the content you cover in this [CLASS NAME] class, as well as your teaching practices.

The curriculum used for this class is...

- Locally or district-designed.....1
 - State-designed.....2
 - Nationally-designed.....3
 - Other.....99
- Specify
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B02. What do you use as your primary basis for instruction for this class?

Select one only

- Textbook (Print)1
 - E-book.....2
 - District or state educational content repository.....3
 - Open educational resources.....4
- Specify
- Other.....99
- Specify
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B03. Which one of the following textbooks or e-books do you use in this class as your primary source of instruction?

PROGRAMMER: INSERT DROP DOWN FIELD

- Algebra 1; Glencoe / McGraw-Hill.....1
- Algebra 1; McDougal Littell / Houghton Mifflin.....2
- Algebra; Prentice Hall.....3
- Big Ideas Math Common Core; Houghton Mifflin Harcourt.....4
- Connected Mathematics Program (CMP) 2.....5
- Connected Mathematics Program (CMP) 3.....6
- Contemporary Mathematics in Context; Glencoe / McGraw-Hill.....7
- Everyday Mathematics (UCSMP); Everyday Learning.....8
- Geometry; Holt.....9
- Glencoe Math Common Core Edition Course 2.....10
- Glencoe Math Course 1.....11
- Glencoe Mathematics Applications and Concepts Course 1; Glencoe/McGraw-Hill.....12
- Glencoe Mathematics Applications and Concepts Course 2; Glencoe/McGraw-Hill.....13
- Glencoe Mathematics Applications and Concepts Course 3; Glencoe/McGraw-Hill.....14
- Go Math!; Houghton Mifflin Harcourt.....15
- Holt Algebra I; Holt, McDougal.....16
- Holt Mathematics Course 1; Holt, Rinehart & Winston.....17
- Holt Mathematics Course 2; Holt, Rinehart & Winston.....18
- Holt Mathematics Course 3; Holt, Rinehart & Winston.....19
- Holt McDougal Mathematics Common Core Course 1; Houghton Mifflin Harcourt.....20
- Holt McDougal Mathematics Common Core Course 2; Houghton Mifflin Harcourt.....21
- Holt McDougal Mathematics Common Core Course 3; Houghton Mifflin Harcourt.....22
- Holt Pre-Algebra; Holt, Littell.....23
- Holt Pre-Algebra; Holt, McDougal.....24
- Impact Mathematics Course 1; Glencoe/McGraw-Hill.....25
- Impact Mathematics Course 2; Glencoe/McGraw-Hill.....26
- Impact Mathematics Course 3; Glencoe/McGraw-Hill.....27
- Integrated Mathematics; McDougal Littell / Houghton Mifflin.....28
- Math Connects Common Core Edition Course 2.....29
- Math Investigations; Pearson/TERC.....30
- Math; Harcourt, Brace, Jovanovich.....31
- Math; Scott Foresman.....32
- Pre-Algebra; Glencoe/McGraw-Hill.....33
- Prentice Hall Mathematics Common Core; Pearson.....34
- Saxon Math.....35
- Trailblazers; Kendall Hunt.....36

Other99

Specify

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE: **Please provide an answer to this question and then click**

IF B02=1 OR =2 and B03 is not missing

B03a. Please indicate the publication year of [FILL TEXTBOOK NAME from B03].

SOFT CHECK: IF B03a<2000 or B03a >2017; You entered [B03a RESPONSE]. Is this correct? Adjust the publication year or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF B02=1 OR =2 and B03 is not missing

B03b. Please indicate the grade level of [FILL TEXTBOOK NAME from B03].

Grade 5.....1

Grade 6.....2

Grade 7.....3

Grade 8.....4

Grade 9.....5

Not applicable.....6

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B04. Which of the following do you use to supplement your primary basis for instruction for this class?

Select all that apply

- Textbook (Print)1
- E-book.....2
- District or state educational content repository.....3
- Open educational resources.....4
- Specify
- Other.....99
- Specify
- I do not use additional resources to supplement instruction.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B05. What additional textbooks or e-books do you use to supplement your instruction?*Select all that apply*

- Algebra 1; Glencoe / McGraw-Hill.....1
- Algebra 1; McDougal Littell / Houghton Mifflin.....2
- Algebra; Prentice Hall.....3
- Big Ideas Math Common Core; Houghton Mifflin Harcourt.....4
- Connected Mathematics Program (CMP) 2.....5
- Connected Mathematics Program (CMP) 3.....6
- Contemporary Mathematics in Context; Glencoe / McGraw-Hill.....7
- Everyday Mathematics (UCSMP); Everyday Learning.....8
- Geometry; Holt.....9
- Glencoe Math Common Core Edition Course 2.....10
- Glencoe Math Course 1.....11
- Glencoe Mathematics Applications and Concepts Course 1; Glencoe/McGraw-Hill.....12
- Glencoe Mathematics Applications and Concepts Course 2; Glencoe/McGraw-Hill.....13
- Glencoe Mathematics Applications and Concepts Course 3; Glencoe/McGraw-Hill.....14
- Go Math!; Houghton Mifflin Harcourt.....15
- Holt Algebra I; Holt, McDougal.....16
- Holt Mathematics Course 1; Holt, Rinehart & Winston.....17
- Holt Mathematics Course 2; Holt, Rinehart & Winston.....18
- Holt Mathematics Course 3; Holt, Rinehart & Winston.....19
- Holt McDougal Mathematics Common Core Course 1; Houghton Mifflin Harcourt.....20
- Holt McDougal Mathematics Common Core Course 2; Houghton Mifflin Harcourt.....21
- Holt McDougal Mathematics Common Core Course 3; Houghton Mifflin Harcourt.....22
- Holt Pre-Algebra; Holt, Littell.....23
- Holt Pre-Algebra; Holt, McDougal.....24
- Impact Mathematics Course 1; Glencoe/McGraw-Hill.....25
- Impact Mathematics Course 2; Glencoe/McGraw-Hill.....26
- Impact Mathematics Course 3; Glencoe/McGraw-Hill.....27
- Integrated Mathematics; McDougal Littell / Houghton Mifflin.....28
- Math Connects Common Core Edition Course 2.....29
- Math Investigations; Pearson/TERC.....30
- Math; Harcourt, Brace, Jovanovich.....31
- Math; Scott Foresman.....32
- Pre-Algebra; Glencoe/McGraw-Hill.....33
- Prentice Hall Mathematics Common Core; Pearson.....34
- Saxon Math.....35
- Trailblazers; Kendall Hunt.....36
- Other99

Specify

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF B04 = 1 or = 2 and B05 is not missing

B05a. Please indicate the publication year of [SUPPLEMENTARY TEXTBOOK].

SOFT CHECK: IF B05a<2000 or B03a >2017; You entered [B05a RESPONSE]. Is this correct? Adjust the publication year or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF B02=1 OR =2 and B05 is not missing

B05b. Please indicate the grade level of [FILL SUPPLEMENTAL TEXTBOOK NAME from B05].

- Grade 51
- Grade 62
- Grade 73
- Grade 84
- Grade 95
- Not applicable.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

IF B05 HAS MORE THAN ONE RESPONSE LOOP B05a AND B05b FOR EACH B05 RESPONSE

B06. These questions ask about how much time is scheduled for this class.

How many weeks per year is the class held?

SOFT CHECK: IF B06<9 or B06 >40; You entered [B06 RESPONSE] weeks. Is this correct? Adjust the number of weeks or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B07. How many days per week is the class typically held?

- One day.....1
- Two days.....2
- Three days.....3
- Four days.....4
- Five days.....5
- Six days.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B08. How many minutes per day is the class typically held?

SOFT CHECK: IF B06<30 or B06 >120; You entered [B08 RESPONSE] minutes. Is this correct? Adjust the number of minutes or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B09. The purpose of this item is to obtain a description of the specific mathematic content areas you covered or plan to cover in your course this academic year.

Following is a list of content areas covering materials that may be taught in grades 6, 7 & 8. Please respond to the entire list so that we may obtain an indication of the topics covered in your class that is as complete and accurate as possible. (Note: not all areas are necessarily appropriate for your class).

For each listed content area, indicate the approximate number of class periods during this school year when the content area was or will be a primary focus in your [CLASS NAME] class.

To what extent have you or will you teach each of the following topics in this course during this school year?

Indicate the number of class periods.

<i>Select one per row</i>	None	One or less	2 to 5	6 to 10	11 to 15	More than 15
a. Understand ratio concepts and use ratio reasoning to solve problems	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Analyze proportional relationships and use them to solve real-world and mathematical problems.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Apply and extend previous understandings of multiplication and division to divide fractions by fractions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Compute fluently with multi-digit numbers and find common factors and multiples.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Apply and extend previous understandings of numbers to the system of rational numbers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Apply and extend previous understandings of operations with fractions to add, subtract, multiply, and divide rational numbers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Know that there are numbers that are not rational and approximate them by rational numbers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Define, evaluate and compare functions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Use functions to model relationships between quantities.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Apply and extend previous understandings of arithmetic to algebraic expressions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Reason about and solve one-variable equations and inequalities.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. Represent and analyze quantitative relationships between dependent and independent variables.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. Use properties of operations to generate equivalent expressions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. Solve real-life and mathematical problems using	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

numerical and algebraic expressions and equations.

- o. Work with radicals and integer exponents. 0 1 2 3 4 5
- p. Understand the connections between proportional relationships, lines, and linear equations. 0 1 2 3 4 5
- q. Analyze and solve linear equations and pairs of simultaneous linear equations. 0 1 2 3 4 5

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

B10. These next questions ask about the teaching practices you use in this classroom.

How often do the students in this [CLASS NAME] class...

	Almost every day	Once or twice a week	Once or twice a month	Never or hardly ever
<i>Select one per row</i>				
a. Explain how to solve a mathematics problem (either verbally or in writing).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Work on problems for which there is no immediate solution.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Practice solving routine items to develop or maintain fluency.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

B11. Please indicate the extent to which the following statements are true for students in this [CLASS NAME] class.

<i>Select one per row</i>	Not at all true	A little bit true	Somewhat true	Mostly true	Very true
a. I try to give students a lot of choices about classroom assignments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I have to lead students through their schoolwork step by step.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I can't afford to let students decide too many things about schoolwork for themselves.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I let students make a lot of their own decisions regarding schoolwork.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. It's better not to give too many choices to students.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I find myself telling students every step to make when it comes to schoolwork.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I can't let students do things their own way.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. When it comes to assignments, I'm always having to tell students what to do.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. My general approach with students is to give them as few choices as possible.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

B12. Next we would like to know about how you use technology in your teaching.

Please indicate if the following technology devices are available for your use in the classroom.

Select all that apply

- Desktop or laptop1
 - Tablet2
 - Smartboard, or interactive whiteboard3
 - Interactive TV monitor4
 - LCD or DLP projector5
 - Smartphone6
 - Apps7
 - Digital camera8
 - Digital video recorder9
 - Graphing calculators10
 - Student or audience response system for polling11
 - Other99
- Specify
- No technology devices are available for use in the classroom12
 - NO RESPONSE.....M

HARD CHECK: IF B12 = 12 AND B12<12 or B12 =99; You selected “No technology devices are available” and selected at least one type of device. This creates conflicting information. Please change your response(s) to be consistent.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

B13. Please indicate if the following technology devices are available for student use in the classroom.

Select all that apply

- Desktop or laptop.....1
 - Tablet.....2
 - Smartboard, or interactive whiteboard.....3
 - Interactive TV monitor.....4
 - LCD or DLP projector.....5
 - Smartphone.....6
 - Apps.....7
 - Digital camera.....8
 - Digital video recorder.....9
 - Graphing calculators.....10
 - Student or audience response system for polling.....11
 - Other.....99
- Specify
- No technology devices are available for student use in the classroom.....12
 - NO RESPONSE.....M

HARD CHECK: IF B13 = 12 AND B13<12 or B13 =99; You selected “No technology devices are available” and selected at least one type of device. This creates conflicting information. Please change your response(s) to be consistent.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

IF B13=1 OR =2 OR =3 OR =4 OR =5 OR =6 OR =7 OR =8 OR =9 OR =10 OR =11 OR =99

B14. In your [CLASS NAME] class this year, how often do your students use technological resources to do each of the following?

Select one per row

	Never	Rarely	Monthly	Weekly	Daily
a. Practice or review mathematics topics.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Show work to the class in real time.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Research a mathematics topic.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Play games.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Create projects.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Collect and analyze data.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Conduct or watch simulations.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Submit assignments online.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Edit others' work or give others feedback.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Share or post their work for others to view at any time.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Extend mathematics learning with enrichment activities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. Participate in online discussions.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. Fill free time.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX B14 AND B14b

PLEASE MAKE THE PHRASE "TECHNOLOGICAL RESOURCES" CONTAIN A HYPERLINK TO THE BELOW HELP TEXT:

Examples of technological resources would be tablets, e-readers, computers, smartphones, digital cameras, Smartboards and interactive whiteboards, as well as websites such as Khan Academy, Moodle, Dropbox, or Study Island and apps such as Edmodo, Poll Everywhere, or Remind 101.

IF B13=1 OR =2 OR =3 OR =4 OR =5 OR =6 OR =7 OR =8 OR =9 OR =10 OR =11 OR =99

B14n. Please list any other ways students in your class use technological resources and indicate how often they use technological resources in this way. If there are fewer other uses than the number of blank spaces provided, please leave any extra spaces empty and click "Next."

Select one per row	Never	Rarely	Monthly	Weekly	Daily
a.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

IF B12=1 OR =2 OR =3 OR =4 OR =5 OR =6 OR =7 OR =8 OR =9 OR =10 OR =11 OR =99

B15. In your [CLASS NAME] class this year, how often do you use technological resources to do each of the following? Select one per row.

Select one per row	Never	Rarely	Monthly	Weekly	Daily
a. Collaborate with other teachers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Encourage student participation in class.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Collect and analyze data for classroom examples and activities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Collect and analyze assessment data for grading.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Send reminders or class information to students.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Provide homework help or learning support outside of class.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Develop videos of classroom instruction.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Compile links to external resources.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Distribute study tools and self-assessments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX B15 AND B15b

PLEASE MAKE THE PHRASE "TECHNOLOGICAL RESOURCES" CONTAIN A HYPERLINK TO THE BELOW HELP TEXT:

Examples of technological resources would be tablets, e-readers, computers, smartphones, digital cameras, Smartboards and interactive whiteboards, as well as websites such as Khan Academy, Moodle, Dropbox, or Study Island and apps such as Edmodo, Poll Everywhere, or Remind 101.

IF B12=1 OR =2 OR =3 OR =4 OR =5 OR =6 OR =7 OR =8 OR =9 OR =10 OR =11 OR =99

B15j. Please list any other ways you use technological resources in this class and indicate how often you use them in this way. If there are fewer other uses than the number of blank spaces provided, please leave any extra spaces empty and click "Next."

Select one per row	Never	Rarely	Monthly	Weekly	Daily
a.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

IF ANY ITEM IS MISSING, CONTINUE TO CHECK1, OTHERWISE CONTINUE TO SC00a

CHECK1. Thank you for answering our questions so far. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press "Next" to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

BEGIN TEACHER – STUDENT REPORT

SC00a. Those are all of the questions we have about your [CLASS NAME] class.

Now we would like to ask some questions about individual students who are participating in the MGLS and are in your [CLASS NAME] class. This section includes questions about each student's math skills, social skills, and other behaviors at school.

Instructions:

1. On the next screen, you'll see a list of students.
2. Choose a student you wish to rate and press the "Next" button.
3. If a student moved to another class, moved to another school, or was never in your class, choose the student's name and you will be able to note this on the next screens.

Press the "Next" button to proceed.

IF NO STUDENT HAS BEEN RATED IN CURRENT CLASS LOOPING ON

PROGRAMMER: INSERT SCHOOL, CLASS NAME, AND STUDENT LIST FROM PRELOAD
RESPONDENT CAN SAVE AND RETURN TO A CASE UNTIL IT IS COMPLETED AND CONFIRMED

SC00b. Please select a student to rate.

School: [SCHOOL] Classroom: [CLASS NAME]

Select a student then press the "Next" button. You may have to scroll down to see all the buttons.

- Student 1
- Student 2
- Student 3

HARD CHECK: IF Q#=NO RESPONSE; Please select a student from the list below and then click "Next" to move to the next question.

IF AT LEAST ONE STUDENT IN CLASS HAS BEEN RATED.

PROGRAMMER: INSERT SCHOOL, CLASS NAME, AND STUDENT LIST FROM PRELOAD
ONCE A STUDENT RATING IS COMPLETED THE NAME DOES NOT APPEAR IN LIST
RESPONDENT CAN SAVE AND RETURN TO A CASE UNTIL IT IS COMPLETED AND CONFIRMED

SC00b1. Please choose another student in your [CLASS NAME] to rate.

School: [SCHOOL] Classroom: [CLASS NAME]

Select a student then press the "Next" button. You may have to scroll down to see all the buttons.

- Student 1
- Student 2
- Student 3

HARD CHECK: IF Q#=NO RESPONSE; Please select a student from the list below and then click "Next" to move to the next question.

IF SC01 = 0

SC01. Are you currently the math teacher for [STUDENT NAME]?

- Yes.....1 A01a
- No.....0

HARD CHECK: IF SC01=NO RESPONSE; Please provide an answer to this question and then click "Next" to proceed to the next question.

IF SC01 = 0

SC02. You indicated that [STUDENT NAME] is not currently in your math class. What is the main reason you are not [STUDENT NAME]'s math teacher?

- [STUDENT NAME] moved to another class in the same school.....1 SC03
- [STUDENT NAME] moved to another school in the same district.....2 SC03a
- [STUDENT NAME] left the district.....3 SC04
- [STUDENT NAME] was never in my class/I don't know [STUDENT NAME]4 CONFIRM
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX
IF SC02 = 2 OR 3 OR 4, ALERT SENT TO TO UPDATE SMS

IF SC02 = 1

SC03. You indicated that [STUDENT NAME] is in another class in this school. What is the name of this student's new math teacher ?

 NAME [SKIP TO CONFIRM]

(STRING (50))

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF SC02 = 2

SC03a. What is the name of the school where [STUDENT NAME] went?

 SCHOOL NAME [SKIP TO CONFIRM]

(STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF SC02=3

SC04. Please record the last date [STUDENT NAME] was in your class.

PROGRAMMER: INSERT DROP DOWN FIELDS

 DATE [SKIP TO CONFIRM]

Month Day Year

(DATE RANGE, Month = January-December, Day = 1-31, Year = 2014- 2016)

NO RESPONSE.....M

SOFT CHECK: IF SC04 month = 4, 6, 9, 11 AND day >30 OR IF SC04 month = 2 AND day >29 AND year = 2016 OR IF SC04 month = 2 AND day >28 AND year = 2015 OR 2014; You entered [fill day] as the last day this student was in your class. If this is correct, click "Continue", if not correct, change your response and then click "Next".

SOFT CHECK: IF Q#≠NO RESPONSE Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

If SC01 = 0, Go to CONFIRM

This first set of questions asks about the skills and abilities [STUDENT NAME] demonstrates in your [CLASS NAME] class.

C01. Please rate this student's skills in the following areas, as exhibited in your class.

<i>Select one per row</i>		Outstandi ng	Very good	Good	Fair	Poor	Not applicab le or not observe d
a.	Ability to apply mathematical concepts to "real world" problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b.	Ability to complete or conduct proofs or demonstrations of [his/her] mathematical reasoning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c.	Ability to talk about [his/her] reasoning or thinking in solving a problem	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d.	Ability to explain [his/her] reasoning in solving a problem in writing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e.	Ability to use representations to model mathematical ideas	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f.	Ability to use a calculator to solve problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g.	Ability to fluently apply math facts and procedures	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next".
To continue without providing a response, click the "Continue" button.

D01. For each item below, please think about this student's behavior during the past month. Decide how often the student demonstrates the behavior described.

<i>Select one per row</i>	Never	Sometimes	Often	Very often	Always	No opportunity to observe this behavior
a. Organizes work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Appears motivated to learn new things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Works well independently	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Adapts to changes in plans, requirements or routines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Persists in completing tasks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Pays attention well	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

D02. The following are some statements that describe behaviors many students exhibit. For each item below, please think about this student's behavior during the past three months.

Describe how often this student demonstrates the behavior.

Select one per row

	Never	Sometimes	Often	Very often	Always
a. Manipulates others or lies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Bullies or is cruel or mean to others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Disobeys rules	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Has sudden changes in mood or feeling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Argues too much	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Is stubborn, sullen, or irritable	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Has a strong temper or loses [his/her] temper easily	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

D03. Next are some questions about [STUDENT NAME]'s interactions with other students.

