

**APPENDIX B**

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

OMB Number: [XXXXXX]

Expiration Date: [XXXXXX]

## MATHEMATICA Policy Research

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[Month, 2019]

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

As you may know, [School District] is participating in the Impact Evaluation of Departmentalized Instruction in Elementary Schools. The study is sponsored by the U.S. Department of Education and is being conducted by Mathematica Policy Research. The study examines the effect of switching from self-contained instruction to departmentalized instruction, and will provide important information for states and districts considering this transition. You are one of about 600 teachers from 12 districts across the country participating in this important study. We are writing to ask you to take part in a brief online survey that will contribute information that is vital to the study.

The survey should take about 30 minutes to complete. It asks about your background and teaching experience, professional development, instruction and planning time, interactions with students and parents, and satisfaction with teaching. We ask that you please complete the survey within the next two weeks. Once the survey is complete, Mathematica will send you a \$30 check in appreciation for your time.

To access the survey online, please enter the survey web address (URL) below and then enter your log-in ID and password. 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: [SURVEY URL]**

**LOG-IN ID: XXXXXX**

**PASSWORD: XXXXXX**

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 with any of the individuals who participate. We will not provide information that identifies you, your students, your school, or your district to anyone outside the study team, except as required by law. Your responses will be used only for research purposes. Additionally, no one in your school or district will see your responses.

Mathematica staff will be happy to answer any questions about the study and to assist you with the survey if needed. 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

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 and complete the request. 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.

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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 Evaluation of Departmentalized Instruction in**  
**Elementary Schools**

**TEACHER SURVEY**

**SPRING 2019**

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 and complete the request. 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.

You have been selected to participate in a study that Mathematica Policy Research is conducting on behalf of the U.S. Department of Education. The study is focusing on differences between self-contained instruction (where a teacher instructs the same group of students all or most of the day in multiple subjects) and departmentalized instruction (where a teacher instructs several classes of different students in one or more subjects). This survey includes questions about your background and teaching experience, professional development, instruction and planning time, interactions with students and parents, and satisfaction with teaching.

**We would like you to know that:**

- 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.
- Refusal to participate in the survey will not affect your employment or relationship with your school or the evaluation partners, including the U.S. Department of Education, in any way. However, the quality of the study findings depends upon our ability to gather data from each study teacher.
- The study will provide important information that can be used by you and your district. Specifically, we will learn whether departmentalized instruction affects teachers' classroom practices and student achievement.
- ***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 with any of the individuals who participate. We will not provide information that identifies you, your students, your school, or your district to anyone outside the study team, except as required by law. Your responses will be used only for research purposes. Additionally, no one in your school or district will see your responses.
- Participation in the survey does not pose any special risks to you as a respondent other than accidental disclosure of information. Safeguards are in place to ensure individual respondent's confidentiality, including restricted access to survey data and separating identifying information such as teacher and school names from survey responses. All Mathematica staff sign a confidentiality pledge, and all staff with access to identifiable study data have received clearance from the U.S. Department of Education and are subject to severe legal consequences for any breach of confidentiality.
- The survey takes about 30 minutes to complete. and once you have completed it, we will send you **\$30** as a thank you for your time.
- An Institutional Review Board (IRB) has reviewed and approved this study. If you have any questions about your rights as a research participant, you can contact **New England IRB at 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](mailto:sheaviside@mathematica-mpr.com), or by phone at 202-484-3096.

Thank you very much for your help with this survey!

## A. TEACHING EXPERIENCE

**A1. Including the current school year (2018-2019), how many years have you worked as a teacher? Please do not count time as a substitute or student teacher.**

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

|\_\_|\_\_| TOTAL YEARS AS A TEACHER

**A2.(Web) Are you currently teaching at [NAME OF CURRENT SCHOOL FROM SMS]?**

<sup>1</sup>  Yes → GO TO A3

<sup>0</sup>  No → GO TO A2a

**A2a.(Paper or Web A2=No) Please record the name of the school where you are currently teaching.**

Name of school: \_\_\_\_\_

**A3. Including the current school year (2018-2019), how many years have you worked as a teacher at this school? Please do not count time as a substitute or student teacher.**

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

|\_\_|\_\_| YEARS TEACHING AT THIS SCHOOL

**A4. Including the current school year (2018-2019), how many years have you worked as a teacher in this district? Please do not count time as a substitute or student teacher.**

