

**Early Childhood Longitudinal Study,
Kindergarten Class of 2022-23 (ECLS-K:2023)**

**Kindergarten and First-Grade Field Test Data
Collection, National Sampling, and National
Recruitment**

OMB# 1850-0750 v.22

AttachmentC-6

Spring First-Grade

Teacher-Level Teacher Paper Survey

**National Center for Education Statistics
U.S. Department of Education**

September 2020

revised November 2020

NOTE: The full draft surveys were presented in the OMB package for Kindergarten and First-Grade Field Test Data Collection, National Sampling, and National Recruitment (OMB# 1850-0750 v.22). In the interest of maximizing available time in the field test and minimizing respondent burden, only a subset of the items from any given instrument may be administered to any one respondent, though all of the items will be tested across multiple respondents. For the Teacher-Level Teacher Surveys, field test study skips have been added for spring kindergarten and spring first grade. Final changes to other surveys are currently being implemented and will be included in the upcoming March 2021 change request.

Early Childhood Longitudinal Study
General Education Teacher Survey (Teacher Level)
Fall 2021 – Form TQA1A-FT

Dear Teacher,

Your school has agreed to participate in the **Early Childhood Longitudinal Study (ECLS)**, a nationwide study of elementary-aged children, their schools, teachers, and parents. As part of the study, we are asking teachers at your school to complete surveys. The teacher survey contains questions about you and your classroom practices. There are also brief surveys for each of the sampled children that you teach. Those surveys contain questions about the children's skills and abilities.

The ECLS collects information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete these surveys as completely and accurately as possible.

Please record your answers directly on the survey by writing your responses in the space provided. Your best estimates are acceptable answers.

DEFINING "YOUR CLASS": Most of the items in this survey ask you to provide information about "your class." By the term "your class," we generally mean the group of students who spend the majority of their school day with you or your homeroom - though some or all of them may leave your classroom for certain activities, including some academic instruction. If you are not sure what group of children to think about when answering questions about "your class," please ask for assistance from the ECLS-K study representatives when they visit your school.

DEFINITIONS

For the purposes of this study, the following definitions apply.

- Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.
- Transitional (or readiness) kindergarten (TK): A transitional kindergarten (TK) program is an extra year of school before kindergarten starts. It is different from preschool or prekindergarten. TK may be for children who are too young to start kindergarten or need more time to be ready for kindergarten. Schools have different names for these programs (for example, early transitional kindergarten (ETK), readiness kindergarten, or a kindergarten equivalent in a classroom without grades or one with multiple grades), but all are types of kindergarten. The program may be in a public or private school, or an early childhood setting such as a nursery school, early childhood learning center, or day care center. It may be a full- or part-day program and have regular and/or special education
- Transitional first (or pre-first) grade: Transitional first (or pre-first) grade is a school program between kindergarten and the first grade. The name of this program may vary by school (for example, a K-1 class or placement). It is for children who have attended kindergarten, but need more time to be ready for the first grade. Children in this program may be part of a regular first-grade classroom or in a separate classroom.

- English language learner (ELL): A student whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that he/she derives little benefit from school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English.
- Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited proficiency in English.
- Dual language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving instruction in English and another language in a classroom that is usually composed of half native English speakers and half native speakers of the other language.
- ESL Instruction: A program of techniques, methodology, and special curriculum designed to teach ELL students English language skills, which may include listening, speaking, reading, writing, study skills, content vocabulary, and cultural orientation. ESL instruction is usually in English with little use of native language.
- Bilingual Instruction: Instruction in all courses and subjects given in English and the native language of the child of limited English proficiency to the extent necessary to allow the child to achieve competence.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS SURVEY. DO NOT USE PENCIL OR FELT-TIP PEN.

MARKING BOXES

It is important that you mark an “X” in the box next to your answers and print clearly.