During this school year, how often have other students...

Select one per row

	Never	Sometimes	Often	Very often	Always
a. Teased, made fun of, or called this student names	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Pushed, shoved, slapped, hit, or kicked this student	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Told lies or untrue stories about this student	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Intentionally excluded or left out this student from socializing with them	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

D04. Please rate each of the listed behaviors according to how well it describes this student.

Select one per row

	Not at all	A little	Moderately well	Well	Very well
a. Resolves peer problems on [his/her] own	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Is helpful to others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Can give suggestions and opinions without being bossy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Acts friendly toward others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Understands others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

These questions ask about how [STUDENT NAME] behaves in your classroom.

E01. Please indicate the extent to which each of the following statements is true for this student.

Select one per row	Not at all true	A little bit true	Somewhat true	Mostly true	Very true
a. In my class, this student works as hard as [he/she] can	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. When working on classwork in my class, this student appears involved	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. When I explain new material, this student listens carefully	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. In my class, this student does more than required	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. When this student doesn't do well, [he/she] works harder	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

Next are some questions about this student's attendance.

E02. Over the last month, how often has this student been...

Select one per row	0 times	1-2 times	3-6 times	7-9 times	10-12 times	13 or more times
a. Late to your class	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Absent from your class	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

E03. Over the last month, how often did this student...

<i>Select one per row</i>	0 times	1-2 times	3-6 times	7-9 times	10-12 times	13 or more times
a. Come to class without completing prior assignments or homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Come to class without class materials (such as pencils, paper, tablet, books, or calculator)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

This last section asks about special supports or opportunities [STUDENT NAME] receives at school.

F01. How often does this student receive instruction and/or related services in any of the following types of programs in your school during the day?

<i>Select one per row</i>	Daily	2-4 times per week	Weekly	Less than once a week	This student does not receive this service	Program or service not provided to students in this school
a. Individual tutoring in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Small group pull-out in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Gifted and talented program in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

F02. Have you recommended this student for academic honors, advanced placement, or honors classes?

- Yes.....1
- No.....2
- Not applicable (no such honor available).....3
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF ANY ITEM IS MISSING C01 TO F02TSR, CONTINUE TO CHECK2, OTHERWISE CONTINUE TO PROGRAMMER BOX

CHECK2. Thank you for answering our questions so far about your student. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press "Next" to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

PROGRAMMER BOX

Go to CONFIRM

CONFIRM.You have completed the questions for [STUDENT]. Thank you very much!

Please click the "Next" button to confirm that you have finished rating [STUDENT]. If you want to make changes or review your responses click the "Back" button.

PROGRAMMER BOX

Assign status code.

```
IF STUDENT[I].StudentStatus = NewClass  
THEN aText := ': changed to a new class ' + aDateString[I]
```

```
ELSEIF STUDENT[I].StudentStatus = NewCenter  
THEN aText := ': went to another school ' + aDateString[I]
```

```
ELSEIF STUDENT[I].StudentStatus = NeverInClass  
THEN aText := ': was never in this class / Don''t know child '
```

```
ELSEIF STUDENT[I].StudentStatus = Done  
THEN aText := ': rated.'
```

```
IF ANOTHER STUDENT IN CURRENT CLASS NEEDS TO BE RATED GO TO SC00b1.  
IF NO OTHER STUDENT NEEDS TO BE RATED AND ANOTHER CLASS NEEDS TO  
BE COMPLETED GO TO A01. ELSE  
GO TO G01.
```

G01. This section asks questions about your school and your teaching.

Which statement best describes the way your mathematics classes at this school are organized?

Select one only

- You instruct several classes of different students all or most of the day in one or more subjects (sometimes called departmentalized instruction).1
- You instruct the same group of students all or most of the day in multiple subjects (sometimes called a self-contained class).2
- You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs (sometimes called a "pull-out" class or "push-in" instruction). ...3
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF PRELOAD GRADES TAUGHT = 6

G02_6. In this school, how important is each of the following factors in placing a typical 6th grade student into a mathematics course?

Select one per row

	Not at all important	A little important	Somewhat important	Very important	N/A
a. Counselor recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Prior teacher recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Courses taken previously	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Achievement in previous courses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Results of district or state end-of-year or end-of-course exams	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Results of placement tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Results of standardized tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Student career or education plan	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Student and/or parent or guardian selection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

IF PRELOAD GRADES TAUGHT = 7

G02_7. In this school, how important is each of the following factors in placing a typical 7th grade student into a mathematics course?

	Not at all important	A little important	Somewhat important	Very important	N/A
<i>Select one per row</i>					
a. Counselor recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Prior teacher recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Courses taken previously	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Achievement in previous courses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Results of district or state end-of-year or end-of-course exams	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Results of placement tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Results of standardized tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Student career or education plan	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Student and/or parent or guardian selection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=#NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

IF PRELOAD GRADES TAUGHT = 8

G02_8. In this school, how important is each of the following factors in placing a typical 8th grade student into a mathematics course?

	Not at all important	A little important	Somewhat important	Very important	N/A
<i>Select one per row</i>					
a. Counselor recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Prior teacher recommendation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Courses taken previously	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Achievement in previous courses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Results of district or state end-of-year or end-of-course exams	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Results of placement tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Results of standardized tests	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Student career or education plan	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Student and/or parent or guardian selection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next".
 To continue without providing a response, click the "Continue" button.

G03. Please indicate how confident you are for each of the following statements about your teaching.
I am confident that I can...

<i>Select one per row</i>	Not at all confident	A little confident	Somewhat confident	Mostly confident	Very confident
a. Answer students' mathematics-related questions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Explain to students how to do complex mathematics problems	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Skillfully teach all the concepts covered in the mathematics curriculum	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Help students master difficult concepts in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Help all students make significant improvements in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Design lessons that enable all my students to master the material in mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Help students who have failed math in the past make significant progress	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next".
 To continue without providing a response, click the "Continue" button.

G04. Next, we would like to know more about your school's principal or administrator. How much do you disagree or agree with each of the following statements?

The principal at this school...

<i>Select one per row</i>		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
a.	Makes clear to the staff his or her expectations for meeting instructional goals	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b.	Communicates a clear vision for our school	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c.	Sets high standards for teaching	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d.	Understands how students learn	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
e.	Sets high standards for student learning	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
f.	Presses teachers to implement what they have learned in professional development	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g.	Carefully tracks student academic progress	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h.	Knows what's going on in my classroom	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i.	Actively monitors the quality of teaching in this school	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

The next set of questions asks about the teaching climate at your school.

G05. How much do you disagree or agree with each of the following statements about math teachers at your school?

Math teachers at your school...

Select one per row	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. Believe all students can do well	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Have given up on their students	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Care only about the smart students	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Expect very little from students	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Work hard to make sure all students are learning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

G06. To what extent do you disagree or agree with the following statements about teaching at your school?

Select one per row	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. Curriculum, instruction, and learning materials are well coordinated across the different grade levels at this school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. There is consistency in curriculum, instruction, and learning materials among teachers in the same grade level at this school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

G07. How much do you agree with each of the following statements about your school?

Select one per row	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. The level of student misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Many of the students I teach are not capable of learning the material I am supposed to teach them	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. I feel accepted and respected as a colleague by most staff members	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Teachers in this school are continually learning and seeking new ideas	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Routine administrative duties and paperwork interfere with my job of teaching. Paperwork includes items associated with Response to Intervention, alignment with the Common Core State Standards, or other initiatives	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

G08. Indicate the extent to which you disagree or agree with each of the following statements about your school.

Select one per row	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
a. I feel safe at this school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. This school's security policies and practices are sufficient	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. The students get along well with teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

The next two questions ask about your school's technology policies and practices.

G09. Does this school lend or provide computers, tablets or similar devices to individual students?

- Yes1
- No0
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.**

G10. Thinking about students, is this a bring your own device (BYOD) school?

- Yes1
- No0
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.**

The next several questions ask about your educational background

H01. What is the highest level of education you have completed?

Select one only

- Did not complete high school1
- High school diploma or equivalent/GED2
- Some college or technical or vocational school3
- Associate's degree4
- Bachelor's degree5
- Master's degree6
- Advanced professional degree beyond a master's degree (for example, Ph.D., Ed.D.)7
- NO RESPONSE
.....
M

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.**

IF H01=2 OR =4 OR =5 OR =6 OR =7

H02. In what year did you receive your [RESPONSE TO H01]?

YEAR (e.g., 1997)

(NUMBER RANGE = ACCEPTABLE RANGE = 1945 - 2016)

NO RESPONSEM

SOFT CHECK: IF H02 <1945; You entered you completed your education in {Response to H02}. Is this correct? Please change your response or to continue without changing your response, click the "Continue" button.
HARD CHECK: IF H02 >4 digits OR H02<4 digits; Your response must be 4 digits.
HARD CHECK: IF H02 >2016; Your response cannot be greater than the current year.
SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF H01 >= 3

H03. Did you have a major, minor, or special emphasis in any of the following subjects as part of your undergraduate or graduate coursework?

Select one per row	Yes, a major	Yes, a minor or special emphasis	No
a. Elementary education	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
b. Secondary education	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

H04. How many college-level classes have you taken in the following branches of mathematics?

<i>Select one per row</i>	None	One or two	Three or four	Five or more
a. Algebra such as abstract algebra, linear algebra, or groups, rings, and fields	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Applied mathematics such as dynamical systems, game theory, information theory, mathematical modeling, or mathematical physics	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Calculus, analysis, or differential equations	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Discrete mathematics, combinatorics, or graph theory	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Foundations, philosophy, history of mathematics, or logic	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Geometry, trigonometry, or topology	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Number theory	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Probability or statistics	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Teaching mathematics	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to the question you missed and click "Next". To continue without providing a response, click the "Continue" button.

H05. Including this school year, how many years have you taught the following grades at any school... Please estimate to the nearest half year (for example, 4.5 years).

	Number of years
a. Grade K-12 in any subject?	<input type="text"/>
b. Grade K-5 math?	<input type="text"/>
c. Grade 6-8 math?	<input type="text"/>
d. Grade 9-12 math?	<input type="text"/>

SOFT CHECK: IF ANY H05 <1 OR H05 >30; You entered {Response to H05} years. Is this correct? Please change your response or to continue without changing your response, click the "Continue" button.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX H05
RESPONSE CAN INCLUDE ONLY ONE DIGIT TO THE RIGHT OF THE DECIMAL
WITH A VALUE OF 0 OR 5

H06. Which of the following best describes the math teaching certificate you currently hold in [FILL STATE]?

Select one only

- Regular or standard state certificate or advanced professional certificate1
 - Certificate issued after satisfying all requirements except the completion of a probationary teaching period2
 - Certificate that requires some additional coursework or passing a test3
 - Certificate issued to persons who must complete a certification program in order to continue teaching4
 - I do not hold any of these certifications in this state5
 - Other
.....
- 99
- Specify
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF D6 NE 5

H07. In which grades does this certificate allow you to teach math in [FILL STATE]?

Select all that apply

- Kindergarten1
- 1st grade2
- 2nd grade3
- 3rd grade4
- 4th grade5
- 5th grade6
- 6th grade7
- 7th grade8
- 8th grade9
- 9th grade10
- 10th grade11
- 11th grade12
- 12th grade13
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

H08. Have you taken the exam for National Board Certification?

Select one only

- Not taken1
- Taken and passed2
- Taken and awaiting results3
- Taken and have not yet passed4
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF H08=2

H09. In what content area(s) do you hold a National Board for Professional Teaching certificate?

Select all that apply

- Generalist, Early Childhood1
- Generalist, Middle Childhood2
- Mathematics, Early Adolescence3
- Mathematics, Adolescence and Young Adulthood4
- Other99

Specify

NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

H10. Did you enter teaching through an alternative certification program? An alternative certification program is a program that was designed to expedite the transition of non-teachers to a teaching career, for example, a state, district, or university alternative certification program.

- Yes1
- No0
- NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

This set of questions asks about you and your background.

H11. In what year were you born?

YEAR BORN (e.g., 1987)

(NUMBER RANGE = ACCEPTABLE RANGE = 1925 - 1997)

NO RESPONSE.....M

SOFT CHECK: IF H11 >1997 OR <1925; You entered you were born {before 1925/after 1997}. To continue without changing your response, click the "Continue" button.

HARD CHECK: IF H11 >4 digits OR <4 digits; Your response must be 4 digits.

HARD CHECK: IF H11 >2016; Your response cannot be greater than the current school year.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

H12. What is your sex?

Male1

Female2

NO RESPONSEM

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

H13. Are you of Hispanic or Latino/Latina origin?

- Yes1
- No0
- NO RESPONSEM

PROGRAMMER BOX H13

HYPER LINK THE WORDS “**Hispanic or Latino/Latina**” FOR H13 QUESTION TEXT:

Hispanic or Latino/Latina: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click “Next”**. To continue without providing a response, click the “Continue” button.

H14. Which of the following best describes your race? You may choose more than one.

Select all that apply

- American Indian or Alaska Native1
- Asian2
- Black or African American3
- Native Hawaiian or other Pacific Islander4
- White5
- NO RESPONSEM

PROGRAMMER BOX H14

HYPERLINK EACH OF THE RESPONSE OPTIONS OF H14 WITH EACH HYPERLINK CONTAINING ONLY ITS CORRESPONDING DEFINITION:

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

SOFT CHECK: IF Q#≠NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.**

IF ANY ITEM IS MISSING, CONTINUE TO CHECK3, OTHERWISE CONTINUE TO PROGRAMMER BOX

CHECK3. Thank you for answering our questions about your student. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press “Next” to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

PROGRAMMER BOX

Go to END2

ALL

FINAL SCREENS: END1

END1. Thank you for taking the time to answer our questions! Since we had some inaccurate information we will send you a new user id and password with the updated information you provided.

That is all we have for you today. Press “END” to finish.

PROGRAMMER BOX

PROGRAM A “END” BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY.

FINAL SCREENS: END2

END2. That is all the questions we have for you. We appreciate you taking the time to complete the survey.

Thank you very much for participating in MGLS2017!

Press "END" to close the survey.

PROGRAMMER BOX

PROGRAM A "END" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed.

Appendix U.4 Special Education Teacher Survey Specifications

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) Special Education Teacher/Service Provider Questionnaire.

Please refer to the instructions you received in your survey invitation letter to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-855-500-1432, or email us at MGLS@rti.org.

Login ID:

Password: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 10 minutes for the teacher-level information and 25 minutes per study student, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this survey, please write directly to: National Center for Education Statistics, Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Washington, D.C. 20024.

The collection of information in this survey is authorized by the Education Sciences Reform Act of 2002 (ESRA 2002: 20 U.S. Code § 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.

ALL

SURVEY INFORMATION

You have received an invitation to complete this questionnaire because a student you teach or provide services for has been selected to participate in the MGLS field test study. To enhance the information provided by your students and their parents, we need you to complete this survey.

The first part will ask questions about you and your classroom, then the second part will ask questions about specific students that you teach or provide services for and who are participating in our study.

Taking part in the study is voluntary, and you can skip questions you do not want to answer. We realize you are very busy, but urge you to complete the questionnaire as completely and accurately as possible. Your answers are very important to the study's success. You will receive a \$20 gift card for completing the questionnaire about you and your classroom, and \$7 for each questionnaire about a student in our study.

Please click the button below to start the survey.

Begin the Survey

PROGRAMMER BOX

Begin your survey

ALL

A00c.

How to Complete the Survey

Thank you for taking the time to complete this survey. Before you get started, here are a few helpful hints.

- Please record your answers by checking the box next to the appropriate answer or entering information as directed. Answer each question as accurately as possible; if you need to estimate an answer that is okay.
- Press the "Next" button to move forward.
- Press the "Back" button to go back.
- The "Save and Come Back Later" button can be used to save your responses and finish later.
- To protect your answers, your responses will be automatically saved and you will be logged off if you are idle for more than 30 minutes.

Please click the button below to begin the survey.

PROGRAMMER BOX

Begin your survey

Notes to programmers:

- 3) Question numbers appear in the specs for programming purposes (i.e., routing, skip logic, etc.) but the question numbers should not be displayed to the respondent

- 4) All questions will generally have the same soft check message

WARNING - 30 MINUTES

[WARNING IF IDLE 25 MINUTES] If you do not fill in an answer, the questionnaire will time out automatically, and you will have to sign in again to resume the questionnaire

[IF IDLE MORE THAN 30 MINUTES] You have timed out of the survey. Your answers have been saved. **Please enter your Login ID and password to continue the survey.**

Login ID: _____

Password: _____

WARNING - COMPLETED SURVEY

[IF RESPONDENT ATTEMPTS TO LOGIN TO A COMPLETED SURVEY] Our records indicate that you have finished your survey. Thank you for your participation. You do not need to login again.

If you think you are receiving this message in error, or have questions about the study, please call FN LN at (855) 500-1432 or send an email to mglis@rti.org and include the contact information you were provided.

WARNING - SUSPEND

[IF RESPONDENT SELECTS SUSPEND BUTTON] The questionnaire is not complete yet. Do you want to save your answers?

Options: "Save" or "Cancel"

If 'SAVE': Thank you for responding so far. Please log back in to complete the questionnaire as soon as possible.

WARNING - WELCOME BACK

[IF RESPONDENT RETURNING TO ONLINE SURVEY FOR SECOND OR HIGHER ORDER TIME] **Welcome back!** Thank you for taking the time to complete our survey. **Please enter your Login ID and password**, and the survey will begin where you left off. All your previous answers have been saved.

Login ID: _____

Password: _____

ALL

<<FILL SCHOOL>> <<FILL CLASS NAME>> <<FILL TEACHER NAME>>

TEACHER INFORMATION

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) Special Education Teacher/Service Provider Questionnaire and Teacher Student Report. First we would like to verify the following information. On the next screens you will be able to make changes if needed. Please press the "Next" button to continue.

School: [] Classroom: []

Teacher: []

ALL

<<FILL TEACHER NAME>>

SCREENER

SC0. Are you {Fill TeacherName}?

- YES.....1 A01
- Yes, but my name is misspelled.....2 SC0a
- No, this is not my name.....3 SC0a

PROGRAMMER BOX

IF SC0 = 2 OR 3, ALERT SENT TO UPDATE SMS
 IF SC0 =3, ALERT SENT TO CREATE NEW TEACHER WITH NEW USER NAME AND
 PASSWORD

HARD CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next".

SC0a. Please enter the correct spelling of your name

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next" or click "Back" to return to the first question.

PROGRAMMER BOX

IF SC0 = 1 OR 2, GO TO A01; OTHERWISE GO TO END1. ASSIGN STATUS CODE.

ALL

A01. First we would like to ask you some questions about your current position or assignment. Which of the following best describes your current position in this school?

- Special education teacher.....1
 - Special education teacher consultant.....2
 - General education teacher.....3
 - Special education classroom aide/paraprofessional.....4
 - Speech - language pathologist.....5
 - Physical therapist.....6
 - Physical therapy assistant or aide.....7
 - Occupational therapist.....8
 - Occupational therapy assistant or aide.....9
 - School psychologist.....10
 - School counselor.....11
 - School social worker.....12
 - Other (please specify).....99
- Specify (STRING (50))
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL

A02. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year?

- Regular full-time teacher.....1
- Regular full-time service provider.....2
- Regular part-time teacher (at one school).....3
- Regular part-time service provider (at one school).....4
- Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school).....5
- Itinerant related services consultant (e.g., speech and language therapist, social worker, psychologist, behavior specialist. Your assignment requires you to provide instruction/related services at more than one school).
.....6
- Long-term substitute.....7
- Teacher aide or paraprofessional.....8
- Other (please specify).....99

Specify (STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

IF A01 = 4 OR A02 = 8, GO TO END1

[[IF A01 IS NOT 4] AND {A02 IS NOT 8}]

A03. Do you co-teach with another teacher or professional educator?

- Yes.....1
- No.....0
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

{A03=1}

A04. Which of the following models best describes your current co-teaching arrangement?