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

|\_\_|\_\_| YEARS TEACHING IN THIS DISTRICT

**A5. How would you classify your current teaching position at this school?**

SELECT ONE ONLY

<sup>1</sup>  Regular full-time teacher

<sup>2</sup>  Regular part-time teacher

<sup>3</sup>  Substitute teacher

<sup>4</sup>  Other (*Specify*): \_\_\_\_\_

**A6. 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 or above
- 9  Ungraded

**A7. During the 2018-2019 school year, which of the following types of classes have you taught?**

SELECT ALL THAT APPLY

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

**A8. During the 2018-2019 school year, which of the following subjects have you taught?**

SELECT ALL THAT APPLY

- 1  Math
- 2  English language arts/reading
- 3  Science
- 4  Social studies/history
- 5  Other (*Specify*): \_\_\_\_\_

**A9. Prior to the 2018-2019 school year, have you ever taught using departmentalized instruction? *Departmentalized instruction is teaching multiple classes of different students in one or more academic subjects.***

SELECT ONE ONLY

- 1  Yes, at the elementary level (grades K-5) only → GO TO A10
- 2  Yes, at both the elementary level (grades K-5) and at the middle or high-school level (grades 6-12) → GO TO A10
- 3  Yes, at the middle or high-school level (grades 6-12) only → SKIP TO B1
- 4  No → SKIP TO B1

**A10. Prior to the 2018-2019 school year, for how many years did you teach using departmentalized instruction (where you taught multiple classes of different students in one or more academic subjects) at the elementary level (grades K-5)?**

|\_\_| |\_\_| YEARS USING DEPARTMENTALIZED INSTRUCTION

**A11. Prior to the 2018-2019 school year, in which subjects did you teach using departmentalized instruction (where you taught multiple classes of different students in one or more academic subjects) at the elementary level (grades K-5)?**

SELECT ALL THAT APPLY

- 1  Math
- 2  English language arts/reading
- 3  Science
- 4  Social studies/history
- 5  Other (*Specify*): \_\_\_\_\_

## B. PROFESSIONAL DEVELOPMENT

**B1. Have you received any professional development during the 2018-2019 school year, including summer 2018?**

*Include all training, formal education, or other professional learning to advance content knowledge or improve teaching practices.*

<sup>1</sup>  Yes

<sup>0</sup>  No → SKIP TO C1

**B2. About how many hours of professional development have you received in total during the 2018-2019 school year, including summer 2018?**

|\_|\_|\_| TOTAL HOURS OF PROFESSIONAL DEVELOPMENT

**B3. Have you received any professional development related to mathematics during the 2018-2019 school year, including summer 2018?**

<sup>1</sup>  Yes

<sup>0</sup>  No → SKIP TO B5

**B4. About how many hours of your professional development during the 2018-2019 school year, including summer 2018, have been related to mathematics?**

|\_|\_|\_| HOURS

**B5. Have you received any professional development related to English language arts/reading during the 2018-2019 school year, including summer 2018?**

<sup>1</sup>  Yes

<sup>0</sup>  No → SKIP TO B7

**B6. About how many hours of your professional development during the 2018-2019 school year, including summer 2018, have been related to English language arts/reading?**

|\_|\_|\_| HOURS



**B7. Overall, to what extent did the professional development in which you participated during the 2018-2019 school year, including summer 2018, focus on the following topics?**

SELECT ONE RESPONSE PER ROW

| Professional development topics  | NONE                       | A LITTLE                   | SOMEWHAT                   | A GREAT DEAL               |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Use of technology for instruction .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Student discipline and classroom management .....                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Strategies for teaching diverse student populations .....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. General teaching methods .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. <u>Mathematics</u> curriculum (e.g., units, texts, standards) .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Subject-specific teaching methods in <u>mathematics</u> .....                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Deepening your knowledge of <u>mathematics</u> .....                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. How students learn <u>mathematics</u> .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. <u>English language arts/reading</u> curriculum (e.g., units, texts, standards) ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Subject-specific teaching methods in <u>English language arts/reading</u> .....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Deepening your knowledge of <u>English language arts/reading</u> ...                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. How students learn <u>English language arts/reading</u> .....                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Other topic.....<br>(Specify): _____  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## C. INSTRUCTION AND PLANNING TIME

**C1. Which statement best describes the way your classes at this school are organized during the 2018-2019 school year?**

SELECT ONE ONLY

- I instruct multiple classes of different students in one or more subjects (sometimes called Departmentalized Instruction).
- I instruct a single group of students in multiple subjects (sometimes called a Self-Contained Class).

