

**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

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**Spring First-Grade Special Education
Teacher-Level Teacher Paper Gi fj Ym**

National Center for Education Statistics

U.S. Department of Education

September 2020

Early Childhood Longitudinal Study



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Completing this survey will help us learn more about special education teachers and the children they serve.

Thank you for your time!

To show our appreciation, we have included with your invitation a check that equals \$20 for the teacher background survey plus \$7 for every child for whom you've been asked to complete a survey.

Please return the survey to **your school coordinator or an ECLS staff member.**

The survey should be sealed in the envelope we provided you. Do not mail this survey unless you are provided with an additional mailing envelope.

Photo is for illustrative purposes only. Any person depicted in the photo is a model.

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0750 v.22. The time required to complete this information collection is estimated to average approximately 15 minutes per teacher background survey including instructions and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this information collection, or any comments or concerns regarding the status of your individual submission of these data, please write directly to: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. # 1850-0750 v.22. OMB No. 1850-0750, v.22. Approval expires xx/xx/xxxx



Draft

**Early Childhood Longitudinal Study
Special Education Teacher Survey (Teacher Level)
Fall 2021 – Form SPA1-FT**

Dear Special Education Teacher or Related Service Provider,

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. You have been asked to complete surveys because one or more of the children you serve are participants in this study. 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. These surveys contain questions about the children's skills and abilities.

The ECLS collects information from teachers of children who are in the study and from the special education teachers or related service providers of sampled children who have Individualized Education Programs (IEPs). Our purpose is to investigate the relationship between the 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 this survey as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP.

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.

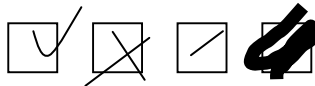
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



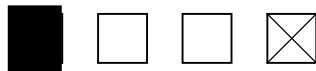
Incorrect Marks:

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:

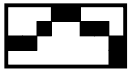
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Write words like this:

| |
|------------|
| John Smith |
|------------|



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The first several questions pertain to your roles and responsibilities.

1. Which of the following best describes your current position in this school? *MARK ONE RESPONSE.*

- Special education teacher
- Special education teacher consultant
- General education teacher
- Special education classroom aide
- Speech-language pathologist
- Physical therapist
- Physical therapy assistant or aide
- Occupational therapist
- Occupational therapy assistant or aide
- School psychologist
- School counselor
- School social worker
- Other (Please specify):

2. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? *MARK ONE RESPONSE.*

- Regular full-time teacher or service provider
- Regular part-time teacher or service provider
- Itinerant teacher or service provider (that is, your assignment requires you to provide instruction or related services at more than one school)
- Long-term substitute (that is, your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide
- Other (Please specify):



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IF THIS BOX IS CHECKED, PLEASE GO TO Q8 ON PAGE 4

3. As of today's date, how many children with and without IEPs do you teach or serve?

WRITE NUMBER IN BOX.

With IEPs

Without IEPs

4. As of today's date, how many children with IEPs that you teach or serve are the following ages?

WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."

| | Number of Children |
|------------------------------|---|
| a. 3 years old | <input type="text"/> <input type="text"/> |
| b. 4 years old | <input type="text"/> <input type="text"/> |
| c. 5 years old | <input type="text"/> <input type="text"/> |
| d. 6 years old | <input type="text"/> <input type="text"/> |
| e. 7 years old | <input type="text"/> <input type="text"/> |
| f. 8 years old | <input type="text"/> <input type="text"/> |
| g. 9 years old or older | <input type="text"/> <input type="text"/> |
| h. Total (sum of a-g) | <input type="text"/> <input type="text"/> |



5. How many of the children with IEPs that you teach or serve belong to each of the following racial-ethnic groups? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Please count each child only once. Hispanic children should only be counted in the Hispanic or Latino/Latina category regardless of race.

| | <u>Number of Children</u> |
|--|---|
| a. Hispanic or Latino/Latina of any race | <input type="text"/> <input type="text"/> |
| b. American Indian or Alaska Native, non-Hispanic | <input type="text"/> <input type="text"/> |
| c. Asian, non-Hispanic | <input type="text"/> <input type="text"/> |
| d. Black or African American, non-Hispanic | <input type="text"/> <input type="text"/> |
| e. Native Hawaiian or Other Pacific Islander, non-Hispanic | <input type="text"/> <input type="text"/> |
| f. White, non-Hispanic | <input type="text"/> <input type="text"/> |
| g. Two or more races, non-Hispanic | <input type="text"/> <input type="text"/> |

6. As of today's date, how many boys and girls with IEPs do you teach or serve? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

| | <u>Number of Children</u> |
|--------------------|---|
| a. Number of boys | <input type="text"/> <input type="text"/> |
| b. Number of girls | <input type="text"/> <input type="text"/> |