- One teach, one drift (one teacher leads the class and the other moves throughout the classroom to make sure everyone is on track).....1
 - Station teaching (class divided into two or more stations; each teacher spends at least half of the period with one group, and then teachers switch).....2
 - Alternative teaching (one teacher teaches the large group and the other teacher works with a smaller group of students to re-teach any necessary information).....3
 - Parallel teaching (both teachers are teaching at the same time, and both lead discussion; class may be divided into groups).....4
 - Team teaching (both co-teachers balance the responsibilities of the class in such a way that both teach the same amount in front of the classroom).....5
 - Other (please specify).....99
- Specify (STRING (200))
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

[[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]]

A05. During this school year, where have you worked with students with IEPs?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. In a general education classroom.....	1 <input type="radio"/>	0 <input type="radio"/>
b. In a special education classroom.....	1 <input type="radio"/>	0 <input type="radio"/>
c. In a non-classroom space (e.g. office, therapy room, small work space, mobile van, etc.)	1 <input type="radio"/>	0 <input type="radio"/>
d. Other (please specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text" value=""/> (STRING (100))		
e. I do not work directly with students who have IEPs.....	1 <input type="radio"/>	0 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

HARD CHECK: IF A05a-d = 1 AND A05e = 1; You responded "Yes" to e. "I do not work directly with students who have IEPs" and indicated "Yes" to specific places you work with students with IEPs. This creates conflicting information. Please change your response(s) to be consistent.

[[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]]

A06. Do you teach mathematics to students who have IEPs?

- Yes.....1
- No.....0
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

{A06=1}

A07. When teaching mathematics to students who have IEPs, how often do you use each of the following instructional strategies?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Have students discuss different ways to solve a problem.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. Have students generate new strategies.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. Have students work on an investigation, problem or project over an extended period of time.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. Have students solve problems using multiple methods.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
e. Begin instructional units with worked examples (explaining how work is completed, step by step, and what you think as you complete each step) ...	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
f. Teach the most efficient solution strategy using simple, direct language.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g. Have students explain solutions in their own words	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h. Have students practice solution strategies that you taught.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i. Have students explain how taught strategies are efficient.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
j. Provide students with background knowledge and skills.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
k. Provide practice for prescribed strategies.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
l. Incorporate systematic cumulative reviews of skills and information.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
m. Include self-regulation strategies that promote on-task thinking and hard work.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
n. Explicitly teach for transfer of skills and strategies	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
o. Use validated forms of progress monitoring of student responsiveness to the instruction or intervention.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
p. Apply validated decision-making rules with progress monitoring tools to determine when to revise the program.....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

SOFT CHECK: IF Q#=NO RESPONSE; You have left at least one item blank. **Please provide an answer to this/these question(s) indicated below and continue. To continue without providing a response(s), click the "Continue" button.**

PROGRAMMER BOX FOR A07

HYPER LINK THE WORDS "validated forms of progress monitoring" AND "validated decision-making rules" FOR A07 QUESTION TEXT WITH EACH HYPERLINK CONTAINING ONLY ITS CORRESPONDING DEFINITION

Validated forms of progress monitoring are tools and methods that have been found by research to relate to student performance on more in depth assessments and student outcomes.

Validated decision-making rules have been tested by researchers and found to reliably indicate when a change is needed.

[[IF A01 IS NOT 4] AND {A02 IS NOT 8}]

A08. Please indicate the extent to which you agree or disagree with each of the following statements on teaching.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	STRONGLY DISAGREE	DISAGRE E	NEITHER DISAGRE E NOR AGREE	AGREE	STRONGLY AGREE
a. I really enjoy my present job.....	1 ○	2 ○	3 ○	4 ○	5 ○
b. I am certain I am making a difference in the lives of the students I work with.....	1 ○	2 ○	3 ○	4 ○	5 ○
c. If I could start over, I would choose this career again.....	1 ○	2 ○	3 ○	4 ○	5 ○
d. I am satisfied with my class size/caseload.....	1 ○	2 ○	3 ○	4 ○	5 ○
e. I worry about the security of my job because of the performance of the students in my class(es) on state or local tests.....	1 ○	2 ○	3 ○	4 ○	5 ○
f. I get frustrated working with general education teachers.	1 ○	2 ○	3 ○	4 ○	5 ○
g. I plan to continue to teach special education for at least the next five years.....	1 ○	2 ○	3 ○	4 ○	5 ○
h. The amount of paperwork that I need to complete for my students takes away from my ability to deliver high quality instruction.....	1 ○	2 ○	3 ○	4 ○	5 ○

SOFT CHECK: IF Q#=NO RESPONSE; You have left at least one item blank. **Please provide an answer to this/these question(s) indicated below and continue. To continue without providing a response(s), click the "Continue" button.**

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

A09. During this school year, how many students with IEPs have you worked with or provided services for, on average, each week?

Include students you work with directly, as well as students for whom you consult with the general education teacher and/or another special education teacher/service provider.

- 1-10.....1
- 11-20.....2
- 21-40.....3
- More than 40.....4
- Don't know.....D
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

B. Background and Education

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B01. The next several questions ask about your background and education.

What is your sex?

- Male.....1
- Female.....2
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B02. In what year were you born?

YEAR BORN (e.g., 1987)

(NUMBER RANGE = ACCEPTABLE RANGE = 1925 - 1997)

NO RESPONSE.....M

SOFT CHECK: IF B02 >1997 OR <1925; You entered you were born {before 1925/after 1997}. To continue without changing your response, click the "Continue" button.

HARD CHECK: IF B02 >4 digits OR B02<4 digits; Your response must be 4 digits.

HARD CHECK: IF B02 >2016; Your response cannot be greater than the current school year.

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

[[IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B03. Are you Hispanic or Latino/Latina?

- Yes.....1
- No.....0
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.**

PROGRAMMER BOX B03

HYPER LINK THE WORDS “**Hispanic or Latino/Latina**” FOR AA03 QUESTION TEXT:

Hispanic or Latino/Latina: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

[[IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B04. Which of the following best describes your race? You may choose more than one.

Select all that apply

- White.....1
- Black or African American.....2
- Asian.....3
- Native Hawaiian or other Pacific Islander.....4
- American Indian or Alaska Native.....5
- NO RESPONSE.....M

PROGRAMMER BOX B04

HYPERLINK EACH OF THE RESPONSE OPTIONS OF B04 WITH EACH HYPERLINK CONTAINING ONLY ITS CORRESPONDING DEFINITION:

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

SOFT CHECK: IF Q#≠NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.**

[[IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B05. What is the highest level of education you have completed?

- Did not complete high school.....1
- High school diploma or equivalent/GED.....2
- Some college or technical or vocational school.....3
- Associate's degree.....4
- Bachelor's degree.....5
- Master's degree.....6
- An advanced professional degree beyond a master's degree (for example, Ph.D., Ed.D) 7
- NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.**

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B06. Which of the following credentials, licenses, or certificates do you have for working with students with disabilities?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Emergency credential.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Provisional or temporary credential.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Disability-specific credential or endorsement.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Special education credential or endorsement (for more than one disability category).....	1 <input type="radio"/>	0 <input type="radio"/>
e. General education credential.....	1 <input type="radio"/>	0 <input type="radio"/>
f. Speech/language therapy state license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
g. Physical therapy state license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
h. Occupational therapy state license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
i. Social work license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
j. School psychology license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
k. Clinical psychology license or certification.....	1 <input type="radio"/>	0 <input type="radio"/>
l. Certificate of Clinical Competence.....	1 <input type="radio"/>	0 <input type="radio"/>
m. Other professional license, credential, or endorsement (please specify)..	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text" value="(STRING (100))"/>		

SOFT CHECK: IF Q#=#NO RESPONSE; Please provide an answer to this/these questions indicated below and continue. To continue without providing a response, click the "Continue" button.

[[IF A01 IS NOT 4] AND {A02 IS NOT 8}]

<<FILL STATE FROM PRELOAD>>

B07. Which of the following describes the teaching certificate you currently hold in [STATE]?

- Regular or standard state certificate or advanced professional certificate.....1
- Certificate issued after satisfying all requirements except the completion of a probationary teaching period2
- Certificate that requires some additional coursework or passing a test.....3
- Certificate issued to persons who must complete a certification program in order to continue teaching4
- I do not hold any of these certifications in this state.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

{B07=1, 2, 3, 4}

<<FILL STATE FROM PRELOAD>>

B08. In what subject(s) are you certified in [STATE]?

Select all that apply

- Early childhood or Pre-k, general.....1
- Elementary grades, general.....2
- Middle grades, general.....3
- Secondary grades, general.....4
- Special education, general.....5
- Specific area of disability (for example, autism, learning disabilities, etc.).....6

Specify (STRING (100))

- ESL or bilingual education: General.....7
- ESL or bilingual education: Spanish.....8
- ESL or bilingual education: Other.....9
- English/Language arts.....10
- Reading.....11
- Speech.....12
- Mathematics.....13
- Science (including general science, biology or life sciences, earth science, and other natural sciences) 14
- Social studies (including history, government or civics, geography)15
- Social or behavioral science (including psychology, sociology, anthropology, and other social sciences) 16
- Other (specify).....99

Specify (STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX B08

IF B08= 6, AN OTHER SPECIFY BOX APPEARS WITH THE MESSAGE "Please specify the specific area of disability you are certified in."

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

B09. Have you received any training related to Response to Intervention (RTI) from any of the following sources?

Select all that apply

- College courses.....1
 - Professional development.....2
 - Personal reading and study.....3
 - I have not received any training on issues related to Response to Intervention.....4
 - Other training (please specify).....99
- Specify (STRING (100))
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

HARD CHECK: IF B09=4 AND B09=1, 2, 3, OR 99; Your response to this question is inconsistent. Please change your response(s) to this question.

C. Professional Experience

[[IF A01 IS NOT 4} AND {A02 IS NOT 8}]

C01. Next, we would like to ask about your years of experience.

Counting this school year, how many years have you worked in your current school, including part time?

Enter the number of years. If you have been working for less than one year, enter 1.

YEARS WORKED IN CURRENT SCHOOL

YEARS

(1-70)

NO RESPONSE.....M

SOFT CHECK: IF C01 <1 or C01 > 70; **Please check that your answer is accurate and then click "Next".**

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.**

[[IF A01 IS NOT 4} AND {A02 IS NOT 8}]

C02. Counting this school year, how many total years (including part-time) have you been working with students receiving special education or related services in any school?

Enter the number of years. If you have been working for less than one year, enter 1.

YEARS WORKED WITH SPECIAL EDUCATION STUDENTS

YEARS

(1-70)

NO RESPONSE.....M

SOFT CHECK: IF C01 <1 or C01 > 70; **Please check that your answer is accurate and then click "Next".**

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.**

[{IF A01 IS NOT 4} AND {A02 IS NOT 8}]

C03. Counting this school year, how many total years (including part-time) have you been working with any students in any school? This would include both providing special education services as well as teaching in a regular classroom.

Enter the number of years. If you have been working for less than one year, enter 1.

YEARS WORKED WITH STUDENTS

YEARS

(1-70)

NO RESPONSE.....M

SOFT CHECK: IF C01 <1 or C01 > 70; Please check that your answer is accurate and then click "Next".

SOFT CHECK: IF Q# = NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

HARD CHECK: If C03 < C02; Your total years working with any students is inconsistent with "years worked with special education students". Please change your response to this question or go back and change your response to years worked with special education students.

HARD CHECK: If C03 < C01; Your total years working with any students is inconsistent with "years worked in current school". Please change your response to this question or go back and change your response to years worked in current school.

IF ANY ITEM IS MISSING, CONTINUE TO CHECK1, OTHERWISE CONTINUE TO SC00A

CHECK1. Thank you for answering our questions so far. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

BEGIN SPECIAL EDUCATION TEACHER – CHILD LEVEL QUESTIONS

ALL

SC00a.

Those are all of the questions we have about you and your teaching experience.

Now we would like to ask some questions about each of your students who are participating in the MGLS. The last section includes questions about IEP and primary disability, special education services received, and goals and expectations.

Instructions:

1. On the next screen, you'll see a list of students.
2. Choose a student and then press the "Next" button.
3. If a student moved to another class, moved to another school, or was never in your class, choose the student's name and you will be able to note this on the next screens.

Press the "Next" button to proceed.

ALL

Programmer Instruction: INSERT SCHOOL AND STUDENT LIST FROM PRELOAD
ONCE A STUDENT RATING IS COMPLETED THE NAME DOES NOT APPEAR IN LIST
RESPONDENT CAN SAVE AND RETURN TO A CASE UNTIL IT IS COMPLETED AND CONFIRMED

SC00b. Please select a student to rate.

School: [SCHOOL]

Select a student then press the "Next" button. You may have to scroll down to see all the buttons.

- Student 1
- Student 2
- Student 3

HARD CHECK: IF Q#=NO RESPONSE; Please select a student from the list below and then click "Next" to move to the next question.

ALL

<<FILL STUDENT NAME>>

SC01. Are you currently the teacher or special education provider for [STUDENT NAME]?

- Yes.....1 A01
- No.....0

HARD CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next".

SC01 = 0

<<FILL STUDENT NAME>>

SC02. You indicated that you are not currently the teacher or special education provider for [STUDENT]. What is the main reason you are not [STUDENT NAME]'s teacher or service provider?

- [STUDENT'S NAME] moved to another teacher or provider in the same school.....1 SC02
- [STUDENT'S NAME] moved to another school in the same district.....2 SC03a
- [STUDENT'S NAME] left the district.....3 SC04
- [STUDENT'S NAME] was never in my class / I was never [STUDENT'S NAME]'s teacher or service provider/ I don't know [STUDENT'S NAME].....4 CONFIRM
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

IF SCO2 = 2 OR 3 OR 4, ALERT SENT TO TO UPDATE SMS

SC02=1 or M

<<FILL STUDENT NAME>>

SC03. What is the name of the current teacher or special education provider for [STUDENT NAME]?

NAME [SKIP TO CONFIRM]

(STRING (50))

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

SC02=2

<<FILL STUDENT NAME>>

SC03a. What is the name of the school where [STUDENT NAME] went?

SCHOOL NAME [SKIP TO CONFIRM]

(STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

SC02=3

<<FILL STUDENT NAME>>

SC04. Please record the last date [STUDENT NAME] was in your class.

PROGRAMMER: INSERT DROP DOWN FIELDS

DATE [SKIP TO CONFIRM]

Month Day Year

(DATE RANGE, Month = January-December, Day = 1-31, Year = 2014- 2016)

NO RESPONSE.....M

SOFT CHECK: IF SC04 month = 4, 6, 9, 11 AND day >30 OR IF SC04 month = 2 AND day >29 AND year = 2016 OR IF SC04 month = 2 AND day >28 AND year = 2015 OR 2014; You entered [fill day] as the last day this student was in your class. If this is correct, click “Continue”, if not correct, change your response and then click “Next”.

SOFT CHECK: IF Q#≠NO RESPONSE Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

PROGRAMMER BOX
If SC01 = 0, Go to CONFIRM

SC01=1
<<FILL STUDENT NAME>>

D01. These first questions are about this student's IEP status and grade.

Is [STUDENT NAME] currently receiving gifted/talented services or has [STUDENT NAME] received such services during this school year?

Yes.....1

No.....0

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

SC01=1
<<FILL STUDENT NAME>>

D02. Is [STUDENT NAME] currently receiving special education services through an IEP, due to a disability, or has [STUDENT NAME] received such services during this school year?

Yes.....1

No.....0

NO RESPONSE.....M

HARD CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next" to proceed to the next question.

PROGRAMMER BOX
If D02 = 0 OR M, Go to CONFIRM

D02=1

<<FILL STUDENT NAME>>

D03. In what capacity or capacities do you teach or provide services to [STUDENT NAME]?

Do you...

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Provide instruction directly to the student?	1 <input type="radio"/>	0 <input type="radio"/>
b. Provide related services directly to the student?	1 <input type="radio"/>	0 <input type="radio"/>
c. Provide consultation services directly to the student?	1 <input type="radio"/>	0 <input type="radio"/>
d. Provide indirect consultation services (e.g., consultation to the student's teacher)?	1 <input type="radio"/>	0 <input type="radio"/>
e. Provide case management?	1 <input type="radio"/>	0 <input type="radio"/>
f. Other (please specify)? <input type="text" value="(STRING (100))"/>	1 <input type="radio"/>	0 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

D04. In which grade is [STUDENT NAME] enrolled?

- Sixth grade.....1
- Seventh grade.....2
- Eighth grade.....3
- Ninth grade.....4
- This is an ungraded classroom.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

D05. When did [STUDENT NAME] first have an IEP?

- Before sixth grade.....1
- During sixth grade.....2
- During seventh grade.....3
- During eighth grade.....4
- During ninth grade.....5
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

SOFT CHECK: IF D05>D04 AND D04 <5; Your response can't be higher than the grade [STUDENT NAME] is enrolled in? Please change the answer to this or to the previous question and then click "Next. To continue without changing a response, click the "Continue" button.

D02=1 AND (D04 > OR = D05)

D06. Is this the student's first year enrolled at this school?

- Yes.....1
- No.....0 D09
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D06=1, d, M

<<FILL STUDENT NAME>>

D07. To what extent were you involved in planning the transition from the previous school's special education program for [STUDENT NAME]?

- Not at all.....1 D09
- Somewhat.....2
- Extensively.....3
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D07=2, 3, M

<<FILL STUDENT NAME>>

D08. To what extent did you communicate with the person who provided special education for [STUDENT NAME] at his or her previous school?

- Not at all.....1
- Somewhat.....2
- Extensively.....3
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

D09. Have you reviewed [STUDENT NAME]'s records related to special education services provided before this school year?

- Yes.....1
- No, I don't have access to the records.....2
- No, I have access to the records, but have not reviewed them.....3
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>> <<FILL HE/SHE>>

E01. Next we would like to know about this student's disability and the services [HE/SHE] may receive.

For which of the following disabilities has [STUDENT NAME] received special education or related services this school year, whether for [STUDENT NAME]'s primary disability or another of his/her disabilities?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Speech or language impairments	1 <input type="radio"/>	0 <input type="radio"/>
b. Specific learning disabilities	1 <input type="radio"/>	0 <input type="radio"/>
c. Emotional disturbance	1 <input type="radio"/>	0 <input type="radio"/>
d. Intellectual disability	1 <input type="radio"/>	0 <input type="radio"/>
e. Visual impairments (including blindness)	1 <input type="radio"/>	0 <input type="radio"/>
f. Hearing impairments (including deafness)	1 <input type="radio"/>	0 <input type="radio"/>
g. Orthopedic impairments	1 <input type="radio"/>	0 <input type="radio"/>
h. Other health impairments (specify: What are the other health impairments the student receives services for?)	1 <input type="radio"/>	0 <input type="radio"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">(STRING (100))</div>		
i. Autism	1 <input type="radio"/>	0 <input type="radio"/>
j. Traumatic brain injury	1 <input type="radio"/>	0 <input type="radio"/>
k. Deaf-blindness	1 <input type="radio"/>	0 <input type="radio"/>
l. Multiple disabilities (students included in this category should be those who have more than one severe disability which does not include deaf-blindness) (specify: What are the multiple disabilities the student receives services for?) (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">(STRING (200))</div>		

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>> <<FILL HIS/HER>>

E02. What is [STUDENT NAME]'s primary disability as identified on [HIS/HER] IEP?

Please select the category below into which the student's primary disability fits best.

- Speech or language impairments.....1
 - Specific learning disabilities.....2
 - Emotional disturbance.....3
 - Intellectual disability.....4
 - Visual impairments (including blindness).....5
 - Hearing impairments (including deafness).....6
 - Orthopedic impairments.....7
 - Other health impairments (Specify)..........8
 - Autism.....9
 - Traumatic brain injury.....10
 - Deaf-blindness.....11
 - Multiple disabilities (students included in this category should be those who have more than one primary disability which does not include deaf-blindness).....99
- Specify
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

E03. Has this student received any special education or related services because of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?

Yes.....1

No.....0

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

E04. Which of the following best describe(s) the IEP goals for [STUDENT NAME] during this school year?

Select all of the areas in which this student has IEP goals.