**C2. For each subject listed below, provide the total number of different students you taught in that subject during the most recent full week of teaching.**

*If you don't teach a particular subject, please enter "000".*

|  | TOTAL NUMBER OF STUDENTS TAUGHT DURING MOST RECENT FULL WEEK |
|--|--|
| a. English language arts/reading ..... | _ _ _  |
| b. Mathematics .....                   | _ _ _  |
| c. Science .....                       | _ _ _  |
| d. Social studies/history .....        | _ _ _  |
| e. All other subjects .....            | _ _ _  |

**C3. What is the total number of different students you currently teach at this school?**

|\_|\_|\_| TOTAL NUMBER OF STUDENTS

**C4. What is the average number of students in the classes or sections you currently teach at this school?**

*If you teach only one class, please provide the number of students in that class.*

|\_|\_| AVERAGE NUMBER OF STUDENTS PER CLASS

**C5. Approximately how much time do your students currently spend transitioning between their class periods at this school?**

*Do NOT count time scheduled for formal breaks such as homeroom, lunch, recess, or study hall.*

a. MINUTES PER TRANSITION |\_|\_|

b. NUMBER OF TRANSITIONS PER DAY |\_|\_|

c. TOTAL MINUTES PER DAY TRANSITIONING BETWEEN CLASSES |\_|\_|

**C6. During your most recent full week of teaching, approximately how many total minutes per week did you spend teaching students in each of the following subjects?**

*Record all time actually teaching including whole group, small group, and individual instruction. If you do not teach a specific subject listed below, enter "000".*

|                                       | TOTAL MINUTES IN MOST RECENT FULL WEEK |
|---------------------------------------|--|
| a. English language arts/reading..... | _ _ _                                  |
| b. Mathematics .....                  | _ _ _                                  |
| c. Science .....                      | _ _ _                                  |
| d. Social studies/history.....        | _ _ _                                  |
| e. All other subjects .....           | _ _ _                                  |

**C7. During your most recent full week of teaching, approximately how many total minutes did you spend individually planning (not with others) to teach your classes in each of the following subjects?**

*Record all time preparing to teach, not including time to grade students' work. If you did not teach a specific subject, enter "000".*

|                                       | TOTAL MINUTES IN MOST RECENT FULL WEEK |
|---------------------------------------|--|
| a. English language arts/reading..... | _ _ _                                  |
| b. Mathematics .....                  | _ _ _                                  |
| c. Science .....                      | _ _ _                                  |
| d. Social studies/history.....        | _ _ _                                  |
| e. All other subjects .....           | _ _ _                                  |

**C8. During the 2018-2019 school year, about how many times, if any, have you participated in common planning time (or other periods involving collaboration) with other teachers from your school?**

SELECT ONE ONLY

- 1  Never → **SKIP TO D1**
- 2  Once or twice this year
- 3  Monthly or several times per year
- 4  Weekly or several times per month
- 5  Daily or several times per week

**C9. On average, how many minutes was each of the common planning periods in which you have participated during the 2018-2019 school year?**

|\_|\_|\_| MINUTES

**C10. Overall, during these common planning periods, to what extent did you and the other teachers do each of the following?**

SELECT ONE RESPONSE PER ROW

| <b>Common Planning Period Activities</b>  | NONE                       | A LITTLE                   | SOMEWHAT                   | A GREAT DEAL               |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Jointly plan lessons, assignments, assessments, or other aspects of instruction <u>in mathematics</u> .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Jointly plan lessons, assignments, assessments, or other aspects of instruction <u>in English language arts/ reading?</u> .....                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Jointly plan lessons, assignments, assessments, or other aspects of instruction <u>in subjects other than mathematics or English language arts/ reading?</u> ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Discuss classroom management strategies? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Review individual student needs and progress?..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Discuss parent communications? .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## D. STUDENT AND PARENT INTERACTIONS

**D1. To what extent do you agree or disagree with each of the following statements about your school during the 2018-2019 school year?**

SELECT ONE RESPONSE PER ROW

|  | STRONGLY<br>AGREE          | SOMEWHAT<br>AGREE          | SOMEWHAT<br>DISAGREE       | STRONGLY<br>DISAGREE       |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. The level of student misbehavior and noise in this school interferes with my teaching ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Most students in this school are engaged and interested in learning .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Lack of parental involvement is a problem in this school .....                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. I receive a great deal of support from parents for the work I do .....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. I often have to wait for students to settle down at the beginning of a class.....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**D2. Approximately how many hours per month do you normally spend on each of the following:**

- a. Meeting with students outside of classroom time for academic purposes (e.g., providing additional instruction or clarification about assignments)

|\_\_|\_\_| HOURS PER MONTH

*If you do not normally meet with students outside of class for academic purposes, enter "00".*

