

APPENDIX B

**TEACHER SURVEY WITH INVITATION LETTER
AND
NONRESPONSE FOLLOW-UP MATERIALS**

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Dear [TEACHER FIRST NAME] [TEACHER LAST NAME]:

Thank you for taking part in the Impact Study of Feedback for Teachers Based on Classroom Videos, sponsored by the United States Department of Education and conducted by Mathematica Policy Research. As you may know, [School District] is participating in this study. The study is focusing on ways to improve the effectiveness of new and early career teachers. It aims to examine the impact of video-based classroom observations and feedback on classroom practices, and will provide important information for states and districts looking to improve support for new and early career teachers. You are one of about [200/300] teachers in 12 districts across the country participating in this important study and we are writing to ask you to take part in the teacher survey that, although voluntary, will contribute information that is vital to the study.

We would like to ask you to complete a short online teacher survey as part of the study. This teacher survey should take about 30 minutes to complete. It will ask you about the amount, quality, and usefulness of the professional development you've received this school year, as well as access you have to other teacher supports and how professional development may have contributed to how well prepared you feel as a teacher.

All information you provide will be kept strictly confidential and will not be shared with anyone outside the study team. No one from your school or district will see your individual responses, and neither your name nor your school's name will be identified in any study reports.

When you visit the website to complete the survey online, you should use the log-in ID and password provided below. These are secure and should not be shared with anyone. Using the log-in ID and password ensures that your responses will be protected.

We encourage you to complete the survey online at:

[SURVEY URL]

LOG-IN ID: [XXXXXX]

PASSWORD: [XXXXXX]

Mathematica staff will be happy to answer any questions about the study and to assist you with the survey if needed. Once the survey is complete, Mathematica will send you a \$30 check in appreciation for your time completing the survey. You can contact us toll-free at [TOLL FREE NUMBER] or email us at [STUDY EMAIL]. If you have questions about your rights as a study participant, please call the New England Institutional Review Board toll-free at 1-800-232-9570. Thank you in advance for your help with this important study!

Sincerely,

Sheila Heaviside, Survey Director

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OMB Control No.: XXXX-XXXX
Expiration Date: XX/XX/XXXX
Mathematica Reference No.: XXXXX

MATHEMATICA
Policy Research

U.S. DEPARTMENT OF EDUCATION

**Impact Study of Feedback for Teachers Based on
Classroom Videos**

TEACHER SURVEY

SPRING [2018/2019]

This questionnaire is part of the Impact Study of Feedback for Teachers Based on Classroom Videos, a national evaluation being conducted for the U.S. Department of Education by Mathematica Policy Research. This questionnaire asks about your background, your teaching preparation, and your experiences with observations of your teaching. If you prefer to complete this survey by telephone or would like a paper copy of the questionnaire mailed to you, please call XXX-XXX-XXXX to complete the questionnaire by telephone. If you have any questions about the study or your school's participation, email us at XXX@MPR.

We would like you to know that:

- The survey takes about 30 minutes to complete, and once you have completed it, we will send you \$30 as a thank you.
- **Your answers will be completely confidential; no information that identifies you, your school, or your students will be reported.** Your responses are protected from disclosure per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183. Mathematica Policy Research will present the information collected as part of this study in an aggregate form, and will not associate responses to any of the individuals who participate. We will not provide information that identifies you, your school or district to anyone outside the study team, except as required by law. Your responses will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district, school or individual. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.
- This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Your answers to questions will not affect your job or any hiring decisions now or in the future and will only be shared with the Mathematica study team (they will not be shared with anyone from your school or district). Participation in the teacher survey will not impose any risks to you as a respondent. If you have any questions about your rights as a research volunteer, contact XXXXXX at New England IRB, toll free 1-800-232-9570

I have read and I understand the above statements and agree to participate in the survey.

If you would like a copy of this disclosure statement, please contact Sheila Heaviside by email at sheaviside@mathematica-mpr.com, or by phone at 202-484-3096.

Thank you very much for your help with this survey!

This evaluation is authorized by Title II sections 2001-2002 and Title VIII section 8042 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et. seq.) as amended by the Every Student Succeeds Act (ESSA).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

A. TEACHING EXPERIENCE AND PREPARATION

- A1.** Including the [2017-2018/2018-2019] school year, how many years have you worked as a classroom teacher? Please do not count time working as a teaching assistant, substitute teacher, student teacher, or paraprofessional, or working in classrooms in any position other than classroom teacher.