Select all that apply

Academics

- Reading.....1
- Mathematics.....2
- Language Arts.....3
- Science.....4
- Social Studies.....5

Speech and Language

- Auditory processing.....6
- Listening comprehension.....7
- Oral expression.....8
- Voice/speech articulation, quality, or fluency.....9
- Language pragmatics.....10

Social-Emotional

- Social skills.....11
- Behavior regulation.....12
- Emotional or mood regulation.....13

Life skills

- Adaptive behavior or self-help skills.....14
- Transition and postsecondary goals.....15
- Organizational and planning skills.....16

Physical/Mobility

- Fine motor skills.....17
- Gross motor skills.....18
- Orientation and mobility.....19

Other

- Other (Please specify)..... 99

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

E05. Which of the following related services have been provided through the school to [STUDENT NAME] during this school year?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Yes	No
a. Audiology	1 <input type="radio"/>	0 <input type="radio"/>
b. Counseling services	1 <input type="radio"/>	0 <input type="radio"/>
c. Occupational therapy	1 <input type="radio"/>	0 <input type="radio"/>
d. Physical therapy	1 <input type="radio"/>	0 <input type="radio"/>
e. Psychological services	1 <input type="radio"/>	0 <input type="radio"/>
f. Health services	1 <input type="radio"/>	0 <input type="radio"/>
g. Social work services	1 <input type="radio"/>	0 <input type="radio"/>
h. Special transportation	1 <input type="radio"/>	0 <input type="radio"/>
i. Speech or language therapy	1 <input type="radio"/>	0 <input type="radio"/>
j. Orientation services	1 <input type="radio"/>	0 <input type="radio"/>
k. Mobility services	1 <input type="radio"/>	0 <input type="radio"/>
l. Rehabilitation services	1 <input type="radio"/>	0 <input type="radio"/>
m. Other (please specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text" value="(STRING (100))"/>		

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

E06. Has [STUDENT NAME] received any of the following?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Adaptive physical education	1 <input type="radio"/>	0 <input type="radio"/>
b. Assistance from classroom aides or paraprofessionals (e.g., teacher aide, behavioral assistant, special education aide)	1 <input type="radio"/>	0 <input type="radio"/>
c. Interpreter for the deaf or hard of hearing (oral or sign)	1 <input type="radio"/>	0 <input type="radio"/>
d. Materials provided in Braille or Nemeth code to support learning/instruction	1 <input type="radio"/>	0 <input type="radio"/>
e. Student was taught how to use Braille and/or the Nemeth code	1 <input type="radio"/>	0 <input type="radio"/>
f. Instruction provided in American Sign Language	1 <input type="radio"/>	0 <input type="radio"/>
g. Student was taught how to use American Sign Language	1 <input type="radio"/>	0 <input type="radio"/>
h. Instruction provided in Manual English	1 <input type="radio"/>	0 <input type="radio"/>
i. Student was taught how to use Manual English	1 <input type="radio"/>	0 <input type="radio"/>
j. Instruction provided in Cued Speech	1 <input type="radio"/>	0 <input type="radio"/>
k. Student was taught how to use Cued Speech	1 <input type="radio"/>	0 <input type="radio"/>
l. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the student	1 <input type="radio"/>	0 <input type="radio"/>
m. Tutoring/remediation from special education teacher	1 <input type="radio"/>	0 <input type="radio"/>
n. Training, counseling, and other supports/services provided to this student's family	1 <input type="radio"/>	0 <input type="radio"/>
o. Assistive technology	1 <input type="radio"/>	0 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

F01. Now we have a few questions about where and how this student receives instruction.

Which of the following best describes [STUDENT NAME]'s classroom placement?

- In general education classroom 80% of the time or more.....1
- In general education classroom 40% to 79% of the time.....2
- In general education classroom less than 40% of the time.....3
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

F02a. In what setting does [STUDENT NAME] primarily receive mathematics instruction?

- General education classroom.....1
- Special education classroom.....2
- Resource room.....3
- Some other setting (specify).....99

Specify (STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

F02ab. Does [STUDENT NAME] receive mathematics instruction in any additional setting or settings?

- Yes.....1
- No.....2 F03

NO RESPONSE.....M F03

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next" to proceed to the next question.

F02ab=1

<<FILL STUDENT NAME>>

F02b. In what additional setting or settings does [STUDENT NAME] receive mathematics instruction?

Select all that apply

- General education classroom.....1
- Special education classroom.....2
- Resource room.....3
- Some other setting (specify).....99

Specify (STRING (100))

NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

SOFT CHECK: IF (F02a=1 and F02b=1) OR (F02a=2 and F02b=2) OR (F02a=3 and F02b=3); You answered [Fill the answer in F02a] in the previous question, your answer to this question includes the same mathematics instruction setting. Please change your answer to this question and then click "Next" to proceed to the next question.

To continue without changing your answer, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

F03. On average how many hours per week of direct special education and related services has [STUDENT NAME] received this school year?

Please include hours for any services in which you or another professional staff member at your school provided services directly to [STUDENT NAME], and also hours for any services [STUDENT NAME] received through a referral to another professional. Do not include paraprofessional services.

HOURS PER WEEK

(NUMBER RANGE ALLOW 0 - 70 AND UP TO ONE DECIMAL PLACE)

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

F04. Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting?

HOURS PER WEEK

(NUMBER RANGE ALLOW 0 - 70 AND UP TO ONE DECIMAL PLACE)

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

HARD CHECK: IF F04>F03; Your answer is greater than the number of hours you reported in the previous question. Click "Back" if you would like to change your answer to the previous question OR change your answer to this question, and click "Next."

D02=1

<<FILL STUDENT NAME>>

F05. What teaching practices and methods have you and/or other special education service providers used with [STUDENT NAME]?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO	DON'T KNOW
a. One-on-one instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Small-group instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Large-group instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Cooperative learning	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Peer tutoring	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Computer-based instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Direct instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Cognitive strategies	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Self-management	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Behavior management	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Instruction received through a sign interpreter	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. Video-based instruction	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. Audio-recorded texts or lessons	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
n. Use of visual organizers or visual models	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
o. Use of 3-dimensional materials and/or models (e.g., base ten blocks, fraction bars)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
p. Student did not receive instruction from me and/or other special education service providers.	1 <input type="radio"/>	0 <input type="radio"/>	

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

HARD CHECK: If any F05a-o =1 AND F05p = 1; Your response to item p. "YES" indicates the student did not receive instruction. However, other responses on this question indicate specific teaching practices or methods were used, which creates conflicting information. Please change your response to item (s), and then click "Next."

D02=1; F02a=1 OR F02b=1

<<FILL STUDENT NAME>>

F06. Which of the following best describes the curriculum materials used with [STUDENT NAME] in the general education classroom?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO	DON'T KNOW
a. General education curriculum materials were used without modification	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. General education curriculum materials were used with some modifications	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. General education curriculum materials were used with substantial modifications	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Specially-designed commercial materials were used	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Teacher-designed materials were used	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1
<<FILL STUDENT NAME>>

F07. Which of the following best describes the curriculum materials used with [STUDENT NAME] in the special education classroom/program?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO	DON'T KNOW
a. General education curriculum materials were used without modification	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. General education curriculum materials were used with some modifications	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. General education curriculum materials were used with substantial modifications	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Specially-designed commercial materials were used	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Teacher-designed materials were used	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1
<<FILL STUDENT NAME>>

F08. Which of the following assistive technologies and devices has [STUDENT NAME] used this school year?

Select all that apply

Mobility aids

- Vans, vehicles.....1
- Wheelchairs.....2
- White canes.....3

Communication aids

- Electronic with voice output (e.g., Touch Talker).....4
- Nonelectronic (e.g., manual printing board or picture exchange system).....5

Hearing assistance

- Hearing aids.....6
- FM loops.....7

- TTYs/TDDs.....8
- Cochlear implants.....9
- Real time captioning.....10

Visual aids

- Braille texts.....11
- Electronic Braille devices.....12
- Digital texts.....13
- Magnifying devices.....14
- Closed Captioned Television (CCTV)15
- Screen readers.....16
- Talking calculators.....17
- Abacus.....18

Learning aids

- Tape recorder or digital recorder.....19
- Calculators.....20
- Electronic spelling devices.....21
- Dictation software.....22

Computer hardware designed or adapted for students with disabilities (e.g., alternate keyboards, switch interface)

- Used solely by individual student.....23
- Shared with other students.....24

Computer software designed for students with disabilities

- Reading.....25
- Writing.....26
- Mathematics.....27

Other

- Other (please specify).....99

Specify (STRING (100))

Student did not use any assistive technologies

- Student did not use any assistive technologies.....28

NO RESPONSE.....M

SOFT CHECK: IF Q#≠NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

HARD CHECK: If any F08 =1 thru 27, 99 AND F08 = 28; You checked “Student did not use any assistive

technologies” but also checked specific technologies on this list. This creates conflicting information. Please change your response(s) to be consistent, and then click “Next.”

D02=1

<<FILL STUDENT NAME>>

F09. Does [STUDENT NAME] have a computer, laptop, tablet, or word processing device assigned to him/her for use full time?

- Yes.....1
- No.....0
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

D02=1

<<FILL STUDENT NAME>>

G01. The following questions ask about your communications with others regarding this student.

On average, how often have you met with general education teacher(s) to discuss [STUDENT NAME]’s program or progress during this school year?

- Every day or several times a week.....1
- Once a week or several times a month.....2
- Once a month.....3
- A few times over the school year.....4
- Once during this school year.....5
- Never during this school year.....6 G03
- Not applicable to my work with this student.....7 G03
- Not applicable as student receives all instruction from me.....8 G03
- NO RESPONSE.....M G03

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

G01=1, 2, 3, 4, 5

<<FILL STUDENT NAME>>

G02. On average, how long were the meetings with the general education teacher(s) to discuss [STUDENT NAME]'s program or progress?

- 1 to 15 minutes.....1
- 16 to 30 minutes.....2
- 31 to 45 minutes.....3
- 46 to 60 minutes.....4
- More than 60 minutes.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

G03. Approximately how often have you communicated with [STUDENT NAME]'s parents during this school year about [STUDENT NAME]'s program or progress (by phone, in person, or in writing, including e-mail)?

- Every day or several times a week.....1
- Once a week or several times a month.....2
- Once a month.....3
- A few times over the school year.....4
- Once during this school year.....5
- Never during this school year.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H01. During this school year, has [STUDENT NAME] received formal individual evaluations in any of the following areas for purposes of developing IEP goals?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Psychological	1 <input type="radio"/>	2 <input type="radio"/>
b. Social work services	1 <input type="radio"/>	2 <input type="radio"/>
c. Behavioral	1 <input type="radio"/>	2 <input type="radio"/>
d. Speech/language	1 <input type="radio"/>	2 <input type="radio"/>
e. Vision	1 <input type="radio"/>	2 <input type="radio"/>
f. Hearing	1 <input type="radio"/>	2 <input type="radio"/>
g. Learning style	1 <input type="radio"/>	2 <input type="radio"/>
h. Motor skills	1 <input type="radio"/>	2 <input type="radio"/>
i. Academics	1 <input type="radio"/>	2 <input type="radio"/>
j. Other (please specify)	1 <input type="radio"/>	2 <input type="radio"/>

(STRING (100))

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>> <<FILL HIS/HER>>

H02. To what extent is [STUDENT NAME] expected to achieve the same general education goals as other students at [his/her] grade level?

- Student is expected to attain grade level achievement for all of the academic content standards.1
- Student is expected to attain grade level achievement for some of the academic content standards.2
- Student is expected to attain grade level achievement for only a few of the academic content standards.....3
- Student is not expected to attain grade level achievement for any of the academic content standards.4
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H03. What percentage of [STUDENT NAME]'s current IEP goals have been met or nearly met at this point in the school year?

- 76 to 100 percent.....1
- 51 to 75 percent.....2
- 26 to 50 percent.....3
- 1 to 25 percent.....4
- Zero percent.....5
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H04. Which of the following best expresses the likelihood that [STUDENT NAME] will continue to receive some level of special education services (through an IEP) in the next school year?

- Definitely will continue in special education.....1
- Very likely to continue in special education.....2
- Rather likely to continue in special education.....3
- Rather unlikely to continue in special education.....4
- Very unlikely to continue in special education.....5
- Definitely will not continue in special education (will be dismissed from services).....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H05. To what extent has [STUDENT NAME] participated in any grade-level assessment administered as part of the school's testing program during the current school year?

- Student did not participate in the school's testing or assessment program.....1
- Student participated in alternate assessments and no regular assessments.....2
- Student participated in some alternate assessments and some regular assessments.....3
- Student participated fully in the school's regular testing or assessment program.....4
- There is no testing or assessment program at this grade level.....5
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H06a. Overall, at what grade level is [STUDENT NAME] performing in language and literacy skills?

- Preschool to Grade 2.....1
- Grade 3.....2
- Grade 4.....3
- Grade 5.....4
- Grade 6.....5
- Grade 7.....6
- Grade 8.....7
- Grade 9.....8
- Grade 10 or higher.....9
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

D02=1

<<FILL STUDENT NAME>>

H06b. Overall, at what grade level is [STUDENT NAME] performing in mathematical skills?

- Preschool to Grade 2.....1
- Grade 3.....2
- Grade 4.....3
- Grade 5.....4
- Grade 6.....5
- Grade 7.....6
- Grade 8.....7
- Grade 9.....8
- Grade 10 or higher.....9
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To

continue without providing a response, click the "Continue" button.

IF ANY ITEM IS MISSING, CONTINUE TO CHECK2, OTHERWISE CONTINUE TO PROGRAMMER BOX

CHECK2. Thank you for answering our questions so far about your student. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

PROGRAMMER BOX

If student flagged for alternate assessment continue to A00.

Else go to CONFIRM

ALL

<<FILL STUDENT NAME>> <<FILL HIS/HER>>

A00. Thank you for answering our questions about the services [STUDENT NAME] receives! Before finishing with [STUDENT NAME] we would like you to rate [his/her] reading and mathematics skills as well as [his/her] functional abilities.

ALL
<<FILL HIM/HER>>

A00a. Please rate the student's skills, knowledge, and behaviors based on your experience with [him/her]. This is NOT a test and should not be administered directly to the student.

Each question includes examples that are meant to help you think of the range of situations in which the student may demonstrate skills and behaviors. The examples are not exhaustive, but they do indicate the level of proficiency a student should have reached in order to receive the highest ratings.

It may be necessary to consider adaptations for some questions to make them more inclusive for this student's skills and/or use of adaptive equipment. For example, if a student utilizes alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation), please answer the questions with these adaptations in mind.

NEXT SCREEN:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

For students with Limited English Proficiency or English language learners: Please answer the questions based on your knowledge of this student's skills. If the student does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the student's native language in mind. You can also consult with the student's English language learner teacher or general education teacher to answer any question.

If you feel you cannot answer any question, you will also have the option to indicate you are "unable to assess the student."

ALL

<< FILL STUDENT NAME >>

101. In this section, please rate this [STUDENT]'s reading-related abilities, including language, literacy and listening comprehension skills. Let's begin.

{STUDENT NAME} uses complex sentence structures. For example, says "If she had brought her umbrella, she wouldn't have gotten wet," or "Yesterday it was raining cats and dogs," or "Why can't we go on the field trip after we finish the assignment that you gave us last week?"

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I01 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

102. {STUDENT NAME} contributes relevant information to classroom discussions. For example, during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I02 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT>>

103. {STUDENT NAME} conveys ideas clearly when speaking. For example, presents a well-organized oral report, or uses precise language to express opinions, feelings, and ideas, or provides relevant answers to questions that summarize classmates' concerns.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I03 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT>>

104. {STUDENT NAME} shows basic comprehension of a story or text read aloud to [him OR her]. For example, by retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to [his OR her]own life.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I04 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT>>

105. {STUDENT NAME} shows advanced comprehension of text read aloud to [him OR her]. For example, identifies the author's purpose, or relates how the story would be different if told from another point of view, or identifies techniques of persuasion.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I05 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT>>

106. {STUDENT NAME} uses different strategies to read unfamiliar words. For example, examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I06 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

107. {STUDENT NAME} reads words with regular vowel sounds. For example, reads “coat,” “junk,” “lent,” “chimp,” “halt,” or “bite.”

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Continue” button.

PROGRAMMER BOX

HELP TEXT FOR I07 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

108. {STUDENT NAME} reads words with irregular vowel sounds. For example, reads "through," "point," "enough," or "shower."

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I08 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME AND GRADE>

109. {STUDENT NAME} reads grade {STUDENT GRADE FILL} books fluently. For example, easily reads words in meaningful phrases rather than reading word by word.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I09 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME AND GRADE>

I10. {STUDENT NAME} reads grade [enter grade level] books independently with comprehension. For example, reads most words correctly and answers questions about what was read, makes predictions while reading, and retells the story after reading.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I10 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME AND GRADE>>

I11. {STUDENT NAME} reads and comprehends expository text. For example, after reading about how early colonists lived, creates a chart comparing life today with colonial life, or after reading a news story about pollution, identifies cause and effect relationships, or summarizes main ideas and the supporting details in a science or social studies selection.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR I11 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

Now we would like to know about this student's mathematics skills and abilities.

J01. {STUDENT NAME} sorts, classifies, and compares math materials by various rules and attributes. For example, by creating a rule for sorting keys, such as "keys with numbers" in one pile and "keys without numbers" in another pile, or by sorting shapes by several attributes such as "large plastic shapes" and "small wooden shapes."

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J01 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J02. {STUDENT NAME} creates and extends patterns. For example, extends an alternating pattern involving addition and subtraction (+3, -1, +3, -1, +3... or +5, -3, +5, -3,...) or creates a complex visual pattern (aabc).

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J02 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J03. {STUDENT NAME} shows an understanding of the relationship between quantities. For example, knows that a group of ten small stones is the same quantity as a group of ten larger blocks.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J03 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

J04. {STUDENT NAME} demonstrates an understanding of place value to 100. For example, by explaining that fourteen is ten plus four, or using two stacks of ten and five single cubes to represent the number 25.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J04 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J05. {STUDENT NAME} shows understanding of place value with whole numbers to 100,000. For example, correctly orders the numbers 19,321, 14,999, 9,900, and 20,101 from least to greatest, or correctly regroups when adding and subtracting.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J05 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

J06. {STUDENT NAME} shows understanding of place values with decimals. For example, compares decimals to the thousandths place (1.04 > 1.009).

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J06 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J07. {STUDENT NAME} models, reads, writes, and compares fractions. For example, shows that $\frac{1}{2}$ of the candy bar is $\frac{1}{4} + \frac{1}{4}$, or shows that $\frac{1}{4}$ of 12 is 3.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J07 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

J08. {STUDENT NAME} reduces fractions to lowest denominator. For example, reduces 27/63 to 3/7, or 41/6 to 6 5/6.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J08 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J09. {STUDENT NAME} solves problems involving numbers using concrete objects. For example, "Vera has six blocks, George has three, how many blocks are there in all?" or "How many do I need to give George so he will have the same number of blocks as Vera?"

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J09 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J10. {STUDENT NAME} uses a variety of strategies to solve math problems. For example, using manipulative materials, using trial and error, making an organized list or table, drawing a diagram, looking for a pattern, acting out a problem, or talking with others.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J10 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

J11. {STUDENT NAME} subtracts numbers that require regrouping. For example, 1300 - 579, or 2302 - 947, or 2603 - 1594.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J11 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J12. {STUDENT NAME} divides a 3-digit number by a 1-digit number. For example, $348 \div 4$ or $228 \div 6$.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J12 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J13. {STUDENT NAME} divides multi-digit problems with remainders in the quotient. For example, computes $536 \div 30$ or $6,135 \div 7$.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J13 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL

<<FILL STUDENT NAME>>

J14. {STUDENT NAME} demonstrates algebraic thinking. For example, solves for an unknown in an equation such as $16 \times A = 48$; or expresses a function as a general rule that enables him or her to determine any term in the sequence.

(Click here for help with rating scale.)

- Not yet.....1
- Beginning.....2
- In progress.....3
- Intermediate.....4
- Proficient.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

PROGRAMMER BOX

HELP TEXT FOR J14 QUESTION TEXT:

Each skill, knowledge, or behavior is rated on a five-point scale:

- 1 Not yet = Student has not yet demonstrated skill, knowledge, or behavior
- 2 Beginning = Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently
- 3 In progress = Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence
- 4 Intermediate = Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient
- 5 Proficient = Student demonstrates skill, knowledge, or behavior competently and consistently

ALL
<<FILL STUDENT NAME>>

These final few questions ask about this student's functional abilities.

K01. Which of the following best describes {STUDENT}'s expressive communication?

- Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.....1
- Uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions.....2
- Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate. 3
.....
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL
<<FILL STUDENT NAME>>

K02. Does {STUDENT NAME} use an augmentative communication system in addition to or in place of oral speech?

- Yes.....1
- No.....0
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL

<<FILL STUDENT NAME>>

K03. Which of the following best describes [STUDENT]'s vision?

- Vision appears within normal limits.....1
- Corrected vision within normal limits.....2
- Low vision; uses vision for some activities of daily living.....3
- No functional use of vision for activities of daily living, or unable to determine functional use of vision
.....4
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL

<<FILL STUDENT NAME>>

K04. Which of the following best describes {STUDENT NAME}'s hearing?

- Hearing appears to be within normal limits.....1
- Corrected hearing loss within normal limits.....2
- Hearing loss aided, but still with a significant loss.....3
- Profound loss, even with aids.....4
- Unable to determine functional use of hearing.....5
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL

<<FILL STUDENT NAME>>

K05. Which of the following best describes {STUDENT NAME}'s motor abilities?