- b. Meeting with students outside of classroom time for non-academic purposes (e.g., clubs, sports, counseling, other activities)

|\_\_|\_\_| HOURS PER MONTH

*If you do not normally meet with students outside of class for non-academic purposes, enter "00".*

- c. Meeting with parents

|\_\_|\_\_| HOURS PER MONTH

*If you do not normally meet with parents, enter "00".*

**D3. For a typical fourth-grade student, approximately how often do you do the following?**

SELECT ONE RESPONSE PER ROW

|  | NEVER                      | ONCE OR TWICE A YEAR       | MONTHLY OR SEVERAL TIMES PER YEAR | WEEKLY OR SEVERAL TIMES PER MONTH | DAILY OR SEVERAL TIMES PER WEEK |
|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| a. Meet or talk with the student's parents to discuss his or her progress.....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |
| b. Send examples of the student's classwork home to his or her parents.....              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |
| c. Invite the student's parents to visit his or her class during instructional time..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |
| d. Meet with the student to set academic goals for him or her .....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |
| e. Provide written feedback on the student's work (not counting grades) .....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |
| f. Provide verbal feedback on the student's work.....                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/>        | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/>      |

**D4. Thinking about your current students and classes, indicate the extent to which you agree or disagree with the follow statements.**

SELECT ONE RESPONSE PER ROW

|   | STRONGLY AGREE             | SOMEWHAT AGREE             | SOMEWHAT DISAGREE          | STRONGLY DISAGREE          |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I know my students well enough to incorporate their interests in learning activities.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Students trust me with their personal problems.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. I know what services my students receive (e.g., IEP/504s/Giftedness).....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. I know about academic, social, or health challenges my students may be experiencing.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. I have standardized test history information for all the students I teach .....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. I know my students' favorite subjects .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. I know my struggling students' needs well enough to adapt my teaching accordingly .....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. I know my strongest students' needs well enough to adapt my teaching accordingly .....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. I know my students' learning styles well enough to adapt my teaching accordingly .....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. I know my students' cultural background well enough to adapt my teaching accordingly ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

## E. TEACHER SATISFACTION

**E1. Please indicate how much you agree or disagree with the following statements about your current teaching position.**

SELECT ONE RESPONSE PER ROW

|  | STRONGLY<br>AGREE          | SOMEWHAT<br>AGREE          | SOMEWHAT<br>DISAGREE       | STRONGLY<br>DISAGREE       |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I am satisfied with being a teacher at this school .....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. I receive the support I need to teach students...                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Routine duties and paperwork interfere with my teaching .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. I have sufficient instructional time to meet the needs of all students..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Too much of students' time is spent transitioning between classrooms        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. My class sizes are reasonable to meet the needs of all students .....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. I think about transferring to another school .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. I am satisfied with the subject or subjects that I teach.....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. I have opportunities for professional growth .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**E2. Please indicate how much you agree or disagree with the following statements about the school where you currently teach.**

SELECT ONE RESPONSE PER ROW

|   | STRONGLY<br>AGREE          | SOMEWHAT<br>AGREE          | SOMEWHAT<br>DISAGREE       | STRONGLY<br>DISAGREE       |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I like the way things are run at this school .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. My principal enforces school rules for students' conduct and backs me up when I need it..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Staff members cooperate with each other at this school .....                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. The school sets high standards for academic performance .....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Teachers have a say in which subject or subjects they teach.....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Teachers have a say in which grade or grades they teach .....                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Teachers have time to collaborate with colleagues .....                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Teachers have an appropriate amount of time for professional development .....               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**E3. During the 2018-2019 school year, how well prepared did you feel to handle a range of classroom behavior or discipline situations?**

SELECT ONE ONLY

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

**E4. During the 2018-2019 school year, how well prepared did you feel to teach mathematics?**

SELECT ONE ONLY

- 1  Not at all prepared
- 2  Somewhat prepared
- 3  Well prepared
- 4  Very well prepared
- 5  I do not teach mathematics

**E5. During the 2018-2019 school year, how well prepared did you feel to teach English language arts/reading?**

SELECT ONE ONLY

- 1  Not at all prepared
- 2  Somewhat prepared
- 3  Well prepared
- 4  Very well prepared
- 5  I do not teach English language arts/reading

**E6. During the 2018-2019 school year, how well prepared did you feel to address the needs of the diversity of learners in your classes?**

SELECT ONE ONLY

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



## F. YOUR BACKGROUND

### F1. What is the highest degree you have completed?

SELECT 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., etc.)