If this is your first year teaching, enter "01".

|__|__| TOTAL YEARS AS A TEACHER

- A2.** Please tell us about the school and district where you currently teach.

a. Name of school: _____

b. Years as a teacher at this school |__|__| NUMBER

If this is your first year teaching at this school, enter "01".

c. Date you were hired by your district for your current teaching position |__|__| / |__|__|__|__|
MONTH YEAR

- A3.** How would you classify your current teaching position at this school?

MARK ONE ONLY

1 Regular full-time teacher

2 Regular part-time teacher

3 Substitute teacher

4 Itinerant teacher (assigned to multiple schools)

5 Other (*Specify*): _____

- A4.** Please indicate the grade(s) of the students you currently teach at this school.

SELECT ALL THAT APPLY

1 Pre-kindergarten or 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 – 12th grade

11 Ungraded

A5. Do you currently teach one self-contained class (where you teach the same group of students most or all of the day in multiple subjects) or do you teach several classes of different students in one or more academic subjects?

MARK ONE ONLY

- 1 I teach one self-contained class
- 2 I teach several classes of different students

A6. During the [2017-2018/2018-2019] school year, did you teach any of the following types of classes?

SELECT ALL THAT APPLY

- 1 Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students
- 2 English as a Second Language (ESL)
- 3 Bilingual classes (taught partly in English and partly in Spanish or some other language)
- 4 Special education
- 5 General education

A7. During the [2017-2018/2018-2019] school year, did you have responsibility for teaching math to your class(es)?

- 1 Yes
- 0 No

A8. During the [2017-2018/2018-2019] school year, did you have responsibility for teaching English Language Arts / reading to your class(es)?

- 1 Yes
- 0 No

A9. Prior to the [2017-2018/2018-2019] school year, did you ever work as:

	YES	NO	LENGTH OF TIME		IN YOUR CURRENT DISTRICT?	
			YEARS	MONTHS	YES	NO
a. A substitute teacher?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _	_ _	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. A teaching assistant or teacher's aide?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _	_ _	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. A teacher with a temporary certificate (such as a probationary or emergency certificate)?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _	_ _	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B. CLASSROOM OBSERVATIONS AND FEEDBACK

B1. How many times during the [2017-2018/2018-2019] school year did someone observe your teaching for the purpose of providing feedback on your teaching?

COMPLETE ALL THAT APPLY. IF YOU WERE NOT OBSERVED USING EITHER APPROACH, ENTER "0".

|_|_| IN-PERSON OBSERVATION(S)

|_|_| VIDEO-RECORDED OBSERVATION(S)

B2. During the [2017-2018/2018-2019] school year, did you receive any feedback based on in-person observations or feedback based on video recordings of your classroom teaching?

Please consider any feedback, including oral or written feedback or rating(s) from a classroom observation instrument. Please include feedback from any source (for example, from colleagues, your principal, a mentor, or coach).

SELECT ALL THAT APPLY

- 1 Yes, I received feedback based on in-person observations
- 2 Yes, I received feedback based on video-recorded observations
- 0 No → **GO TO QUESTION B9**

B3a. Based on these observation(s) of your teaching during the [2017-2018/2018-2019] school year, how many times did you receive the following types of oral feedback during a meeting or discussion after the observation?

If you did not receive oral feedback, enter "0" and skip to B4a.

|_|_| TOTAL NUMBER OF ORAL FEEDBACK SESSIONS

B3b. Based on these observation(s) of your teaching during the [2017-2018/2018-2019] school year, what is your best estimate of the duration (in minutes) of ...

If you did not receive oral feedback, skip to B4a.

	NUMBER OF MINUTES
a. Your <u>typical</u> oral feedback session?	_ _ _
b. Your <u>shortest</u> oral feedback session?	_ _ _
c. Your <u>longest</u> oral feedback session?	_ _ _

B4a. Based on these observation(s) of your teaching during the [2017-2018/2018-2019] school year, how many times did you receive formal written feedback?

If you did not receive written feedback, enter "0" and skip to B5.

|_|_| TOTAL NUMBER OF TIMES YOU RECEIVED FORMAL WRITTEN FEEDBACK

B4b. Based on these observation(s) of your teaching during the [2017-2018/2018-2019] school year, what is your best estimate (in minutes) of ...