- No significant motor dysfunction that requires adaptations.....1
- Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard).....2
- Uses wheelchair, positioning equipment, and/or assistive devices for most activities.....3
- Needs personal assistance for most/all motor activities.....4
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

ALL

<<FILL STUDENT NAME>>

K06. Which of the following best describes [STUDENT]'s social interactions?

- Initiates and sustains social interactions.....1
- Responds with social interaction, but does not initiate or sustain social interactions.....2
- Alerts to others.....3
- Does not alert to others.....4
- I am unable to assess the student.....6
- NO RESPONSE.....M

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Next". To continue without providing a response, click the "Continue" button.

IF ANY ITEM IS MISSING, CONTINUE TO CHECK3, OTHERWISE CONTINUE TO PROGRAMMER BOX

CHECK3. Thank you for answering our questions about your student. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the respondent back to item]

PROGRAMMER BOX

Go to CONFIRM

ALL

FINAL SCREENS: END1

END1. Thank you for taking the time to answer our questions! Since we had some inaccurate information we will send you a new user id and password with the updated information you provided.

That is all we have for you today. Press "END" to finish.

PROGRAMMER BOX

PROGRAM A "END" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY.

LOOP SCREEN: CONFIRM

CONFIRM. You have completed the questions for [STUDENT]. Thank you very much!

Please click the "Next" button to confirm that you have finished rating [STUDENT]. If you want to make changes or review your responses click the "Back" button.

PROGRAMMER BOX

Assign status code.

```
IF STUDENT[I].StudentStatus = NewClass  
THEN aText := ': changed to a new class ' + aDateString[I]
```

```
ELSEIF STUDENT[I].StudentStatus = NewCenter  
THEN aText := ': went to another school ' + aDateString[I]
```

```
ELSEIF STUDENT[I].StudentStatus = NeverInClass  
THEN aText := ': was never in this class / Don"t know child '
```

```
ELSEIF STUDENT[I].StudentStatus = Done  
THEN aText := ': rated.'
```

```
IF NO OTHER STUDENT NEEDS TO BE RATED GO TO END2. ELSE  
GO TO SC00b.
```

FINAL SCREENS: END2

END2. Thank you very much for participating in MGLS2017!

**You have completed the survey for all of your students that are in the study.
We appreciate you taking the time to complete the study.**

When you are done with this page, press "END" to close the survey.

PROGRAMMER BOX

PROGRAM AN "END" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed.

Appendix U.5 School Administrator Survey Specifications

Welcome to the Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017) School Administrator Questionnaire.

Please refer to the instructions you received in your survey invitation letter to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-855-500-1432, or email us at mglis@rti.org.

Login ID: _____

Password: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0911. Approval expires 07/31/2018. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate, suggestions for improving the survey instrument, or concerns regarding the status of your individual response to this survey, please write directly to: National Center for Education Statistics, Middle Grades Longitudinal Study (MGLS), PCP, 550 12th Street, S.W., Washington, D.C. 20024.

The collection of information in this survey is authorized by the Education Sciences Reform Act of 2002 (ESRA 2002: 20 U.S. Code § 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.

SURVEY INFORMATION

I01a.

You have received an invitation to complete this questionnaire because you are an administrator in one of the schools participating in the MGLS:2017 field test.

To enhance the information we obtain from your students, their parents, and teachers we need your input. We are asking you to report on the characteristics and population of students in your school, courses offered, security measures, teachers, and your own personal background.

Taking part in the study is voluntary and you can skip questions you do not want to answer. We realize you are very busy, but urge you to complete this questionnaire as completely and accurately as possible.

Your answers are very important to the study's success.

Please click one of the buttons below to begin or exit the survey.

Let's get started

- 1 Begin your survey
- 2 Exit survey

PROGRAMMER BOX AA03

IF I01A = 2 "EXIT SURVEY", THE FOLLOWING TEXT SHOULD APPEAR:

If you plan to complete the survey later, we would be happy to send you a reminder. Just select a date from the calendar below, and we'll send you a friendly email reminder the day before.

If you think someone else at your school would be able to answer this brief survey, please provide their contact information here:

Title/role at school:

First name:

Last name:

Email address:

Phone number:

If you are having a problem completing the survey, please call our study help line at 1-855-500-1432 or email us at MGLS@rti.org.

I01b. Thank you very much for participating! As a reminder, gathering the following information in advance will help you complete the questionnaire more quickly:

1. For the **current school year**:

- Average daily attendance
- Math curriculum information
- Matriculation information
- Student-body demographic information, including the number of students in each grade served who are:
 - Receiving free or reduced price lunch
 - English language learners
 - Alternative program attendees
 - Students with disabilities/Individualized Education Program (IEP)
 - In each racial/ethnic category
 - School personnel counts such as the number of:
 - Teachers by subject taught
 - Security personnel

2. For the **2014-2015 school year**:

- State assessment scores by subject
- Programs, services, and supports available for students with IEPs and the percentage of students who use them

Press Next to continue.

PROGRAMMER BOX

PLEASE ADD HYPERLINK TO THE BULLET “ENGLISH LANGUAGE LEARNERS” SUCH AS FOLLOWS BELOW:

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.

PLEASE ADD HYPERLINK TO THE BULLET TEXT “INDIVIDUALIZED EDUCATION PROGRAM (IEP)” SUCH AS FOLLOWS BELOW:

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

I01a = 1

I01c. Things to know about taking the survey

- To answer a question, click the box to choose your response or enter information as directed, and press the Next button
- To skip a question, simply press the "Next" button.
- To go back to a previous question, press the "Back" button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, click the "Save and Come Back Later" button at the bottom of the page to exit the survey. Your answers will be securely saved and stored waiting for you to return and complete the survey.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue the survey, you will need to log in again using your login ID and password.

Press Next to continue.

ALL

I01d. Please check the box next to the grade level(s) offered at your school?

Select all that apply

- Pre-K.....1
- Kindergarten.....2
- 1st Grade.....3
- 2nd Grade.....4
- 3rd Grade.....5
- 4th Grade.....6
- 5th Grade.....7
- 6th Grade.....8
- 7th Grade.....9
- 8th Grade.....10
- 9th Grade.....11
- 10th Grade.....12
- 11th grade.....13
- 12th grade.....14
- Ungraded.....15

I01d = 8 OR 9 OR 10

I02a. Please confirm that you are the person at your school with the most knowledge about {I01d} grade students, teachers, programs, and services.

- Yes.....1 I03a
- No.....0 I02c

PROGRAMMER BOX

PLEASE AUTOFILL WITH MIDDLE GRADE RESPONSES FROM I01D. FOR PURPOSES OF THE FOLLOWING QUESTIONS, MIDDLE GRADES COMPRISE OF GRADES 6, 7, OR 8.

IF I01d = 8, autofill include "6th".
IF I01d = 9, autofill include "7th".
If I01d = 10, autofill include "8th".

ONLY RESPONDENTS INDICATING AT LEAST GRADE 6 (I01D = 8), GRADE 7 (I01D = 9), OR GRADE 8 (I01D = 10) ARE ELIGIBLE FOR THIS ITEM, REGARDLESS OF WHAT OTHER MIDDLE GRADE MAY BE AVAILABLE AT THE SCHOOL.

I01d NE 8 And I01d NE 9 AND I01d NE 10

I02b. Please confirm that your school does not offer a 6th, 7th, or 8th grade level.

- My school **does not** offer a 6th, 7th, or 8th grade level.....1 END1
- My school does offer a 6th, 7th, or 8th grade level.....0 I01d

I02a = 0

I02c. Please provide the name and contact information for the person at your school with the most knowledge about {I01d} grade students, teachers, programs, and services.

Title: [_____]
First Name: [_____]
Last Name: [_____]
Phone: [_____]
Email: [_____]

PROGRAMMER BOX

PLEASE AUTOFILL WITH MIDDLE GRADE RESPONSES FROM I01D. FOR PURPOSES OF THE FOLLOWING QUESTIONS, MIDDLE GRADES COMPRISE OF GRADES 6, 7, OR 8.

IF I01d = 8, autofill include "6th".
IF I01d = 9, autofill include "7th".
If I01d = 10, autofill include "8th".

I02a = 0

I02d. Thank you! The MGLS:2017 team will be in touch with [TITLE] [FIRST NAME] [LAST NAME] very soon.

Press Next to close this survey.

I02a = 1

I03. What is your title or position at this school?

Select the one that best describes you.

- Principal/Administrator.....1 A01
- Vice Principal.....2 A01
- Counselor.....3 A01
- School administrative personnel.....4 A01
- Other (Please specify).....99 I03OS

SOFT CHECK: IF I03= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

I03 = 99

I03OS. What is your title or position at this school?

I03 = 1, 2, 3, OR 4

A. SCHOOL CHARACTERISTICS

The following questions ask about characteristics of your school.

A01. Which of the following best describes your school?

Select the one that best describes your school.

- Regular public school.....1 A02
- Private.....2 A02
- Charter school.....3 A02
- Has a magnet program for part of the school.....4 A02
- Exclusively a magnet school.....5 A02
- Other (*Please specify*).....99 A01OS

A01 = 99

A01OS. Please describe your school.

ALL

A02. What type of daily schedule is typically used for the following grade levels at your school?

Select from the dropdown list the one that best describes each grade.

Grade level	Typical daily schedule
a. Grade 6	Select daily schedule...
b. Grade 7	Select daily schedule...
c. Grade 8	Select daily schedule...

PROGRAMMER NOTE

ROWS IN THIS TABLE WILL BE FILLED BASED ON ANSWERS TO I01D. FILLS WILL MADE ACCORDING TO:

IF I01d =8 INSERT "Grade 6" row.
IF I01d =9 INSERT "Grade 7" row.
IF I01d =10 INSERT "Grade 8" row.

POPULATE DROPDOWN BOX WITH THE FOLLOWING RESPONSE OPTIONS (DO NOT INCLUDE NUMBER VALUES IN DROPDOWN MENU):

1. Self-contained classrooms
2. Daily periods uniform in length
3. Daily periods of varying length
4. Flexible schedule for teams
99. Other (*Please specify*)

A02A-C_any = 99

A02a-cOS. What Other type of daily schedule is typically used in the {A03} grade at your school?

PROGRAMMER NOTE

PLEASE AUTOFILL BASED ON RESPONSE TO A02A-C:

IF A02a=99 INSERT "6th".
IF A02b=99 INSERT "7th".
IF A02c=99 INSERT "8th".

PLEASE NOTE, THE OTHER (PLEASE SPECIFY) QUESTION MAY BE ASKED UP TO A TOTAL OF 3 TIMES BASED ON RESPONSES TO A02A-C.

ALL

A03. What is the Average Daily Attendance (ADA) for your school this year? Please report as a number or a percent.

_____ Average Daily Attendance

- Number.....1 A04
- Percent.....2 A04

A01 = 2

A04. What is the maximum yearly tuition to attend your school? Enter "0" if school does not charge tuition.

_____ Enter amount

A01 = 2 AND A04 > 0

A05. What percent of your students pay the maximum yearly tuition?

- 0%-25%.....1 A06
- 26%-50%.....2 A06
- 51%-75%.....3 A06
- 76%-100%.....4 A06

A01 = 2 AND A04 > 0

The next set of questions are about your student population.

A06. Please indicate the percentage of students at your school that are male and female.

_____ % Male students
_____ % Female students

ALL

A07. What percentage of the total student body in your school...

Percentage

a. Receives free or reduced-price lunch? percent

b. Are English language learners? percent

c. Are enrolled in an alternative program either at your school or off-site? percent

PROGRAMMER BOX

DO NOT ALLOW NON-NUMERIC RESPONSE FOR THIS ITEM (I.E., ALPHABETIC OR SYMBOL RESPONSES).

RANGE OF PERCENTAGES CAN BE 0-100.

PLEASE MAKE THE ROW HEADER "ENGLISH LANGUAGE LEARNERS (ELL)" A HYPERLINK TO THE BELOW HELP TEXT:

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.

ALL

The next set of questions ask about additional supports your school provides for struggling students.

A08. Which of the following steps does this school take for {6th/7th/8th} graders who need extra assistance?

Select all that apply

- Tutoring during the regular school day.....1 A09
- School staff work with classroom teachers to provide extra assistance.....2 A09
- Pull-out instruction during the regular school day.....3 A09
- Homework assistance program.....4 A09
- Additional support outside the regular school day.....5 A09
- School takes other steps to assist struggling students.....6 A08OS
- School does not have any program for students who need extra assistance.....7 A09

PROGRAMMER BOX

PLEASE MAKE THE ROW HEADER "ADDITIONAL SUPPORT OUTSIDE THE REGULAR SCHOOL DAY" A HYPERLINK TO THE BELOW HELP TEXT:

By **additional support outside the regular school day** we mean, for example, before- or after-school tutoring or special programs, weekend programs, or summer school programs.

PLEASE PROGRAM AUTOFILL BASED ON RESPONSES TO I01D.

A08 = 6

A08OS. Please describe the other steps to assist struggling students taken by your school.

ALL

A09. Does your school offer any of the following programs to assist {6th/7th/8th} graders who are struggling academically?

Select all that apply

- Summer program prior to entry into the next grade that provides supplemental instruction in reading and math.....1 A10
- Small learning communities for over-aged students who have not met promotion criteria 2A10
- Small {6th/7th/8th} grade learning communities separate from the rest of the school.....3 A10
- Block scheduling, also called double-block or extended-block scheduling.....4 A10
- Catch-up courses or “double-dosing” of classes.....5 A10
- Specific professional development, coaches, or technical assistance for teachers working with struggling {6th/7th/8th} graders.....6 A10
- Tutoring.....7 A10
- Another program.....8 A09OS
- There are no programs to assist {6th/7th/8th} graders who are struggling academically...9 A10

PROGRAMMER BOX

PLEASE PROGRAM AUTOFILL BASED ON RESPONSES TO I01D.

A09 = 8

A09OS. Please describe another program offered by your school to assist {6th/7th/8th} graders who are struggling academically.

ALL

The next set of items are about state assessment scores.

A10-A12. Based on recent state assessments, please indicate the percentage of {6th/7th/8th grade students} in your school who scored at or above "proficient" in the following subjects for 2014-2015? Please also indicate the percentage of students scoring proficient or above that was needed to meet your AYP (adequate yearly progress) goals for the same school year.

Check this box if your school was **not** required to take the state assessment because it **does not accept Title I funds**.....1 A13

Percentage of students at or above "proficient"	Percentage required by AYP goals
---	----------------------------------

6th grade students

a. Reading or verbal skills percent percent

b. Mathematics percent percent

7th grade students

a. Reading or verbal skills percent percent

b. Mathematics percent percent

8th grade students

a. Reading or verbal skills percent percent

b. Mathematics percent percent

PROGRAMMER DIRECTIONS

GRADE LEVEL SPECIFIED BASED ON RESPONSES TO I01D.

TABLE ROWS POPULATED BASED ON RESPONSES TO I01D, AND GRADE-LEVEL SPECIFIC ROWS SHOULD ONLY BE POPULATED IF THE GRADE LEVEL IS SPECIFIED IN I01D.

IF I01d =8 INSERT "Grade 6" row.
 IF I01d =9 INSERT "Grade 7" row.
 IF I01d =10 INSERT "Grade 8" row.

RANGE OF PERCENT CAN BE 0-100.

ALL

The next set of questions are about **instructional programs** at your school.

A13-A15. Approximately what percentage of your of {6th, 7th, 8th grade students} is in each of the following instructional programs?

	Percentage of students	Check here if service not available
<i>6th grade students</i>		
a. English as a second language	<input type="text"/> percent	<input type="checkbox"/>
b. Bilingual education	<input type="text"/> percent	<input type="checkbox"/>
c. Special education	<input type="text"/> percent	<input type="checkbox"/>
<i>7th grade students</i>		
a. English as a second language	<input type="text"/> percent	<input type="checkbox"/>
b. Bilingual education	<input type="text"/> percent	<input type="checkbox"/>

c. Special education percent

8th grade students

a. English as a second language percent

b. Bilingual education percent

c. Special education percent

PROGRAMMER DIRECTIONS

GRADE LEVEL SPECIFIED BASED ON RESPONSES TO I01D.

TABLE ROWS POPULATED BASED ON RESPONSES TO I01D, AND GRADE-LEVEL SPECIFIC ROWS SHOULD ONLY BE POPULATED IF THE GRADE LEVEL IS SPECIFIED IN I01D.

IF I01d =8 INSERT "Grade 6" row.

IF I01d =9 INSERT "Grade 7" row.

IF I01d =10 INSERT "Grade 8" row.

RANGE OF PERCENT CAN BE 0-100.

PLEASE MAKE THE ROW HEADER "BILINGUAL EDUCATION" A HYPERLINK TO THE BELOW HELP TEXT:

By **bilingual education** we mean programs in which the student receives instruction in both English and another language.

PLEASE MAKE THE ROW HEADER "SPECIAL EDUCATION" A HYPERLINK TO THE BELOW HELP TEXT:

By **special education** we mean programs in which the student receives services with an Individualized Education Program (IEP). An Individualized Education Program (IEP) is a written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an Individualized Family Service Plan (IFSP).

ALL

B. SERVICES AND SUPPORTS FOR STUDENTS WITH DISABILITIES

The next set of questions ask about **Individualized Education Program (IEP)** placement options.

B01. What **percentage of students with IEPs** at your school are served by the following placement options:

If a service is available but no students currently receive it, enter 0 for that service.

If a service is not available at your school, check the box in the "Service not available" column.

	Percentage of students with IEPs	Service not available
a. General education with services or supports	<input type="text"/> percent	<input type="checkbox"/>
b. Classes co-taught by general and special education teachers	<input type="text"/> percent	<input type="checkbox"/>
c. Part-time resource room for special education students	<input type="text"/> percent	<input type="checkbox"/>
d. Self-contained special education classrooms	<input type="text"/> percent	<input type="checkbox"/>
e. Individual instruction such as home school or a residential, off site, incarceration or hospital program	<input type="text"/> percent	<input type="checkbox"/>
f. Other (Please specify)	<input type="text"/> percent	<input type="checkbox"/>

PROGRAMMER DIRECTIONS

RANGE OF PERCENT CAN BE 0-100.

PLEASE MAKE THE QUESTION TEXT "INDIVIDUALIZED EDUCATION PROGRAM (IEP)" A HYPERLINK TO THE BELOW HELP TEXT:

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

or an Individualized Family Service Plan (IFSP).

PLEASE MAKE THE ROW HEADER "SPECIAL EDUCATION" A HYPERLINK TO THE BELOW HELP TEXT:

By **special education** we mean programs in which the student receives services with an Individualized Education Program (IEP). An Individualized Education Program (IEP) is a written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an Individualized Family Service Plan (IFSP).

B01f_percent > 0

B01OS. Please describe the Other placement for students with IEPs at your school.

ALL

The next questions are about **services and supports** schools can offer **to teachers** of students with IEPs.

B02. Are the following services and supports **available to general education teachers** in this school when students with IEPs are included in their classes?

Check this box if students with IEPs are **not included** in general education classrooms at your school1 B03

<i>Select one answer for each row</i>	Yes	No
a. Consultation or technical assistance by special education or other staff with general special education training, not specific to child's disability	1 <input type="radio"/>	2 <input type="radio"/>
b. Special equipment or materials	1 <input type="radio"/>	2 <input type="radio"/>
c. Professional development	1 <input type="radio"/>	2 <input type="radio"/>
d. Teacher aides, instructional assistants, paraprofessionals, or aides for individual students	1 <input type="radio"/>	2 <input type="radio"/>
e. Smaller student load or class size	1 <input type="radio"/>	2 <input type="radio"/>
f. Co-teaching with a special education teacher or related services provider	1 <input type="radio"/>	2 <input type="radio"/>
g. Team teaching with a special education teacher or related services provider	1 <input type="radio"/>	2 <input type="radio"/>
h. Team planning	1 <input type="radio"/>	2 <input type="radio"/>
i. Other (<i>Please specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>

PROGRAMMER BOX

PLEASE MAKE THE TEXT IN THE ROW HEADER "SPECIAL EDUCATION OR OTHER STAFF" A HYPERLINK TO THE BELOW HELP TEXT:

By **special education or other staff** we mean, for example, a school psychologist or teacher trained in a related disability area.

PLEASE MAKE THE TEXT IN THE ROW HEADER "CO-TEACHING" A HYPERLINK TO THE BELOW HELP TEXT:

By **co-teaching** we mean, for example, when both the teacher and special education teacher (or related services provider) are in the classroom together, but trade-off instruction.

PLEASE MAKE THE ROW HEADER "TEAM TEACHING" A HYPERLINK TO THE BELOW HELP TEXT:

By **team teaching** we mean, for example, when both teachers are NOT in classroom together, but alternate instruction and are responsible for teaching the same set of students.