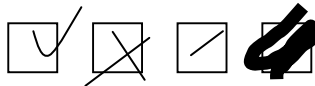
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



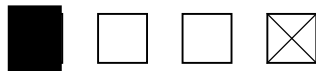
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

Completely black out the box of the incorrect answer and mark an “X” in the box next to the correct answer.



PRINTING ANSWERS IN BOXES:

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

1	2	3	4	5	6	7	8	9	0
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Write words like this:

John Smith



SECTION B. CLASS ORGANIZATION AND RESOURCES

- B1. Which of the following best describes the mode of instruction that you use in your class?**
MARK ALL THAT APPLY.

<input type="checkbox"/> In-person instruction only	}	→	GO TO B3
<input type="checkbox"/> Web-based instruction only			
<input type="checkbox"/> Blended instruction (In blended instruction, students are taught with online educational materials in addition to traditional face-to-face teaching.)		→	GO TO B2

- B2. During this school year, approximately what percentage of blended instruction that you provide is in-person? WRITE NUMBER IN BOX. IF NO STUDENTS EXPERIENCED THIS, WRITE "0."**
In blended instruction, students are taught with online educational materials in addition to traditional face-to-face teaching.

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 Percentage

- B3. The next group of questions asks about classroom practices. In a typical day, how much time does a child in your class spend in the following activities? MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.**

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B4. How often does disruptive student behavior interfere with your instruction? MARK ONE RESPONSE.

- Never
- Seldom
- Usually
- Always

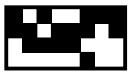
B5. How much time per day would you estimate that you spend handling disruptive student behavior? MARK ONE RESPONSE.

- Less than 1/2 hour
- 1/2 hour to less than 1 hour
- 1 to less than 1 1/2 hours
- 1 1/2 to less than 2 hours
- 2 to less than 2 1/2 hours
- 2 1/2 to less than 3 hours
- 3 hours or more



- B6. How often does the typical child in your class usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE RESPONSE ON EACH ROW.**

	<u>Never</u>	<u>Less than once a week</u>	<u>1 day a week</u>	<u>2 days a week</u>	<u>3 days a week</u>	<u>4 days a week</u>	<u>5 days a week</u>
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Computer science (including coding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

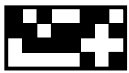


B7. On the days children work in these areas, how much time does the typical child in your class usually work on lessons or projects in the following general subject areas? *MARK ONE RESPONSE ON EACH ROW.*

	Not applicable/ never	Less than $\frac{1}{2}$ hour a day	$\frac{1}{2}$ hour to less than 1 hour	1 to less than $1\frac{1}{2}$ hours	$1\frac{1}{2}$ to less than 2 hours	2 to less than $2\frac{1}{2}$ hours	$2\frac{1}{2}$ to less than 3 hours	3 hours or more
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Computer science (including coding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8a. In an average week, how often do you divide your class or classes into achievement groups for reading activities or lessons? *MARK ONE RESPONSE.*

- Never → **GO TO B9a on page 5**
- Less than once a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week



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B8b. When you use achievement groups for reading, how many groups do you typically have? *IF YOU HAVE MORE THAN ONE CLASS, ENTER THE AVERAGE OF YOUR CLASSES. WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

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 Number of groups

B8c. On days when you divide your class into achievement groups for reading, how many minutes do the groups usually stay together? *IF YOU HAVE MORE THAN ONE CLASS, ENTER THE AVERAGE OF YOUR CLASSES. WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

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 Number of minutes

B9a. In an average week, how often do you divide your class or classes into achievement groups for math activities or lessons? *MARK ONE RESPONSE.*

Never → GO TO B10 on page 6

Less than once a week

1 day a week

2 days a week

3 days a week

4 days a week

5 days a week

B9b. When you use achievement groups for math, how many groups do you typically have? *IF YOU HAVE MORE THAN ONE CLASS, ENTER THE AVERAGE OF YOUR CLASSES. WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

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 Number of groups



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B9c. On days when you divide your class into achievement groups for math, how many minutes do the groups usually stay together? IF YOU HAVE MORE THAN ONE CLASS, ENTER THE AVERAGE OF YOUR CLASSES. WRITE NUMBER IN BOX. IF NONE, WRITE "0."