If you did not receive written feedback, skip to B5.

	NUMBER OF MINUTES
a. Your <u>typical</u> time spent reviewing written feedback from an observation?	_ _ _
b. Your <u>shortest</u> time spent reviewing written feedback from an observation?	_ _ _
c. Your <u>longest</u> time spent reviewing written feedback from an observation?	_ _ _

B5. Which of these items are true about the feedback (either written or oral) you received based on observations of your teaching during the [2017-2018/2018-2019] school year?

MARK ONE ONLY

The feedback I received from observations of my teaching. . .	NEVER	RARELY	SOMETIMES	MOST OF THE TIME	ALWAYS
a. Examined my performance on a clearly defined set of teaching practices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Provided a score or rating of my performance based on a classroom observation rubric or instrument.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Provided specific techniques or strategies that I could implement in my classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Referred to specific moments of teaching from my classroom observation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Provided questions that encouraged me to reflect on my own teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Identified aspects of my teaching where I was performing well.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Identified aspects of my teaching where I needed to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Included a plan with next steps for me to improve my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Involved watching a video of my instruction while discussing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Provided or recommended videos of expert teachers to illustrate practices described in the feedback (i.e., a successful veteran or exemplary teacher)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Provided opportunities for me to observe a demonstration of specific teaching techniques or strategies by the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Provided an opportunity for me to demonstrate specific teaching techniques or strategies for the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Provided useful or actionable feedback.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

B6. Thinking of the feedback (either written or oral) you received based on observations of your teaching during the [2017-2018/2018-2019] school year:

a. To what extent were each of the following topics a focus of the feedback (either written or oral)?

b. If the topic was a focus of feedback, how useful was the feedback?

Aspects of teaching:	A. EXTENT OF FEEDBACK				B. USEFULNESS OF FEEDBACK			
	NOT AT ALL	TO A SMALL EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	NOT AT ALL USEFUL	NOT VERY USEFUL	SOMEWHAT USEFUL	VERY USEFUL
a. Managing student behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Managing instructional time and routines.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Engaging students in classroom instruction through clear and interesting lessons and materials.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providing feedback that extends students' learning and encourages their participation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Leading discussions that build a deeper understanding of the content.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Supporting students' use of higher level thinking skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Responding to the academic, social, and emotional needs of individual students and the entire class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Developing lesson plans that are aligned to learning goals and include engaging activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B7. Please indicate your level of agreement with each of the following statements about the feedback (either written or oral) you received based on observations of your teaching during the [2017-2018/2018-2019] school year.

MARK ONE BOX ON EACH LINE

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. I received feedback that was a fair assessment of my performance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I received feedback that was easy to understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I received feedback that provided specific ideas about how I could improve my performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The feedback made me more reflective about my teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. In the long run, students will benefit from the feedback I received	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I made a specific change to my teaching as a result of the feedback.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B8. During the [2017-2018/2018-2019] school year, did you watch a video recording of your own teaching? Include short video clips and full video recordings.

1 Yes

0 No → GO TO QUESTION B12

B9a. During the [2017-2018/2018-2019] school year, how many video recordings of your teaching did you watch?

If you watched multiple clips from the same video recording, please count that as one video recording.

____ NUMBER OF VIDEO RECORDINGS

B9b. During the [2017-2018//2018-2019] school year, what is your best estimate (in minutes) of ...

If you watched multiple clips from the same video recording, please count that as one video recording.

	NUMBER OF MINUTES
a. the <u>typical</u> amount of time you spent watching a video recording of your teaching?	_____
b. the <u>shortest</u> amount of time you spent watching a video recording of your teaching?	_____
c. the <u>longest</u> amount of time you spent watching a video recording of your teaching?	_____

B10. During the [2017-2018//2018-2019] school year, did you ever share a video recording of your own teaching with a teacher or colleague? Do NOT include video recordings shared with a coach specifically for the purpose of receiving feedback.

¹ Yes

⁰ No

B11. Please indicate your level of agreement with each of the following statements about the video recordings you watched of your own teaching during the [2017-2018/2018-2019] school year.