PLEASE MAKE THE QUESTION TEXT "IEP" A HYPERLINK TO THE BELOW HELP TEXT:

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

B02i = 1

B02OS. Please describe the Other services and supports available to general education teachers when students with IEPs are included in their classroom at your school.

ALL

The next questions are about **programs and supports** schools can offer **to students with IEPs**.

B03. For each of the following programs and supports, please indicate what percentage of students with IEPs in your school receive this program or support during the current school year. Please include programs provided by alternate service providers.

If a program or service is available but no students currently receive it, enter 0 for that service.

If a program or service is not available at your school, check the box in the "Service not available" column.

	Percentage of students with IEPs	Program or service not available
a. Referrals to Vocational Rehabilitation services	<input type="text"/> percent	<input type="checkbox"/>
b. Help developing capability to dress, clean, care for self	<input type="text"/> percent	<input type="checkbox"/>
c. Learning self-determination and self-advocacy skills	<input type="text"/> percent	<input type="checkbox"/>
d. Peer buddy program	<input type="text"/> percent	<input type="checkbox"/>
e. Alternative placements for students who are expelled and/or suspended	<input type="text"/> percent	<input type="checkbox"/>
f. Helping students connect to outside transition services, supports, and activities	<input type="text"/> percent	<input type="checkbox"/>
g. Helping students connect to adult residential providers and day services	<input type="text"/> percent	<input type="checkbox"/>
h. Information bank for parents or guardians with materials and resources relating to independent living	<input type="text"/> percent	<input type="checkbox"/>
i. Instruction for parents or guardians on	<input type="text"/>	

	Percentage of students with IEPs	Program or service <u>not</u> available
youth's rights and responsibilities under disability-related laws	percent	<input type="checkbox"/>
j. Other (Please specify)	<input type="text"/> percent	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE TEXT IN THE ROW HEADER "Helping students connect to outside transition services, supports, and activities" A HYPERLINK TO THE BELOW HELP TEXT:

By helping students connect to outside transition services, supports, and activities we mean, for example, tutoring, mentoring, transportation, assistive technology, and networking.

PLEASE MAKE THE QUESTION TEXT "IEP" A HYPERLINK TO THE BELOW HELP TEXT:

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

PLEASE MAKE THE TEXT IN THE ROW HEADER "Other (Please specify)" A HYPERLINK TO THE BELOW HELP TEXT:

Please enter the percentage of students with IEPs receiving some other program or support from your school on this screen, and on the next screen you will have a chance to describe it. If there is more than one service, please provide an estimate of the total percentage served, and list all other programs or services on the following screen.

B02j_perc > 0

B03OS. Please describe the Other program or support your school offered to students with IEPs during the current school year.

ALL

C. SCHOOL PROGRAMS AND PRACTICES

The following questions ask about programs and practices aimed at serving all students at your school.

ALL

C01. Does your school use interdisciplinary team teaching in the following grades?

Select one answer for each row

	Yes	No
a. Grade 6	1 <input type="radio"/>	2 <input type="radio"/>
b. Grade 7	1 <input type="radio"/>	2 <input type="radio"/>
c. Grade 8	1 <input type="radio"/>	2 <input type="radio"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEAM TEACHING" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary team teaching** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO I01D TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL.

IF I01d =8 INSERT "Grade 6" row.

IF I01d =9 INSERT "Grade 7" row.

IF I01d =10 INSERT "Grade 8" row.

IF C01A-F ALL = 2 (I.E., INTERDISCIPLINARY TEAM TEACHING IS NOT USED IN ANY OF THE MIDDLE GRADES OFFERED BY THE SCHOOL), SKIP RESPONDENT TO C08.

C01a-c ANY = 1

C02. When did your school begin using interdisciplinary team teaching in the following middle grades?

<i>Select one answer for each row</i>	School-year started using interdisciplinary team teaching	Don't know
a. Grade 6	Select school year...	<input type="checkbox"/>
b. Grade 7	Select school year...	<input type="checkbox"/>
c. Grade 8	Select school year...	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEAM TEACHING" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary team teaching** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO C01 TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE INTERDISCIPLINARY TEAM TEACHING.

IF C01a=1 INSERT "Grade 6" row.

IF C01b=1 INSERT "Grade 7" row.

IF C01c=1 INSERT "Grade 8" row.

PLEASE PROGRAM DROPDOWN BOX TO HAVE THE DEFAULT AS "SELECT SCHOOL YEAR..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. Before 2010-11
2. 2011-12
3. 2012-13
4. 2013-14
5. 2014-15
6. 2015-16
7. 2016-17
8. Current school year

PLEASE PROGRAM SO RESPONDENT CAN EITHER SELECT FROM DROPDOWN OR CHECK THE "DON'T KNOW" BOX, BUT NOT BOTH ANSWERS. IF THE RESPONDENT SELECTS AND ANSWER AND CHECKS THE BOX, THE FOLLOWING

WARNING SHOULD POP-UP:

You selected a school year and checked “Don’t know”. Please only choose one. If you are unsure of the exact school year, your best estimate is fine.

C01a-c ANY = 1

C03. For each grade listed below, please indicate the number of interdisciplinary teams, average number of teachers per team, and average number of students per team. Your best estimate is fine.

	Number of interdisciplinary teams	Average number of teachers per team	Average number of students per team
a. Grade 6	Teams...	Teachers...	Students...
b. Grade 7	Teams...	Teachers...	Students...
c. Grade 8	Teams...	Teachers...	Students...

PROGRAMMER BOX B02

PLEASE MAKE THE QUESTION TEXT “INTERDISCIPLINARY TEAMS” A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary team** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE MAKE THE QUESTION TEXT “TEACHER” A HYPERLINK TO THE BELOW HELP TEXT:

Please include full-time and part-time teachers in your counts of average number of teachers per interdisciplinary team. If a teacher teaches across teams, please count that person as one teacher for each team.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO C01 TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE INTERDISCIPLINARY TEAM TEACHING.

IF C01a=1 INSERT “Grade 6” row.

IF C01b=1 INSERT “Grade 7” row.

IF C01c=1 INSERT “Grade 8” row.

PLEASE PROGRAM DROPDOWN BOX FOR NUMBER OF INTERDISCIPLINARY TEAMS TO HAVE THE DEFAULT AS “TEAMS...” WITH THE FOLLOWING OPTIONS

(NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. 1
2. 2
3. 3
4. 4
5. 5 or more

PLEASE PROGRAM DROPDOWN BOX FOR NUMBER OF TEACHER TO HAVE THE DEFAULT AS "TEACHERS..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. 2
2. 3
3. 4
4. 5
5. 6
6. 7 or more

PLEASE PROGRAM DROPDOWN BOX FOR NUMBER OF STUDENTS TO HAVE THE DEFAULT AS "STUDENTS..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. Less than 60
2. 61-90
3. 91-120
4. 121-150
5. 151-180
6. 181-210
7. 211 or more

C01a-c ANY = 1

C04. Please indicate whether the following subject areas are part of your typical interdisciplinary teaching team for each grade level by checking the box if the subject matter is typically part of the teams at that corresponding grade level.

<i>Check all that apply on each row</i>	All grades	Grade 6	Grade 7	Grade 8
a. English/Language arts	<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"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies/civics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health	<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"/>
g. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Technology/computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical education (P.E.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEACHING TEAMS" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary teaching team** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE POPULATE RESPONSE COLUMNS BASED ON ANSWERS TO C01 TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE INTERDISCIPLINARY TEAM TEACHING.

IF C01a=1 INSERT "Grade 6" column.

IF C01b=1 INSERT "Grade 7" column.

IF C01c=1 INSERT "Grade 8" column.

PLEASE NOTE, IF "ALL GRADES" IS CHECKED, THEN EACH OF THE BOXES FOR THAT ROW SHOULD AUTOMATICALLY BE CHECKED AS WELL. IF "ALL GRADES" IS CHECKED BUT THEN A BOX ON THE SAME ROW IS "UNCHECKED", THE "ALL GRADES" BOX SHOULD BE AUTOMATICALLY UNCHECKED.

C04L_any = 1 (checked)

C04LOS. What Other subject areas are part of your typical interdisciplinary teaching team for {C04L = checked} grade at your school?

PROGRAMMER NOTE

PLEASE AUTOFILL BASED ON RESPONSE TO C04L.

C01a-c ANY = 1

C05. On average, how much common planning time is regularly scheduled each week for interdisciplinary teaching teams at the following grade levels? Your best estimate is fine.

<i>Select one answer for each row</i>	Average common planning time per week	Don't know
a. Grade 6	Please select...	<input type="checkbox"/>
b. Grade 7	Please select...	<input type="checkbox"/>
c. Grade 8	Please select...	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEACHING TEAMS" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary teaching teams** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO C01 TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE INTERDISCIPLINARY TEAM TEACHING.

IF C01a=1 INSERT "Grade 6" row.

IF C01b=1 INSERT "Grade 7" row.

IF C01c=1 INSERT "Grade 8" row.

PLEASE PROGRAM DROPDOWN BOX TO HAVE THE DEFAULT AS "PLEASE SELECT..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. None
2. Less than 30 minutes
3. 30-60 minutes
4. 61-120 minutes
5. 121-180 minutes
6. More than 180 minutes

PLEASE PROGRAM SO RESPONDENT CAN EITHER SELECT FROM DROPDOWN OR CHECK THE "DON'T KNOW" BOX, BUT NOT BOTH ANSWERS. IF THE RESPONDENT SELECTS AND ANSWER AND CHECKS THE BOX, THE FOLLOWING WARNING SHOULD POP-UP:

You selected an amount of time and checked “Don’t know”. Please only choose one. If you are unsure of the exact amount of time, your best estimate if fine.

C05a-c ANY > 1

C06. In a typical common planning time period for an interdisciplinary teaching team, how often do you estimate teachers engage in the following activities? Your best estimate is fine.

Select one answer for each row	Never	Rarely	Sometimes	Often	Very often
a. Teachers collaboratively develop or revise curriculum.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Teachers work collaboratively to coordinate and/or develop assignments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Teachers work collaboratively to coordinate and/or develop assessments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Teachers discuss individual students (e.g., issues accomplishments, problems).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Teachers discuss activities related to parent involvement or communicate with parents.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Teachers decide common themes and related topics for instruction.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Teachers arrange assemblies, trips, or other team activities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Teachers work on their own lessons, tests, grades, etc.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Other (<i>Please specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT “INTERDISCIPLINARY TEACHING TEAM” A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary teaching teams** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

PLEASE MAKE THE ROW TEXT "OTHER (PLEASE SPECIFY)" A HYPERLINK TO THE BELOW HELP TEXT:

If there is an Other activity that your interdisciplinary teaching team typically engages in, please indicate how often they engage in it here, and in the next question you will be asked to describe that Other activity.

C06I >= 1

C06OS. What Other activity does your interdisciplinary teaching team typically engage in during its common planning time periods?

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEACHING TEAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary teaching teams** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

C01a-f ANY = 1

C07. Please indicate the extent to which you agree or disagree with each of the following statements regarding the interdisciplinary teaching teams at your school.

<i>Select one answer for each row</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. Teachers are sufficiently trained in the team approach	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Teachers identify with the team	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Teachers collaborate and provide professional support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Teachers use integrated curriculum across subjects	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. The school schedule has flexibility to regroup students or vary time for different subjects	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Students identify with the team	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Individual student problems are recognized quickly	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "INTERDISCIPLINARY TEACHING TEAM TEACHING" A HYPERLINK TO THE BELOW HELP TEXT:

By **interdisciplinary teaching teams** we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.

ALL

C08. Please indicate whether the following programs or practices have never been used, are currently used, are not currently used but have been in the past, or are not currently being used but will likely be implemented in the near future at your school.

<i>Select one answer for each row</i>	Never been used	Currently used	Used in the past	Use in the future
a. Minimum competency tests for promotion to next grade	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Common academic curriculum for all students in the same grade	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Classes organized for cooperative learning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Exploratory mini-courses for all students in all grades	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Students from more than one grade level assigned together to the same academic classes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Teachers send information and ideas to parents on how to help their children with homework and skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Extracurricular activities for all students	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Schools-within-a-school with their own administrative staffs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ALL

C09. The following questions are about math courses at your school.
Which of the following math courses are offered by your school?

Select one answer for each row	Yes, offered in a traditional classroom setting	Yes, offered at a neighboring school	Yes, offered virtually	No, the course is not offered
<i>Grade 6</i>				
a. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. General math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Honors math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<i>Grade 7</i>				
d. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. General math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Honors math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<i>Grade 8</i>				
g. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. General math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Honors math	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<i>Other math</i>				
j. Introduction to Algebra/Pre-algebra	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Algebra 1, part 1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Algebra 1, part 2	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Algebra I	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Algebra II	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Geometry	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Trigonometry	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. Pre-calculus	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. Calculus	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. Other (<i>Please specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

PROGRAMMER NOTE

PLEASE NOTE: TABLE SHOULD BE POPULATED BASED ON GRADE-LEVEL RESPONSES TO I01D, AND GRADE 6 APPEAR IF I01D = 8, GRADE 7 APPEAR IF I01D = 9, AND GRADE 8 APPEAR IF I01D = 10. ROW P-R MAY ALSO BE LIMITED TO SCHOOLS THAT I01D >=10.

C09q = 1

C09OS. Please describe the other math course offered by your school.

ALL

C10. Are there enough slots available for the following course or courses so that students who have the necessary prerequisites and interest can enroll?

Select one answer for each row

	Yes	No
<i>Grade 6</i>		
a. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>
b. General math	1 <input type="radio"/>	2 <input type="radio"/>
c. Honors math	1 <input type="radio"/>	2 <input type="radio"/>
<i>Grade 7</i>		
d. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>
e. General math	1 <input type="radio"/>	2 <input type="radio"/>
f. Honors math	1 <input type="radio"/>	2 <input type="radio"/>
<i>Grade 8</i>		
g. Remedial math	1 <input type="radio"/>	2 <input type="radio"/>
h. General math	1 <input type="radio"/>	2 <input type="radio"/>
i. Honors math	1 <input type="radio"/>	2 <input type="radio"/>
<i>Other math</i>		
j. Introduction to Algebra/Pre-algebra	1 <input type="radio"/>	2 <input type="radio"/>
k. Algebra 1, part 1	1 <input type="radio"/>	2 <input type="radio"/>
l. Algebra 1, part 2	1 <input type="radio"/>	2 <input type="radio"/>
m. Algebra I	1 <input type="radio"/>	2 <input type="radio"/>
n. Algebra II	1 <input type="radio"/>	2 <input type="radio"/>
o. Geometry	1 <input type="radio"/>	2 <input type="radio"/>
p. Trigonometry	1 <input type="radio"/>	2 <input type="radio"/>
q. Pre-calculus	1 <input type="radio"/>	2 <input type="radio"/>
r. Calculus	1 <input type="radio"/>	2 <input type="radio"/>
s. Other (<i>Please specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>

PROGRAMMER NOTE

PLEASE NOTE: TABLE SHOULD BE POPULATED BASED ON RESPONSES TO C09. IF C09A-Q = 1, THEN ROW SHOULD APPEAR IN THIS TABLE, OTHERWISE ROW SHOULD BE REMOVED.

PLEASE NOTE: DESPITE SUBSELECTION OF ROWS FROM C09 TABLE, ALL LETTERING SHOULD REMAIN THE SAME, RATHER THAN BEING ADJUSTED TO REFLECT THE SUBSET OF MATH COURSES THAT MAY HAVE BEEN SELECTED.

PLEASE POPULATE Q WITH TEXT FROM C09OS.

I01d = 9

C11. Please estimate the percentage of 7th grade students repeating the level of mathematics they took in 6th grade.

If your school uses a semester or block course system, please indicate the percentage of 7th grade students repeating the last course section they took in 6th grade.

- Less than 1%.....1
- 1%-5%.....2
- 6%-10%.....3
- 11%-25%.....4
- More than 25%.....5
- Students are not grouped by ability.....6
- Do not know.....7

I01d = 10

C12. Please estimate the percentage of 8th grade students repeating the level of mathematics they took in 7th grade.

If your school uses a semester or block course system, please indicate the percentage of 8th grade students repeating the last course section they took in 7th grade.

- Less than 1%.....1
- 1%-5%.....2
- 6%-10%.....3
- 11%-25%.....4
- More than 25%.....5
- Students are not grouped by ability.....6

- Do not know.....7

I01d = 9

C13. Please estimate the percentage of students demoted to a previous level in mathematics between 6th and 7th grade.

- Less than 1%.....1
- 1%-5%.....2
- 6%-10%.....3
- 11%-25%.....4
- More than 25%.....5
- Students are not grouped by ability.....6
- Do not know.....7

I01d = 10

C14. Please estimate the percentage of students demoted to a previous level in mathematics between 7th and 8th grade.

- Less than 1%.....1
- 1%-5%.....2
- 6%-10%.....3
- 11%-25%.....4
- More than 25%.....5
- Students are not grouped by ability.....6
- Do not know.....7

I01d = 9

C15a. Thinking about students who are performing below grade level in math, what is the sequence of courses they would take starting in 6th grade?

6 th grade	7 th grade	8 th grade	9 th grade
Select course...	Select course...	Select course...	Select course...

PROGRAMMER NOTE

“SELECT COURSE...” IS A DROPDOWN MENU THAT WILL LIST ALL MATHEMATICS COURSES OFFERED BY THE SCHOOL AND ALL COURSES UNDER “OTHER MATH” CATEGORY INCLUDING RESPONDENT SPECIFIED COURSES. IN ADDITION THE OPTION “NOT SURE” SHOULD BE ADDED AT THE END OF THE LIST

I01d = 9

C15b. Thinking about students who are performing at grade level in math, what is the sequence of courses they would take starting in 6th grade?

6 th grade	7 th grade	8 th grade	9 th grade
Select course...	Select course...	Select course...	Select course...

PROGRAMMER NOTE

“SELECT COURSE...” IS A DROPDOWN MENU THAT WILL LIST ALL MATHEMATICS COURSES OFFERED BY THE SCHOOL AND ALL COURSES UNDER “OTHER MATH” CATEGORY INCLUDING RESPONDENT SPECIFIED COURSES. IN ADDITION THE OPTION “NOT SURE” SHOULD BE ADDED AT THE END OF THE LIST

I01d = 9

C15c. Thinking about students who are performing above grade level in math, what is the sequence of courses they would take starting in 6th grade?

6 th grade	7 th grade	8 th grade	9 th grade
Select course...	Select course...	Select course...	Select course...

PROGRAMMER NOTE

“SELECT COURSE...” IS A DROPDOWN MENU THAT WILL LIST ALL MATHEMATICS COURSES OFFERED BY THE SCHOOL AND ALL COURSES UNDER “OTHER MATH” CATEGORY INCLUDING RESPONDENT SPECIFIED COURSES. IN ADDITION THE OPTION “NOT SURE” SHOULD BE ADDED AT THE END OF THE LIST

I01d = 9

C16a. Is there any other sequence of courses that is taken by 6th graders?

- Yes.....1 C16b
- No.....0 C17

C16 = 1

C16b. What is the additional sequence of courses some students would take starting in 6th grade?

6 th grade	7 th grade	8 th grade	9 th grade
Select course...	Select course...	Select course...	Select course...

PROGRAMMER NOTE

“SELECT COURSE...” IS A DROPDOWN MENU THAT WILL LIST ALL MATHEMATICS COURSES OFFERED BY THE SCHOOL AND ALL COURSES UNDER “OTHER MATH” CATEGORY INCLUDING RESPONDENT SPECIFIED COURSES. IN ADDITION THE OPTION “NOT SURE” SHOULD BE ADDED AT THE END OF THE LIST

ALL

The next questions are about courses other than math at your school.

I01d = 8

C17. Approximately what percentage of your 6th grade students are in each of the following instructional programs?

	Percentage of 6 th grade students	Instructional program <u>not</u> available at this grade
a. Reading instruction for students performing below grade level in reading	<input type="text"/> percent	<input type="checkbox"/>

	Percentage of 6th grade students	Instructional program not available at this grade
b. Additional instruction for students performing below grade level in other areas of English language arts	<input type="text"/> percent	<input type="checkbox"/>
c. Instruction for students performing below grade level in mathematics	<input type="text"/> percent	<input type="checkbox"/>
d. Gifted and talented or International Baccalaureate® (IB)	<input type="text"/> percent	<input type="checkbox"/>

I01d = 9

C18. Approximately what percentage of your 7th grade students are in each of the following instructional programs?