### F2. For your highest degree completed, did you major or minor in any of the following subjects?

SELECT ALL THAT APPLY

- 1  Reading, language arts, or literacy education
- 2  English
- 3  Other language arts-related subject
- 4  Mathematics education
- 5  Mathematics
- 6  Other mathematics-related subject such as statistics
- 7  Education (including elementary or early childhood)
- 8  Special education
- 9  English language learning

### F3. Which of the following statements best describes how you entered the profession?

SELECT ONE ONLY

- 1  Entered after completing training for initial teaching certification as part of a bachelor's or master's degree program in education or a related field (considered the traditional route to teacher certification)

*Please enter the name and location of the college or university where you completed this program:*

\_\_\_\_\_

COLLEGE OR UNIVERSITY NAME

\_\_\_\_\_

CITY AND STATE OF COLLEGE OR UNIVERSITY

- 2  Entered through a program before completing all training and requirements for initial teaching certification (considered an alternative route to teacher certification).

*Please enter the name of this program:*

\_\_\_\_\_

**F4. In what area(s) does your teaching certificate allow you to teach in this state?**

SELECT ALL THAT APPLY

- 1  Preschool (birth-Pre-K)
- 2  Elementary (K-5)
- 3  Middle grades (6-8)
- 4  Secondary grades (9-12)
- 5  Specific subject areas (K-12) (*Specify*): \_\_\_\_\_
- 6  Exceptional children (K-12) (*Specify*): \_\_\_\_\_
- 7  Other (*Specify*): \_\_\_\_\_

**F5. Are you male or female?**

SELECT ONE ONLY

- 1  Male
- 2  Female

**F6. Are you of Hispanic or Latino origin?**

SELECT ONE ONLY

- 1  Yes
- 0  No

**F7. What is your race?**

SELECT ALL THAT APPLY

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

**F8. What is your year of birth?**

| 1 | 9 | | |

## G. CONTACT INFORMATION

- G1. Please provide your preferred contact information below. We will use it to reach you in case we need to clarify any 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 and will not be shared with anyone outside of the study team or used for any purpose other than stated above.*

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 survey!**

## FOLLOW-UP EMAIL REMINDER

TO: [Email]  
FROM: Sheila Heaviside [HelpDesk Email]  
SUBJECT: Survey for the U.S. Department of Education's Impact Evaluation of Departmentalized Instruction

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

We recently asked for your help with completing a survey for the Impact Evaluation of Departmentalized Instruction. Mathematica is conducting this **important study on behalf of the U.S. Department of Education (ED)**. Your participation will help ED and policy makers learn whether there are differences in teacher practices or student achievement if elementary students are taught math and reading by one teacher (self-contained classes) or taught by multiple teachers who teach either math or reading (departmentalized instruction).

**We will send you a check for \$30 when you complete this survey.** The survey is voluntary, and your responses will be kept strictly confidential (per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Your participation is very important – the validity of the study results depends on the participation of all teachers in the study. The survey should take 30 minutes to complete and does not have to be done in one sitting. Please use the link below with your unique log-in ID and password to access and complete the survey. These are secure and should not be shared with anyone.

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 Standard Time any day of the week. You may also email our help desk at [HelpDeskEmail] or contact me directly at [sheaviside@mathematica-mpr.com](mailto: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  
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 xxxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions and complete the request. 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.

## MATHEMATICA Policy Research

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

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

[Month Year]

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

We recently asked for your help with completing a survey for the Impact Evaluation of Departmentalized Instruction. Mathematica is conducting this important study on behalf of the U.S. Department of Education (ED). Your participation will help ED and policy makers learn whether there are differences in teacher practices or student achievement if elementary students are taught math and reading by one teacher (self-contained classes) or taught by multiple teachers who teach either math or reading (departmentalized instruction).

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. The survey should take 30 minutes to complete and does not have to be done in one sitting. Your responses will be kept strictly confidential (per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183).

We have included a paper questionnaire and return envelope 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 with your unique log-in ID and password to access your teacher survey online. These are secure and should not be shared with anyone.

Go to [link]  
At the login screen, enter the following:  
**User ID:** [UserID]  
**Password:** [password]

If you have any questions, please contact Bryce Onaran, 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](mailto: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 xxxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions and complete the request. 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.

# Departmental Instruction Study Survey



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

**T**ake part in the survey for the Impact Evaluation of Departmentalized Instruction being conducted in your school district! This survey is part of an evaluation that will produce valuable information about the impact of departmentalized instruction on teaching practices and student achievement.

As one of only 600 teachers selected for the study, your survey responses are critical for the study to produce meaningful and valid information. 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 and complete the request. 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.

\*All responses will be kept strictly confidential per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183.