MARK ONE BOX ON EACH LINE

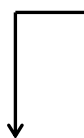
	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. I identified aspects of my teaching that I needed to improve as a result of watching video recordings of my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I made a specific change to my teaching based on something I saw in a video recording of my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I learned something about my own teaching practice by watching video recordings of my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I noticed student behaviors or reactions that I had not noticed while teaching after watching video recordings of my teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My students acted differently when my classroom was being video recorded	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B12. During the [2017-2018/2018-2019] school year, did you watch a video recording of an expert teacher? Include short video clips and full video recordings.

An expert teacher is a successful veteran or exemplary teacher.

¹ Yes

⁰ No → GO TO QUESTION C1



B13a. During the [2017-2018/2018-2019] school year, how many times did you watch a video recording of an expert teacher?

If you watched multiple clips from the same video recording, please count that as one video recording.

____ NUMBER OF VIDEOS YOU WATCHED

B13b. During the [2017-2018/2018-2019] school year, what is your best estimate (in minutes) of ,,,,

If you watched multiple clips from the same video recording, please count that as one video recording.

	NUMBER OF MINUTES
a. the <u>typical</u> amount of time you spent watching a video recording of an expert teacher?	_ _ _ _
b. the <u>shortest</u> amount of time you spent watching a video recording of an expert teacher?	_ _ _ _
c. the <u>longest</u> amount of time you spent watching a video recording of an expert teacher?	_ _ _ _

B14. Please indicate your level of agreement with each of the following statements about the video recordings of expert teaching that you watched during the [2017-2018/2018-2019] school year.

MARK ONE BOX ON EACH LINE

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. The recordings were a useful illustration of teaching strategies that I could use in my own classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The recordings provided sufficient information to understand which teaching strategies or practices were viewed as exemplar.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The recordings provided sufficient information on how to use the teaching strategies in my classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C. SUPPORT FOR TEACHING

The following questions are about additional supports you received for teaching during the [2017-2018/2018-2019] school year. Do NOT include any feedback and coaching based on observations of your teaching that you reported in the previous section.

C1. During the [2017-2018/2018-2019] school year, how many times (per week, month, or year) did you receive each type of support for your teaching?

If you did not receive the type of support, enter "0" in the first column.

Types of support for your teaching (do NOT include any feedback and coaching that you reported in the previous section):

	NUMBER OF TIMES PER WEEK, MONTH OR YEAR			
	NUMBER OF TIMES	CHECK ONE		
		PER WEEK	PER MONTH	PER YEAR
a. One-on-one support for your teaching from a coach or mentor	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. One-on-one support for your teaching from other teachers, your principal, and other staff (who are <u>not</u> assigned as your coach or mentor)	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Opportunities to collaborate or learn from other teachers (e.g. professional learning communities, grade-level teams)	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C2. During the [2017-2018/2018-2019] school year, including the preceding summer, approximately how many hours did you spend participating in professional development activities?

Include university courses, degree programs, workshops, conferences, seminars, or in-service training that are designed specifically for the purpose of teacher professional development. Do not include any feedback or coaching you received based on observations of your teaching or individual support already covered above. If you did not participate in any of these types of professional development activities, enter "0".

|_|_|_| TOTAL HOUR(S)

C3. Thinking about the supports for your teaching and professional development you received in the [2017-2018/2018-2019] school year to what extent did they focus on the following aspects of teaching?

Do NOT include feedback and coaching based on observations of your teaching,

MARK ONE BOX ON EACH LINE

Aspects of teaching	MARK ONE BOX ON EACH LINE			
	NOT AT ALL	TO A SMALL EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT
a. Managing student behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Managing instructional time and routines.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Engaging students in classroom instruction through clear and interesting lessons and materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Providing feedback that extends students' learning and encourages their participation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Leading discussions that build a deeper understanding of the content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Supporting students' use of higher level thinking skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Responding to the academic, social, and emotional needs of individual students and the entire class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Developing lesson plans that are aligned to learning goals and include engaging activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C4. Thinking about the supports for your teaching and professional development you received in the [2017-2018/2018-2019] school year indicate whether they involved any of the following activities and the extent to which they have been useful for improving your teaching.