	Percentage of 7th grade students	Instructional program not available at this grade
a. Reading instruction for students performing below grade level in reading	<input type="text"/> percent	<input type="checkbox"/>
b. Additional instruction for students performing below grade level in other areas of English language arts	<input type="text"/> percent	<input type="checkbox"/>
c. Instruction for students performing below grade level in mathematics	<input type="text"/> percent	<input type="checkbox"/>
d. Gifted and talented or International Baccalaureate® (IB)	<input type="text"/> percent	<input type="checkbox"/>

I01d = 10

C19. Approximately what percentage of your 8th grade students are in each of the following instructional programs?

	Percentage of 8 th grade students	Instructional program <u>not</u> available at this grade
a. Reading instruction for students performing below grade level in reading	<input type="text"/> percent	<input type="checkbox"/>
b. Additional instruction for students performing below grade level in other areas of English language arts	<input type="text"/> percent	<input type="checkbox"/>
c. Instruction for students performing below grade level in mathematics	<input type="text"/> percent	<input type="checkbox"/>
d. Gifted and talented or International Baccalaureate® (IB)	<input type="text"/> percent	<input type="checkbox"/>

ALL

The next questions are about assisting students in the transition from one grade to the next.

C20. Does your school organize the transition from {AF1: 5th/6th/7th} grade to {AF2: 6th/7th/8th} grade in any of the following ways?

Select all that apply

- No transition—{AF1} grade seamlessly continues directly from {AF2} grade.....1
.....C21
- No special activities until students enter {AF2} grade.....2
.....C21
- {AF2} grade students share information with the {AF1} grade students.....3
.....C21
- {AF1} grade students visit an assembly of {AF2} grade students.....4
.....C21
- {AF1} grade students attend regular {AF2} grade courses.....5
.....C21
- Buddy programs that pair new students with an older student in the fall.....6
.....C21

<input type="checkbox"/> Parents visit the school or {AF2} grade section while students are still in {AF1} grade.....	7	C21
<input type="checkbox"/> Parents can attend an orientation in the fall after students start {AF2} grade.....	8	C21
<input type="checkbox"/> Meeting for {AF1} grade students during the summer prior to beginning the {AF2} grade.....	9	C21
<input type="checkbox"/> {AF2} grade and {AF2} grade teachers meet together on courses and requirements.....	10	C21
<input type="checkbox"/> {AF2} grade and {AF1} grade administrators meet together on articulation and programs.....	11	C21
<input type="checkbox"/> {AF1} grade counselors meet with {AF2} grade counselors or staff.....	12	C21
<input type="checkbox"/> {AF2} grade counselors meet with students while they are still in {AF1} grade.....	13	C21
<input type="checkbox"/> {AF2} grade counselors meet with individual {AF1} grade students and assist them with selecting {AF2} grade courses while they are still in {AF1} grade.....	14	C21
<input type="checkbox"/> {AF1} grade counselors present information to {AF1} grade students' parents or guardians about {AF2} grade courses and registration.....	15	C21
<input type="checkbox"/> {AF1} grade counselors place {AF1} grade students into {AF2} grade courses based on school or district placement policies.....	16	C21
<input type="checkbox"/> {AF1} grade counselors present information to {AF1} grade students about {AF2} grade courses and registration.....	17	C21
<input type="checkbox"/> Other (<i>Please specify</i>).....	99	C200S

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF1) IN THE QUESTION STEM IS SELECTED BY LOWEST GRADE LEVEL OFFERED BY SCHOOL OF THE THREE GRADE LEVELS PROVIDED IN THE FILL. SECOND AUTOFILL (AF2) IN THE QUESTION STEM IS DETERMINED AS THE VALUE FROM FIRST AUTOFILL PLUS 1 (E.G., IF LOWEST GRADE OFFERED BY SCHOOL OF THE THREE GRADES LISTED FOR THE FIRST AUTOFILL IS 7TH GRADE, THEN FIRST AUTOFILL IS "7TH" AND THE SECOND AUTOFILL IS "8TH").

PLEASE NOTE: ONCE AF1 AND AF2 ARE DETERMINED FOR THE QUESTION STEM, THOSE VALUES SHOULD BE USED FOR EACH SUBSEQUENT OCCURRENCE OF {AF1} AND {AF2} APPEAR IN THE TEXT OF THE ITEM.

PLEASE MAKE THE RESPONSE OPTION TEXT "COUNSELOR" A HYPERLINK TO

THE BELOW HELP TEXT:

A **counselor** is an educator who works in schools to provide academic, career, college readiness, and personal/social competencies to all students through a school counseling program.

C20 = 99

C20OS. Please describe the Other ways in which your school organizes the transition from {AF1} grade to {AF2} grade.

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF1) AND SECOND AUTOFILL (AF2) ARE SAME AS C20.

ALL

C21. Does your school provide additional assistance with the transition from {AF1} grade to {AF2} grade for students with disabilities?

- Yes.....1 C21OS
- No.....0 C22

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF1) AND SECOND AUTOFILL (AF2) ARE SAME AS C20.

C21 = 1

C21OS. Please describe the additional assistance your school provides with the transition from {AF1} grade to {AF2} grade for students with disabilities.

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF1) AND SECOND AUTOFILL (AF2) ARE SAME AS C20.

ALL

C22. Does your school organize the transition from {AF3: 6th/7th/8th} grade to {AF4: 7th/8th/9th} grade in any of the following ways?

Select all that apply

- No transition—{AF3} grade seamlessly continues directly from {AF4} grade.....1 C23
- No special activities until students enter {AF4} grade.....2 C23
- {AF4} grade students share information with the {AF3} grade students.....3 C23
- {AF3} grade students visit an assembly of {AF4} grade students.....4 C23
- {AF3} grade students attend regular {AF4} grade courses.....5 C23
- Buddy programs that pair new students with an older student in the fall.....6 C23
- Parents visit the school or {AF4} grade section while students are still in {AF3} grade....7 C23
- Parents can attend an orientation in the fall after students start {AF4} grade.....8 C23
- Meeting for {AF3} grade students during the summer prior to beginning the {AF4} grade 9
.....C23
- {AF4} grade and {AF4} grade teachers meet together on courses and requirements.....10 C23
- {AF4} grade and {AF3} grade administrators meet together on articulation and programs 11
.....C23
- {AF3} grade counselors meet with {AF4} grade counselors or staff.....12 C23
- {AF4} grade counselors meet with students while they are still in {AF3} grade.....13 C23
- {AF4} grade counselors meet with individual {AF3} grade students and assist them with selecting {AF4} grade courses while they are still in {AF3} grade.....14 C23
- {AF3} grade counselors present information to {AF3} grade students' parents or guardians about {AF4} grade courses and registration.....15 C23
- {AF3} grade counselors place {AF3} grade students into {AF4} grade courses based on school or district placement policies.....16 C23
- {AF3} grade counselors present information to {AF3} grade students about {AF4} grade courses and registration.....17 C23

Other (Please specify).....99 C22OS

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF3) IN THE QUESTION STEM IS SELECTED BY LOWEST GRADE LEVEL OFFERED BY SCHOOL OF THE THREE GRADE LEVELS PROVIDED IN THE FILL. SECOND AUTOFILL (AF4) IN THE QUESTION STEM IS DETERMINED AS THE VALUE FROM FIRST AUTOFILL PLUS 1 (E.G., IF LOWEST GRADE OFFERED BY SCHOOL OF THE THREE GRADES LISTED FOR THE FIRST AUTOFILL IS 7TH GRADE, THEN FIRST AUTOFILL IS "7TH" AND THE SECOND AUTOFILL IS "8TH").

PLEASE NOTE: ONCE AF3 AND AF4 ARE DETERMINED FOR THE QUESTION STEM, THOSE VALUES SHOULD BE USED FOR EACH SUBSEQUENT OCCURRENCE OF {AF3} AND {AF4} APPEAR IN THE TEXT OF THE ITEM.

PLEASE MAKE THE RESPONSE OPTION TEXT "COUNSELOR" A HYPERLINK TO THE BELOW HELP TEXT:

A **counselor** is an educator who works in schools to provide academic, career, college readiness, and personal/social competencies to all students through a school counseling program.

C22 = 99

C22OS. Please describe the Other ways in which your school organizes the transition from {AF3} grade to {AF4} grade.

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF3) AND SECOND AUTOFILL (AF4) ARE SAME AS C22.

ALL

C23. Does your school provide additional assistance with the transition from {AF3} grade to {AF4} grade for students with disabilities?

- Yes.....1 C23OS
 No.....0 C24

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF3) AND SECOND AUTOFILL (AF4) ARE SAME AS C22.

C23 = 1

C23OS. Please describe the additional assistance your school provides with the transition from {AF3} grade to {AF4} grade for students with disabilities.

PROGRAMMER NOTE

PLEASE NOTE: FIRST AUTOFILL (AF3) AND SECOND AUTOFILL (AF4) ARE SAME AS C22.

ALL

C24. Does your school have an advisory program in the following grades?

Select one answer for each row

	Yes	No
a. Grade 6	1 <input type="radio"/>	2 <input type="radio"/>
b. Grade 7	1 <input type="radio"/>	2 <input type="radio"/>
c. Grade 8	1 <input type="radio"/>	2 <input type="radio"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "ADVISORY PROGRAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **advisory program** we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, school-wide

communication, or home-school-community relations.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO I01D TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL.

IF I01d=8 INSERT "Grade 6" row.
 IF I01d=9 INSERT "Grade 7" row.
 IF I01d=10 INSERT "Grade 8" row.

IF C24A-F ALL = 2 (I.E., ADVISORY PROGRAM IS NOT USED IN ANY OF THE MIDDLE GRADES OFFERED BY THE SCHOOL), SKIP RESPONDENT TO CXX.

C24a-f ANY = 1

C25. Which of the following best describes the way your school schedules time for the {C24a-c} grade advisory program?

- We have a separate class period for advising.....1 C26
- Advising is part of our homeroom period.....2 C26
- We integrate advisory activities within our teams and/or classrooms.....3 C26
- Other (*Please specify*).....99 C25OS

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "ADVISORY PROGRAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **advisory program** we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, school-wide communication, or home-school-community relations.

PLEASE POPULATE {C24A-F} AUTOFILL TO REFLECT THE GRADE LEVELS IN WHICH AN ADVISORY PROGRAM IS OFFERED.

IF C24a=1 INSERT "6th".
 IF C24b=1 INSERT "7th".
 IF C24c=1 INSERT "8th".

PLEASE NOTE, QUESTION MAY REPEAT ITSELF UP TO 6 TIMES DEPENDING ON THE NUMBER OF GRADES REPORTED HAVING AN ADVISORY PROGRAM

C25 = 99

C25OS. Please describe the Other way your school schedules time for the {C24a-c} grade advisory program.

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "ADVISORY PROGRAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **advisory program** we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, school-wide communication, or home-school-community relations.

PLEASE POPULATE {C24A-C} AUTOFILL TO REFLECT THE GRADE LEVELS IN WHICH AN ADVISORY PROGRAM IS OFFERED.

IF C24a=1 INSERT "6th".

IF C24b=1 INSERT "7th".

IF C24c=1 INSERT "8th".

PLEASE NOTE, QUESTION MAY REPEAT ITSELF UP TO 3 TIMES DEPENDING ON THE NUMBER OF GRADES REPORTED HAVING AN OTHER ADVISORY PROGRAM

C24a-c ANY = 1

C26. When did your school begin using an advisory program in the middle grades?

<i>Select one answer for each row</i>	School-year started using advisory program	Don't know
a. Grade 6	Select school year...	<input type="checkbox"/>
b. Grade 7	Select school year...	<input type="checkbox"/>
c. Grade 8	Select school year...	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "ADVISORY PROGRAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **advisory program** we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, school-wide communication, or home-school-community relations.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO C24A-C TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE ADVISORY PROGRAM.

IF C24a=1 INSERT "Grade 6" row.

IF C24b=1 INSERT "Grade 7" row.

IF C24c=1 INSERT "Grade 8" row.

PLEASE PROGRAM DROPDOWN BOX TO HAVE THE DEFAULT AS "SELECT SCHOOL YEAR..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. Before 2010-11
2. 2011-12
3. 2012-13
4. 2013-14
5. 2014-15
6. 2015-16
7. 2016-17
8. Current school year

PLEASE PROGRAM SO RESPONDENT CAN EITHER SELECT FROM DROPDOWN OR CHECK THE "DON'T KNOW" BOX, BUT NOT BOTH ANSWERS. IF THE RESPONDENT SELECTS AN ANSWER AND CHECKS THE BOX, THE FOLLOWING WARNING SHOULD POP-UP:

You selected a school year and checked "Don't know". Please only choose one. If you are unsure of the exact school year, your best estimate if fine.

C24a-c ANY = 1

C27. On average, how much time do teachers regularly meet with students for advising? Your best estimate is fine.

<i>Select one answer for each row</i>	Average advising time per week	Don't know
a. Grade 6	Please select...	<input type="checkbox"/>
b. Grade 7	Please select...	<input type="checkbox"/>
c. Grade 8	Please select...	<input type="checkbox"/>

PROGRAMMER BOX

PLEASE MAKE THE QUESTION TEXT "ADVISORY PROGRAM" A HYPERLINK TO THE BELOW HELP TEXT:

By **advisory program** we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, school-wide communication, or home-school-community relations.

PLEASE POPULATE RESPONSE ROWS BASED ON ANSWERS TO C24A-F TO REFLECT THE MIDDLE LEVEL GRADES OFFERED BY THE SCHOOL THAT USE ADVISORY PROGRAM.

IF C24a=1 INSERT "Grade 6" row.

IF C24b=1 INSERT "Grade 7" row.

IF C24c=1 INSERT "Grade 8" row.

PLEASE PROGRAM DROPDOWN BOX TO HAVE THE DEFAULT AS "PLEASE SELECT..." WITH THE FOLLOWING OPTIONS (NOTE, DO NOT INCLUDE "1." THESE ARE JUST FOR CLASSIFICATION PURPOSES):

1. None
2. Less than 30 minutes
3. 30-60 minutes
4. 61-120 minutes
5. 121-180 minutes
6. More than 180 minutes

PLEASE PROGRAM SO RESPONDENT CAN EITHER SELECT FROM DROPDOWN OR CHECK THE "DON'T KNOW" BOX, BUT NOT BOTH ANSWERS. IF THE RESPONDENT SELECTS AN ANSWER AND CHECKS THE BOX, THE FOLLOWING WARNING SHOULD POP-UP:

You selected an amount of time and checked "Don't know". Please only choose one. If you are unsure of the exact amount of time, your best estimate if fine.

ALL

The next questions are about health instruction at your school.

C28. Are students offered instruction on...

Select one answer for each row

	Yes	No
a. Nutrition and dietary behavior?	1 <input type="radio"/>	2 <input type="radio"/>
b. Physical activity and fitness that is classroom instruction, not a physical education period?	1 <input type="radio"/>	2 <input type="radio"/>

Select one answer for each row

	Yes	No
c. Alcohol or other drug use prevention?	1 <input type="radio"/>	2 <input type="radio"/>
d. Tobacco use prevention?	1 <input type="radio"/>	2 <input type="radio"/>
e. HIV (human immunodeficiency virus) prevention?	1 <input type="radio"/>	2 <input type="radio"/>
f. STD (sexually transmitted disease) prevention?	1 <input type="radio"/>	2 <input type="radio"/>
g. Sexual health education?	1 <input type="radio"/>	2 <input type="radio"/>

ALL

D. SCHOOL ENVIRONMENT

The following questions are about problems you may experience at your school.

D01. To what degree is each of the following a problem at your school?

Select one answer for each row	Not a problem	Minor problem	Moderate problem	Serious problem
a. School tardiness	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. School absenteeism	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Student class cutting	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Teacher absenteeism	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Students dropping out	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Student apathy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Lack of parental involvement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Students coming to school unprepared to learn	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Poor student health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lack of resources and materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Student mobility	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ALL

D02. To the best of your knowledge, how often did the following types of problems occur in your school in the last month?

Select one answer for each row	Never	Rarely	Sometimes	Often	Very often
a. Conflicts resulting from student racial/ethnic tensions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Student bullying	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Student sexual harassment of other students	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Student harassment of other students based on sexual orientation or gender identity	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Widespread disorder in classrooms	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Students yelling and screaming at teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Student acts of disrespect for teachers other than verbal abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Gang activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Cult or extremist group activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

PROGRAMMER NOTE

PLEASE MAKE THE RESPONSE OPTION TEXT "SEXUAL ORIENTATION OR GENDER IDENTITY" A HYPERLINK TO THE BELOW HELP TEXT:

By **sexual orientation or gender identity** we mean, for example, harassment toward students who might be lesbian, gay, bisexual, transgender, and/or questioning.

ALL

The next questions are about school-level security at your school.

D03. During this school year, is it a practice of your school to do the following?

If your school changed its practices during the school year, please answer regarding your most recent practice.

Select one answer for each row

	Yes	No
a. Require visitors to sign or check in	1 <input type="radio"/>	2 <input type="radio"/>
b. Control access to school buildings during school hours	1 <input type="radio"/>	2 <input type="radio"/>
c. Control access to school grounds during school hours	1 <input type="radio"/>	2 <input type="radio"/>
d. Require students to pass through metal detectors each day	1 <input type="radio"/>	2 <input type="radio"/>
e. Require students to wear uniforms	1 <input type="radio"/>	2 <input type="radio"/>
f. Enforce a strict dress code	1 <input type="radio"/>	2 <input type="radio"/>
g. Perform one or more random sweeps for contraband, including dog sniffs	1 <input type="radio"/>	2 <input type="radio"/>
h. Provide school lockers to students	1 <input type="radio"/>	2 <input type="radio"/>
i. Require clear book bags or ban book bags on school grounds	1 <input type="radio"/>	2 <input type="radio"/>
j. Require students to wear badges or picture IDs	1 <input type="radio"/>	2 <input type="radio"/>
k. Require faculty and staff to wear badges or picture IDs	1 <input type="radio"/>	2 <input type="radio"/>
l. Use one or more security cameras to monitor the school	1 <input type="radio"/>	2 <input type="radio"/>
m. Limit access to social networking websites from school computers	1 <input type="radio"/>	2 <input type="radio"/>
n. Prohibit use of cell phones, smart phones, and text messaging devices during school hours	1 <input type="radio"/>	2 <input type="radio"/>

PROGRAMMER NOTE

PLEASE MAKE THE RESPONSE OPTION TEXT "CONTROL ACCESS TO SCHOOL BUILDINGS" A HYPERLINK TO THE BELOW HELP TEXT:

By **control access to school buildings** we mean, for example, having locked or monitored doors.

PLEASE MAKE THE RESPONSE OPTION TEXT "CONTROL ACCESS TO SCHOOL GROUNDS" A HYPERLINK TO THE BELOW HELP TEXT:

By **control access to school grounds** we mean, for example, having locked or monitored gates.

PLEASE MAKE THE RESPONSE OPTION TEXT "CONTRABAND" A HYPERLINK TO THE BELOW HELP TEXT:

By **contraband** we mean, for example, drugs or weapons.

PLEASE MAKE THE RESPONSE OPTION TEXT "SOCIAL NETWORKING WEBSITES" A HYPERLINK TO THE BELOW HELP TEXT:

By **social networking websites** we mean, for example, Facebook or Twitter.

ALL

D04. During this school year, have you had any security guards, security personnel, or sworn law enforcement officers present at your school at least once a week?

- Yes.....1 D05
- No.....0 D09

PROGRAMMER NOTE

PLEASE LIMIT THE TEXT BOX TO ACCEPT NUMERIC RESPONSES ONLY, WITH THE EXCEPTION OF THE USE OF THE PERIOD SYMBOL (".").

PLEASE MAKE THE ROW TEXT "SECURITY GUARD OR SECURITY PERSONNEL" A HYPERLINK TO THE BELOW HELP TEXT:

Security guard or security personnel are not official law enforcement.

PLEASE MAKE THE ROW TEXT "SCHOOL RESOURCE OFFICER" A HYPERLINK TO THE BELOW HELP TEXT:

For **school resource officer** please include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations.

PLEASE MAKE THE ROW TEXT "SWORN LAW ENFORCEMENT OFFICER" A HYPERLINK TO THE BELOW HELP TEXT:

For **sworn law enforcement officer** please include sworn law enforcement officers who are not school resource officers.

D04 = 1

D05. Are these security guards, security personnel, or sworn law enforcement officers used at least once a week in or around your school at the following times?

Select all that apply

- At any time during school hours.....1 D06
- While students are arriving or leaving.....2 D06
- At selected school activities.....3 D06
- When school is out/school activities is not occurring.....4 D06

PROGRAMMER NOTE

PLEASE MAKE THE RESPONSE OPTION TEXT "SCHOOL ACTIVITIES" A HYPERLINK TO THE BELOW HELP TEXT:

By **school activities** we mean, for example, athletic and social events, open houses, or science fairs.