		Number of minutes
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B10. How often do the children in your class do the following activities? MARK ONE RESPONSE ON EACH ROW.

	No library or media center in this school	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Go to school library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Borrow materials from the library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. How many days a week do children have recess? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	Number of days
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B12. In a typical day, how much time does your class spend in the following activities? IF YOU HAVE MORE THAN ONE CLASS, ENTER THE AVERAGE FOR YOUR CLASSES. MARK ONE RESPONSE ON EACH ROW.

	No time	1-15 minutes	16-30 minutes	31-45 minutes	Longer than 45 minutes
a. Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Free play indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free play outdoors (including recess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B13. Do any of the following staff members provide direct instruction to students in your class who are struggling or at risk of failure in reading or math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN YOUR CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK ALL THAT APPLY.

- A reading specialist/interventionist who has specialized training in reading instruction
- A math specialist/interventionist who has specialized training in math instruction
- A special education teacher

B14. How many hours a week do different types of paid professionals/aides or volunteers usually work directly with children on instructional tasks either in your classroom or in a pull-out setting? WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."

	Number of Hours		
a. General paraprofessionals/aides	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
b. Special education paraprofessionals/aides	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
c. ESL or bilingual education paraprofessionals or aides	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
d. Volunteers (for example, parents, high school students, community members)	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

B15. Please report the following about the computers located in your classroom every day. PLEASE INCLUDE ANY DESKTOP, LAPTOP, OR OTHER COMPUTER-TYPE DEVICE (FOR EXAMPLE, TABLETS) USED FOR INSTRUCTIONAL OR ADMINISTRATIVE PURPOSES. IF YOUR SCHOOL PROVIDES EACH STUDENT WITH A DEVICE, BUT THOSE DEVICES MUST STAY AT SCHOOL, PLEASE REPORT THOSE DEVICES HERE. WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	Number of Devices		
a. Total number of devices	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
b. Number with internet access	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		



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B16. Please report the following about the computers that can be brought into your classroom (for example, laptops on carts, or school-provided student computers if students are allowed to take their computers home). PLEASE INCLUDE ANY DESKTOP, LAPTOP, OR OTHER COMPUTER-TYPE DEVICE (FOR EXAMPLE, TABLETS) USED FOR INSTRUCTIONAL OR ADMINISTRATIVE PURPOSES. WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	Number of Devices		
a. Total number of devices	<table border="1" style="display: inline-table; width: 40px; height: 25px;"> <tr> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> </tr> </table>		
b. Number with internet access	<table border="1" style="display: inline-table; width: 40px; height: 25px;"> <tr> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> </tr> </table>		

B17. How frequently do you or your students use computers (desktop, laptop, or other computer-type devices such as a Chrome Book) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

	Never	Rarely	Sometimes	Often	Not available
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B18. How frequently do you or your students use an interactive whiteboard (for example, SMART Board, Activboard) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not available</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B19. How frequently do you or your students use digital cameras (still or video) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not available</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B20. How frequently do your students use digital tablets (such as an iPad) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not available</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B21. Which of the following statements is true about how well your school system provides you with the instructional materials and other resources you need to teach your class in the following subject areas: MARK ONE RESPONSE ON EACH ROW.

	<u>I get all the resources I need</u>	<u>I get most of the resources I need</u>	<u>I get some of the resources I need</u>	<u>I don't get any of the resources I need</u>
a. Reading and 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"/>



SECTION D. PARENT INVOLVEMENT

D1. Now we would like to ask you about family involvement. How many regularly scheduled conferences do you have with a parent or guardian of each child in your class during the school year? MARK ONE RESPONSE.