Do NOT include feedback and coaching based on observations of your teaching,

Support activity	MARK ONE BOX ON EACH LINE		MARK ONE BOX ON EACH LINE			
	SUPPORTS INCLUDED ACTIVITY		USEFUL FOR IMPROVING TEACHING			
	YES	NO	NOT AT ALL USEFUL	NOT VERY USEFUL	SOMEWHAT USEFUL	VERY USEFUL
a. Observing another teacher	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Jointly planning lessons with another teacher	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Sharing materials with other teachers	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Getting feedback or input on instructional plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Having regular supportive communication with your principal, other administrators, or department head.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C5. Please indicate to what extent you agree or disagree with each of the following statements regarding the principal at your school:

MARK ONE BOX ON EACH LINE

The principal at my school. . .	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. Supports me on student disciplinary issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Actively monitors the quality of teaching in this school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Actively creates opportunities for teachers to collaborate with other teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Actively creates opportunities for teachers to observe other teachers' instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Takes a personal interest in the professional development of teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Is aware of areas in which I would like to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C6. At this point in the [2017-2018/2018-2019] school year, how well prepared do you feel you are to handle a range of classroom behavior or discipline situations?

- 1 Not at all prepared
- 2 Somewhat prepared
- 3 Well prepared
- 4 Very well prepared

D. FEEDBACK FROM [PROGRAM NAME] FOR DEPARTMENT OF EDUCATION STUDY

(TREATMENT TEACHERS ONLY)

D1. Apart from the feedback received from [program name], did you receive feedback based on observations of your teaching conducted by others in your school or district?

- ¹ Yes
 ⁰ No → GO TO QUESTION D3

D2. Please compare the feedback you received from [program name] to feedback (oral or written) you received from observations of your teaching conducted by others in your school or district. Indicate your level of agreement with each of the following statements.

MARK ONE BOX ON EACH LINE

The feedback I received from the [program name] observations:	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. Was more objective than feedback I received from other school or district staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Was more focused on specific things I did during the observation than feedback I received from other school or district staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Provided me with clearer ideas about how my teaching could improve than feedback I received from other school or district staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Was more useful than feedback I received from other school or district staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Conflicted with feedback that I received from other school or district staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D3. Please indicate your level of agreement with each of the following statements about observations and feedback that you received from [program name].

MARK ONE BOX ON EACH LINE

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	AGREE SOMEWHAT	AGREE STRONGLY
a. It was difficult to find time to review videos of my teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. It was difficult to find time to meet with the coach to discuss feedback.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. It was difficult to teach when the classroom was being recorded	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Determining how to change my teaching practices based on reviewing videos of my teaching was difficult	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. It was difficult to use the self-reflection form to review video recordings of my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Written feedback I received was difficult to interpret	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Too much time elapsed between the time the video was recorded and feedback I received	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D4. If you have any additional thoughts you would like to share about the [Program Name], please use the space below.

E. YOUR BACKGROUND

E1. What is the highest degree you have completed?

MARK ONE ONLY

- 1 Associate's degree
- 2 Bachelor's degree (B.A., B.S., etc.)
- 3 Master's degree (M.A., M.A.T., M.Ed., M.S., etc.)
- 4 Education specialist or professional diploma (at least one year beyond master's level)
- 5 Doctoral degree or equivalent (Ph.D., Ed.D., J.D., M.D.)

E2. In what area(s) does your teaching certificate allow you to teach in this state?

SELECT ALL THAT APPLY

- 1 Preschool (early childhood or Pre-K)
- 2 Elementary (any of grades K-5)
- 3 Middle grades (any of grades 6-8)
- 4 Secondary grades (any of grades 9-12)
- 5 Specific subject areas (*Specify*): _____
- 6 Exceptional children (*Specify*): _____
- 7 Other (*Specify*): _____

E3. Are you male or female?

MARK ONE ONLY

- 1 Male
- 2 Female

E4. Are you of Hispanic or Latino origin?

MARK ONE ONLY

- 1 Yes
- 0 No

E5. What is your race?

YOU CAN MARK ONE OR MORE RACES

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

E6. What is your year of birth?

| 1 | 9 | | |

F. CONTACT INFORMATION

- F1. Please provide your contact information below. We will use your email or telephone number to reach you in case we need to clarify one of your responses. We will use the address you provide below to mail your \$30 check for completing the questionnaire. If you do not provide an address, we will mail your check to your attention at your school.**

Providing this information is voluntary.

Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|
Area Code Number

Cell Phone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|
Area Code Number

Work email: _____

Home email: _____

Best time to reach you by phone:

Day: _____ Time: _____

Thank you for completing this questionnaire!

NONRESPONSE FOLLOW-UP EMAIL REMINDER

TO: [Email]
FROM: Sheila Heaviside [HelpDesk Email]
SUBJECT: Survey for the U.S. Department of Education's Impact Study of Teacher Feedback

Dear [Teacher First Name] [Teacher Last Name]:

We recently asked for your help with completing a survey for the Impact Study of Feedback for Teachers Based on Classroom Videos. Mathematica is conducting this **important study on behalf of the U.S. Department of Education (ED)**. Your participation will inform ED and policy makers about the impact of coaching and feedback based on classroom videos on teaching practices and student achievement.

We will send you a check for \$30 when you complete this survey. This survey is voluntary. However, your participation is very important – the validity of the study results depends on the participation of all teachers in the study. Please use the link below to access and complete the survey.

Go to [Link]

At the login screen, enter the following:

User ID: [UserID]
Password: [password]

Please do not reply to this email. If you do not have your login information or if you have questions about the study, please call us toll free at [xxx-xxx-xxxx] between 9a.m. and 9p.m. Eastern Daylight Time any day of the week. You may also email our help desk at [HelpDeskEmail] or contact me directly at sheaviside@mathematica-mpr.com or 202-484-3096.

If you have already completed this survey, thank you for your support of this important study.

Sincerely,



Sheila Heaviside
Teacher Feedback Study Survey Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

Sheila Heaviside
Survey Director

1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
Telephone (202) 484-9220
Fax (202) 863-1763
www.mathematica-mpr.com

NONRESPONSE FOLLOW-UP LETTER

[Month Year]

[Teacher First Name] [Teacher Last Name]
[School Name]
[Address]
[City], [ST] [ZIP]

Dear [Teacher First Name] [Teacher Last Name]:

We recently asked for your help with completing a survey for the Impact Study of Feedback for Teachers Based on Classroom Videos. Mathematica is conducting this important study on behalf of the U.S. Department of Education (ED). Your participation will inform ED and policy makers about the impact of feedback and coaching programs on teaching practices and student achievement.

The survey takes approximately 30 minutes to complete. **We will send you a check for \$30 when you complete this survey.** Your participation is voluntary but very important – the validity of the study results depends on the participation of all teachers in the study.

We have included a paper questionnaire for your convenience if you prefer to complete the paper version of the survey and mail it in. Otherwise, you can complete the survey online. Please use the information below to access the your teacher survey online. Do not share this information with anyone.

Go to [link]

At the login screen, enter the following:

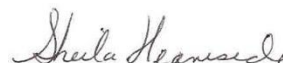
User ID: [UserID]

Password: [password]

If you have any questions, please contact Eric Zeidman, the deputy survey director, toll free at [xxx-xxx-xxxx], or by email at [Survey Help Desk] – or email me at sheaviside@mathematica-mpr.com.

If you have already completed the survey, thank you for your help.

Sincerely,



Sheila Heaviside

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

Teacher Feedback Study Survey



Sponsored by the U.S. Department of Education's Institute of Education Sciences

Take part in the survey for the Impact Study of Feedback for Teachers Based on Classroom Videos being conducted in your school district! This survey is part of an evaluation that will produce valuable information about the impact of coaching and feedback on teaching practices and student achievement.

As one of only [200/300] teachers selected for the study, your survey responses are critical for the study to produce meaningful and valid information. In addition, you are irreplaceable! We are unable to replace you with another teacher without compromising the study's validity.

The information that you provide in this 30-minute survey will be used for research purposes only and will remain confidential—no information or reports will identify you or your school or district. To make this as easy as possible, Mathematica has created a WEB survey for you to complete. If you have not already sent your completed questionnaire to Mathematica, **I urge you to take a few moments now to log on to complete the survey on the Web by using the user name and password that Mathematica created for you.**

Go to: [Link]

Web username: [XXXX]

Password: [XXXXXXXX]



Mathematica will **send you a \$30 check** to thank you for your help when you complete the survey.

If you have any questions about the study, contact us:

Sheila Heaviside
Mathematica Policy Research
SHeaviside@mathematica-mpr.com
(202) 484-3096

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202