D04 = 1

D06-D08. How many full-time equivalent (FTE) of the following personnel are present in your school during a typical week?

	Number of full-time equivalent (FTE)	
a. Security guard or security personnel	<input type="text"/>	FTE
b. School resource officer	<input type="text"/>	FTE
c. Sworn law enforcement officer	<input type="text"/>	FTE

PROGRAMMER NOTE

PLEASE LIMIT THE TEXT BOX TO ACCEPT NUMERIC RESPONSES ONLY, WITH THE EXCEPTION OF THE USE OF THE PERIOD SYMBOL (".").

PLEASE MAKE THE ROW TEXT "SECURITY GUARD OR SECURITY PERSONNEL" A HYPERLINK TO THE BELOW HELP TEXT:

Security guard or security personnel are not official law enforcement.

One full-time security guard or security personnel at your school should be counted as 1.0 full-time equivalent (FTE) and one part-time security guard or

security personnel should be counted as 0.5 full-time equivalent (FTE).

If a security guard or security personnel works full-time across multiple schools in the district, please count this person as “part-time” for your school (i.e., 0.5 FTE).

PLEASE MAKE THE ROW TEXT “SCHOOL RESOURCE OFFICER” A HYPERLINK TO THE BELOW HELP TEXT:

For **school resource officer** please include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations.

One full-time school resource officer at your school should be counted as 1.0 full-time equivalent (FTE) and one part-time school resource officer should be counted as 0.5 full-time equivalent (FTE).

If a school resource officer works full-time across multiple schools in the district, please count this person as “part-time” for your school (i.e., 0.5 FTE).

PLEASE MAKE THE ROW TEXT “SWORN LAW ENFORCEMENT OFFICER” A HYPERLINK TO THE BELOW HELP TEXT:

For **sworn law enforcement officer** please include sworn law enforcement officers who are not school resource officers.

One full-time sworn law enforcement officer at your school should be counted as 1.0 full-time equivalent (FTE) and one part-time sworn law enforcement officer should be counted as 0.5 full-time equivalent (FTE).

If a sworn law enforcement officer works full-time across multiple schools in the district, please count this person as “part-time” for your school (i.e., 0.5 FTE).

ALL

The following questions are about the community around your school.

D09a. How would you describe the crime level in the area(s) in which your students live?

- High level of crime.....1 D09b
- Moderate level of crime.....2 D09b
- Low level of crime.....3 D09b
- Students come from areas with very different levels of crime.....4 D09b

ALL

D09b. How would you describe the crime level in the area where your school is located?

- High level of crime.....1 E01
- Moderate level of crime.....2 E01
- Low level of crime.....3 E01

ALL

E. SCHOOL'S TEACHERS

The following questions are about teachers at your school.

E01. For each grade level, please indicate the number of full-time equivalent (FTE) teachers by subject area. Please give your best estimate.

Number of full time equivalent (FTE)

Grade 6

a. Mathematics

FTE

b. English/Language arts

FTE

c. Science

FTE

Grade 7

d. Mathematics

FTE

e. English/Language arts

FTE

f. Science

FTE

Grade 8

g. Mathematics

FTE

h. English/Language arts

FTE

i. Science

FTE

PROGRAMMER NOTE

PLEASE LIMIT THE TEXT BOX TO ACCEPT NUMERIC RESPONSES ONLY, WITH THE EXCEPTION OF THE USE OF THE PERIOD SYMBOL (“.”).

PROGRAMMER NOTE: GRADE LEVELS POPULATING THE TABLE DETERMINED BY RESPONSE TO I01D. ONLY POPULATE TABLE WITH GRADE LEVELS OFFERED BY THE SCHOOL.

IF I01d =8 INSERT “Grade 6” row.
IF I01d =9 INSERT “Grade 7” row.
IF I01d =10 INSERT “Grade 8” row.

PLEASE MAKE THE QUESTION TEXT “FULL-TIME EQUIVALENT (FTE)” A HYPERLINK TO THE BELOW HELP TEXT:

A full-time teacher at your school should be counted as 1.0 **full-time equivalent (FTE)** and a part-time teacher should be counted as 0.5 FTE.

If a teacher works full-time in your school, but divides his or her time between subject areas or across grades, consider that teacher as part-time in each subject area or grade.

ALL

E02. Thinking of all the subjects offered in your school, how many classroom teachers are currently working at your school? Your best estimate is fine.

Please include full-time and part-time teachers, and only include onsite teachers.

Please exclude staff who work at the school but are not classroom teachers, or classroom teachers that do not teach onsite (e.g., online course instructors).

Classroom teachers

PROGRAMMER NOTE
PLEASE LIMIT THE TEXT BOX TO ACCEPT NUMERIC RESPONSES ONLY

ALL

E03. How many classroom teachers in your school have the following certifications? Your best estimate is fine.
Please include provisionally certified teachers in your counts.

	Number of classroom teachers
a. Elementary certification	<input type="text"/>
b. Secondary subject-matter certification	<input type="text"/>
c. Middle grades endorsement	<input type="text"/>
d. Specific middle grades certification	<input type="text"/>
e. Special education certification	<input type="text"/>

PROGRAMMER NOTE
PLEASE LIMIT THE TEXT BOX TO ACCEPT NUMERIC RESPONSES ONLY.

PLEASE MAKE THE ROW TEXT "MIDDLE GRADES ENDORSEMENT" A HYPERLINK TO THE BELOW HELP TEXT:
By **middle grades endorsement** we mean an add on to elementary or secondary certification.

PLEASE MAKE THE ROW TEXT "SPECIFIC MIDDLE GRADES CERTIFICATION" A HYPERLINK TO THE BELOW HELP TEXT:
By **specific middle grades certification** we mean a certification separate from elementary or secondary.

ALL

The following questions ask about teacher preparedness to teach specific subjects.

E04. To what extent do you agree with the following statements?

<i>Select one answer for each row</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Subject not taught at this school
a. English/Language arts teachers at your school are adequately prepared to teach English/Language arts.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. General mathematics teachers at your school are adequately prepared to teach general mathematics.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Algebra teachers at your school are adequately prepared to teach Algebra.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Algebra II teachers at your school are adequately prepared to teach Algebra II.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

ALL

The next questions ask about teacher preparedness to assist students who are experiencing difficulties in specific subjects.

E05. To what extent do you agree with the following statement?

<i>Select one answer for each row</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Subject not taught at this school
a. General mathematics teachers at your school are adequately prepared to assist students who are experiencing difficulties in general mathematics.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Algebra teachers at your school are adequately prepared to assist students who are experiencing difficulties in Algebra.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Algebra II teachers at your school are adequately prepared to assist students who are experiencing difficulties in Algebra II.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

ALL

F. SCHOOL ADMINISTRATOR BACKGROUND

The next set of questions are about your background and experience.

F01. What is your sex?

Select the one that best describes you.

- Male.....1 F02
- Female.....2 F02
- NO RESPONSE.....M F02

SOFT CHECK: IF F01= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

ALL

F02. Are you Hispanic or Latino/Latina?

Select the one that best describes you.

- Yes.....1 F03
- No.....0 F03
- NO RESPONSE.....M F03

SOFT CHECK: IF F02= NO RESPONSE; Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.

PROGRAMMER BOX F02

HYPER LINK THE WORDS "Hispanic or Latino/Latina" FOR F02 QUESTION TEXT:

Hispanic or Latino/Latina: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

ALL

F03. Which of the following best describes your race?

Select all that apply

- White.....1 F04
- Black or African American.....2 F04
- Asian.....3 F04
- Native Hawaiian or other Pacific Islander.....4 F04
- American Indian or Alaska Native.....5 F04
- NO RESPONSE.....M F04

SOFT CHECK: IF F03= NO RESPONSE; **Please provide an answer to the question you missed and click “next” to move on. To skip the question, just click the “Next” button.**

PROGRAMMER BOX

HYPERLINK EACH OF THE RESPONSE OPTIONS OF AA05 WITH EACH HYPERLINK CONTAINING ONLY ITS CORRESPONDING DEFINITION:

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ALL

F04. What is the highest degree you have earned?

Select only one

- Associate's degree.....1 F05
- Bachelor's degree.....2 F05
- Master's degree.....3 F05
- Educational Specialist degree.....4 F05
- Ph.D.,Ed.D., M.D., law degree, or other high level professional degree.....5 F05
- You do not have a degree.....6 F06

SOFT CHECK: IF F03= NO RESPONSE; **Please provide an answer to the question you missed and click "next" to move on. To skip the question, just click the "Next" button.**

F04 NE 6

F05. What was your major or field of study for your {F04}?

PROGRAMMER NOTE

AUTOFILL FOR F05 BASED ON RESPONSE TO F04>=0 AND F04<=5. IF F05 = MISSING AUTOFILL SHOULD READ "HIGHEST DEGREE EARNED"

ALL

F06. What teaching certification(s) do you possess?

Select all that apply

- Middle grades certification.....1 F07
- Elementary certification.....2 F07
- Secondary subject-matter certification.....3 F07
- Special education certification.....4 F07
- Other (*Please specify*).....99 F06OS

PROGRAMMER BOX F06

HYPERLINK RESPONSE OPTION TEXT "MIDDLE GRADES" TO LINK TO THE FOLLOWING TEXT:

By **middle grades** we mean a certification that is separate from elementary or secondary certification.

F06 = 99

F06OS. Please describe the Other teaching certification you possess.

ALL

F07. Have you received any specialized training in the instructional and organizational needs of a middle school?

Select all that apply

- Pre-service coursework.....1 F08
- Certification coursework.....2 F08
- Professional development.....3 F08
- Master's degree.....4 F08
- Doctoral degree.....5 F08
- Other (*Please specify*).....99 F07OS

F07 = 99

F07OS. Please describe the Other specialized training in the instructional and organizational needs of a middle school that you have received.

ALL

F08. What other experiences in education have you had in the past?

Select all that apply

- Principal/school administrator of another elementary school.....1 F09

- Principal/school administrator of another middle school or junior high school.....2 F09
- Principal/school administrator of another high school.....3 F09
- Assistant principal.....4 F09
- Elementary school teacher.....5 F09
- Middle school or junior high school teacher.....6 F09
- High school teacher.....7 F09
- Coach/Group sponsor.....8 F09
- Other (*Please specify*).....99 F08OS

F08 = 99

F08OS. Please describe the Other experience(s) in education you have had in the past.

ALL

F09-F11. Including this school year...

	Number of years	
a. How many years have you served as the {I03} at <u>any school?</u>	<input style="width: 40px; height: 20px;" type="text"/>	Year(s)
b. How many years have you served as the {I03} at your <u>current school?</u>	<input style="width: 40px; height: 20px;" type="text"/>	Year(s)
c. How many years have you taught 6 th , 7 th , or 8 th grade?	<input style="width: 40px; height: 20px;" type="text"/>	Year(s)

PROGRAMMER NOTE

AUTOFILL FOR F06-F08 BASED ON RESPONSE TO I03>=0 AND I03<=4. IF I03 = 99, AUTOFILL FOR F06-F08 BASED ON RESPONSE TO I03OS. IF I03 = MISSING, AUTOFILL F06-F08 = CURRENT POSITION YOU HAVE”.

HYPER LINK THE QUESTION TEXT “SCHOOL YEAR” TO HAVE THE FOLLOWING HELP TEXT:

If this is your first year in your current position, please count it as “1” even if you have not finished an entire year.

IF ANY MISSING, CONTINUE TO CHECK1, OTHERWISE CONTINUE TO END1

CHECK1. Thank you for answering our questions. It appears that a few were left blank. Your answers are extremely important. Please click on the questions listed below to go back and provide an answer or press Next to continue.

[list questions that were skipped with hyperlink to take the student back to item]

END1

END1. Thank you for taking the time to answer our questions!

Press "Submit" to finish.

PROGRAMMER BOX

PROGRAM A "Submit" BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY.

Appendix V. Facilities Checklist Specifications

The Facilities Checklist will be completed by data collection contractor study team member staff.

A. General Condition of Neighborhood/Area Around School

ALL

The following questions are about the condition of the immediate neighborhood/area around the school.

A1. While you are standing outside of the school (near the entrance where most visitors arrive), look at the neighborhood/area surrounding the school. Please indicate to what degree you notice the following factors in the neighborhood/area surrounding this school.

<i>Select one answer for each row</i>	None	A little	Some	A lot
Litter or trash	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Graffiti	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Boarded up buildings	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
People congregating on streets	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Student(s) loitering	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

B. General Upkeep-Main Entrance and Hallways

ALL

The next questions are about the general upkeep of the entrance and hallways.

B1. Standing at the main entrance into the school, observe the school's front hallway(s) during a time when most students are in class (i.e., a class period). Take as much time as necessary to observe the hallway(s). For each item listed, indicate whether you observed it or not.

Select one answer for each row

	Observed	Not observed
Trash on the floors	1 <input type="radio"/>	2 <input type="radio"/>
Trash overflowing from trash cans	1 <input type="radio"/>	2 <input type="radio"/>
Broken lights	1 <input type="radio"/>	2 <input type="radio"/>
Graffiti on the walls, doors, or ceilings	1 <input type="radio"/>	2 <input type="radio"/>
Graffiti on the lockers	1 <input type="radio"/>	2 <input type="radio"/>
Visible fire alarms or emergency alarms	1 <input type="radio"/>	2 <input type="radio"/>
Chipped paint on the walls, doors, or ceilings	1 <input type="radio"/>	2 <input type="radio"/>
Ceiling in disrepair (e.g., falling in, water damage, missing tiled, or plaster)	1 <input type="radio"/>	2 <input type="radio"/>
Visible exit signs	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click "Submit Page and Continue".**

C. Positive Spaces

ALL

The following questions are about positive spaces at the school.

C1. Standing at the main entrance into the school, observe the school's front hallway(s) during a time when most students are in class (i.e., a class period). Take as much time as necessary to observe the hallway(s). For each item listed, indicate whether you observed it or not.

<i>Select one answer for each row</i>	Observed	Not observed
Displays of the works or accomplishments of students	1 <input type="radio"/>	2 <input type="radio"/>
Displays of student activities and opportunities for involvement, such as student government, yearbook, or school event committees	1 <input type="radio"/>	2 <input type="radio"/>
Displays of posters encouraging positive behavior choices and well being, such as conflict resolution guidance or healthy food choices	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

D. General Upkeep - Classrooms

ALL

The next questions are about the general upkeep of classrooms.

D.1 During a change in classes or other time when classes are not in session, enter one classroom in which students in grades 6 through 8 are taught. For each item listed, indicate whether you observed it in the classroom.

<i>Select one answer for each row</i>	Observed	Not observed
Locks controlled from inside of door	1 <input type="radio"/>	2 <input type="radio"/>
Ceiling in disrepair (e.g., falling in, water damage, missing tiles or plaster)	1 <input type="radio"/>	2 <input type="radio"/>
Broken lights	1 <input type="radio"/>	2 <input type="radio"/>
Graffiti on the walls, doors, or ceilings	1 <input type="radio"/>	2 <input type="radio"/>
Graffiti on desks	1 <input type="radio"/>	2 <input type="radio"/>
Trash on the floors	1 <input type="radio"/>	2 <input type="radio"/>
Trash overflowing from trash cans	1 <input type="radio"/>	2 <input type="radio"/>
Floors and walls appear clean	1 <input type="radio"/>	2 <input type="radio"/>
Posters or other materials on glass windows	1 <input type="radio"/>	2 <input type="radio"/>
Bars on windows	1 <input type="radio"/>	2 <input type="radio"/>
Broken windows	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

E. General Upkeep - Restrooms

ALL

The following questions are about the general upkeep of the school restrooms.

E.1 During a time when most students are in class (i.e., a class period), enter any student restroom appropriate to your sex. For each item listed, indicate whether you observed it or not.

Select one answer for each row

	Observed	Not observed
Graffiti on walls and ceilings	1 <input type="radio"/>	2 <input type="radio"/>
Graffiti on restroom stall doors or walls	1 <input type="radio"/>	2 <input type="radio"/>
Trash on the floors	1 <input type="radio"/>	2 <input type="radio"/>
Trash overflowing from trash cans	1 <input type="radio"/>	2 <input type="radio"/>
Doors on all stalls	1 <input type="radio"/>	2 <input type="radio"/>
Student(s) loitering	1 <input type="radio"/>	2 <input type="radio"/>
Student(s) smoking	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

F. Security

ALL

The next questions are about security measures at the school.

F.1 For each of the following security measures, indicate whether you observed it today.

Select one answer for each row

	Observed	Not observed
Security guard	1 <input type="radio"/>	2 <input type="radio"/>
Metal detectors	1 <input type="radio"/>	2 <input type="radio"/>
Security cameras	1 <input type="radio"/>	2 <input type="radio"/>
Fencing around the entire school	1 <input type="radio"/>	2 <input type="radio"/>
Sign-in policies being followed	1 <input type="radio"/>	2 <input type="radio"/>
Visitors are greeted and directed by an adult to sign in at office	1 <input type="radio"/>	2 <input type="radio"/>
Fire alarms	1 <input type="radio"/>	2 <input type="radio"/>
Fire extinguishers	1 <input type="radio"/>	2 <input type="radio"/>
Fire sprinklers	1 <input type="radio"/>	2 <input type="radio"/>
Exterior lights	1 <input type="radio"/>	2 <input type="radio"/>
Student uniforms	1 <input type="radio"/>	2 <input type="radio"/>
Signs at exterior doors stating alarm will go off if door is opened	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

F.2 The next questions are about signs that may be posted at or near the entrance of the school.

<i>Select one answer for each row</i>	Observed inside only	Observed outside only	Observed both inside and outside	Not observed
A sign providing directions to the front office or stating that visitors must proceed to the front office	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
A sign conveying the message "no drugs"	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
A sign conveying the message "no trespassing"	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
A sign conveying the message "no weapons"	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

F.3 The next set of questions are about identification badges. Do a majority of the following individuals wear identification cards/badges?

<i>Select one answer for each row</i>	Observed	Not observed
Students	1 <input type="radio"/>	2 <input type="radio"/>
Teachers	1 <input type="radio"/>	2 <input type="radio"/>
Other personnel	1 <input type="radio"/>	2 <input type="radio"/>
Visitors	1 <input type="radio"/>	2 <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

The next questions are about the school's parking lots. Please observe the school parking lot entrances and exits. "Entrances and exits" are the roadways into and/or out of parking lots that connect to roads off school property.

F.4 Does this school have one or more parking lots?

- Yes.....1 F.5
- No.....2 G.1

HARD CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

F.5 Look at all of the parking lots at the school, and please enter the number of...

Enter number:

Entrances/exits in the school's parking lot(s) that connect to roads off of school property.

(0-50)

Of these entrances/exits in the school's parking lot(s), how many are monitored by a video camera?

(0-50)

Of these entrances/exits, how many are monitored by a person during the day?

(0-50)

Of these entrances/exits, how many are locked during the day?

(0-50)

How many parking spaces are designated for people with disabilities? These parking spaces are typically marked by a sign or blue paint lines. Please count only the spaces in the parking lot nearest to the main school entrance.

(0-50)

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".

G. Facilities for Students with Disabilities

ALL

The next set of questions are about accessibility inside the building

G.1 For each of the following, please indicate if the following are available in the building.

Select one answer for each row

	Yes	No	
Is there a way for people with disabilities to move about? (For example, are there routes that do not have stairs? If the building is multi-level, are there ramps, elevators, or lifts available?)	1 <input type="radio"/>	2 <input type="radio"/>	
Inside the building, are signs posted to help people with disabilities navigate the building? (For example, directional and informational signs containing Braille with raised characters, pictograms, arrows, etc.?)	1 <input type="radio"/>	2 <input type="radio"/>	
Would students with mobility problems be able to sit with other students in the cafeteria? (For example, a cafeteria with all bench seats means they would not.)	1 <input type="radio"/>	2 <input type="radio"/>	
Would students with mobility problems be able to work with other students in the library? (For example, are group work areas accessible to students with disabilities?)	1 <input type="radio"/>	2 <input type="radio"/>	
In general, do students with mobility problems have access to social spaces within the school?	1 <input type="radio"/>	2 <input type="radio"/>	
If there is a resource room, is the resource room in an accessible location to all students? (For example, if this room is upstairs or downstairs, is there an elevator, ramp, or lift to access that level?)	1 <input type="radio"/>	2 <input type="radio"/>	Not applicable No resource room <input type="radio"/>

SOFT CHECK: IF Q#=NO RESPONSE; Please provide an answer to this question and then click "Submit Page and Continue".