- No conferences
- One conference
- Two conferences
- Three or more conferences

D2. What percentage of children in your class have parents who participate in the following activities? MARK ONE RESPONSE ON EACH ROW.

	<u>None</u>	<u>1-25%</u>	<u>26-50%</u>	<u>51-75%</u>	<u>76% or more</u>
a. Attend teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer regularly to help in your classroom or another part of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend open houses or parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attend art/music events or demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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D3. During this school year, how often have you made contacts with parents in the following ways?
MARK ONE RESPONSE ON EACH ROW.

	Never	One to two times	Three to five times	Six to ten times	11 to 14 times	15 or more times
a. Sent home letters, newsletters, or other notices addressed to all parents and guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicated with parents and guardians via text messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shared portfolios or other collections of children's work for parents and guardians to see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Used email or list-serve to send out group updates or information to parents and guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintained classroom website for families and guardians to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Used email to address individual questions or concerns of parents and guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Talked to parents and guardians by telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION F. SCHOOL AND STAFF ACTIVITIES

F1. The next set of questions pertains to school-related activities. Have you participated in the following activities since the beginning of the academic year? MARK ONE RESPONSE ON EACH ROW.

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three to four times a week	Daily
a. Meeting with other teachers to discuss lesson planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meeting with other teachers to discuss curriculum development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. In the past 12 months, did you participate in any professional development activities pertaining to the use of evidence-based practices tied to your teaching assignment? MARK ONE RESPONSE.

Yes

No → **GO TO F5 on page 14**

F3. In the past 12 months, how many hours did you spend on these activities? MARK ONE RESPONSE.

4 hours or less

5 – 8 hours

9 – 12 hours

13 – 16 hours

17 – 20 hours

21 – 24 hours

25 – 28 hours

29 – 32 hours

33 hours or more



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F4. To what extent was the professional development you received in the past 12 months relevant to your role as a teacher? MARK ONE RESPONSE.

- Not relevant
- Somewhat relevant
- Relevant
- Very relevant

F5. Which of the following staff development and training activities have you participated in during the current academic year? MARK ALL THAT APPLY.

- Workshops involving study groups or small-group problem solving
- Direct instruction from an outside consultant on a specific topic
- Peer observation and feedback
- Visits to, or observations of, other schools
- Release time for attending professional conferences
- Enrollment in college or university courses related to your profession
- Professional development via distance learning (web-based, etc)
- Workshops on using computers and technology in the classroom
- None of the these



F6. How often did you participate in professional development activities covering the following topics in the last 12 months? MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>Once a year</u>	<u>2 times a year</u>	<u>3 to 4 times a year</u>	<u>More than 4 times a year</u>
a. How to use assessment data to identify students who are struggling or at risk of failure in <u>reading</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to use assessment data to identify students who are struggling or at risk of failure in <u>math</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to use and apply assessment data to guide <u>reading</u> instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to use and apply assessment data to guide <u>math</u> instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to implement the <u>reading</u> curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How to implement the <u>math</u> curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F7. Have you received support from any of the following staff members during the current academic year? IF THE RESOURCE IS NOT AVAILABLE TO YOU, MARK THE LAST COLUMN. MARK ONE RESPONSE ON EACH ROW.

	<u>Yes, support received</u>	<u>No, support not received</u>	<u>Resources not available</u>
a. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective <u>reading</u> instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective <u>math</u> instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A school or district staff member who provides ongoing training and support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A school or district staff member to support teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A school or district staff member to support teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F8. How often have you been observed by a peer for the purposes of receiving instructional feedback during the current academic year? *MARK ONE RESPONSE.*

- Never
- Once
- 2 times
- 3 or 4 times
- More than 4 times



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H19. Please fill in the boxes below with the date the survey was completed.

				2	0	2	1
MONTH		DAY		YEAR			

Thank you very much for answering these questions and for taking the time to participate in the Early Childhood Longitudinal Study.