7. How many of the students with IEPs that you teach or serve are English Language Learners (ELLs)? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

| | | | |
|----------------------|----------------------|----------------------|--------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Number of Students |
|----------------------|----------------------|----------------------|--------------------|



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8. **During the school year, how many children with IEPs have you worked with or provided services for, on average, each week? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher or service provider.) MARK ONE RESPONSE.**

- 1-10
- 11-20
- 21-40
- More than 40

9. **During this school year, where have you worked with children with IEPs? INCLUDE ONLY CHILDREN WHO ATTEND THIS SCHOOL. MARK ALL THAT APPLY.**

- In a general education classroom
- In a special education classroom
- In a non-classroom space (for example, office, therapy room, small work space, mobile van, etc.)
- In a location outside of the school setting (for example, a child's home, a private clinic, etc.)
- Other (Please specify):

10. **For how many students do you serve as case manager? MARK ONE RESPONSE.**

- 1-10
- 11-20
- 21-40
- More than 40
- None

11. **Please indicate the extent to which you agree or disagree with the following statement. I am satisfied with my class size or caseload (that is, the total number of students you teach or serve). MARK ONE RESPONSE.**

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree



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**THE NEXT FEW QUESTIONS ARE ABOUT STUDENTS' CLASSROOM BEHAVIOR.
IF THIS BOX IS CHECKED, PLEASE GO TO Q17 ON PAGE 8**

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

Never

Seldom

Usually

Always

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

Less than ½ hour

½ hour to less than 1 hour

1 to less than 1½ hours

1½ to less than 2 hours

2 to less than 2½ hours

2½ to less than 3 hours

3 hours or more



- 14. The next set of questions relates to your instructional activities and resources. How strongly do you agree or disagree that the following behavioral support practices are characteristic of your teaching? MARK ONE RESPONSE ON EACH ROW.**

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. Routines are consistently implemented. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expectations of students are clearly communicated in positive terms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You gain the attention of all students before beginning a lesson. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You solicit both group and individual responses to questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You provide all students with individual opportunities to respond to questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. There is a system for documenting and rewarding appropriate student behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You use a continuum of consequences to discourage inappropriate student behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 15. How strongly do you agree or disagree that you teach the following social and emotional competencies to the students that you teach or serve? MARK ONE RESPONSE ON EACH ROW.**

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. Self-awareness (teaching students to recognize their own feelings, interests, strengths, and limitations) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Self-management (teaching students to regulate emotions and manage daily stressors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Social awareness (teaching students to take the perspective of others and appreciate similarities and differences) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Relationships and social skills (teaching students prosocial behavior and skills to develop meaningful relationships) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Responsible decision making (teaching students to identify and analyze problems, understand consequences, and take responsibility for their decisions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

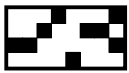


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16. How strongly do you agree or disagree that you utilize the following practices?

MARK ONE RESPONSE ON EACH ROW.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. Display pictures, posters, artwork, and other décor that reflect diverse cultures and ethnic backgrounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ensure that all notices and communications to families and caregivers are written in their language of origin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use alternative formats and varied approaches to communicate and share information with families and caregivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before using them with students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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The next questions ask about professional development.

17. In the past 12 months, did you participate in any professional development activities pertaining to the use of evidence-based practices for working with students with disabilities? *MARK ONE RESPONSE.*

Yes

No → GO TO Q21 on page 9

18. 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

19. Overall, how helpful were these activities to you? *MARK ONE RESPONSE.*

Very unhelpful

Unhelpful

Neither unhelpful nor helpful

Helpful

Very helpful

20. To what extent was the professional development you received in the past 12 months relevant to your role teaching or serving students with disabilities? *MARK ONE RESPONSE.*

Not relevant

Somewhat relevant

Relevant

Very relevant



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21. In the current school year, do you work closely with a master or mentor teacher who was assigned to you by your school or district? *MARK ONE RESPONSE.*

Yes

No → GO TO Q24-1 on page 10

22. How frequently do you work with your assigned master or mentor teacher? *MARK ONE RESPONSE.*

At least once a week

Once or twice a month

A few times a year

Once or never

23. Overall, to what extent did your assigned master or mentor teacher improve your skills in the following areas? *MARK ONE RESPONSE ON EACH ROW.*

| | Not at all | To a small extent | To a moderate extent | To a great extent | Not applicable/ not part of my work responsibility |
|---|--------------------------|----------------------------------|-------------------------------------|----------------------------------|---|
| a. Providing large group instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Providing small group or one-on-one instruction or therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Managing students' behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Completing paperwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Conducting student assessments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Finding needed human or material resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Communicating with parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF THIS BOX IS CHECKED, PLEASE GO TO Q35 ON PAGE 17. OTHERWISE, GO TO NEXT PAGE.



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24-1. Please indicate the extent to which you agree with each of the following statements about your school.
 MARK ONE RESPONSE ON EACH ROW.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Many of the children I teach are not capable of learning the material I am supposed to teach them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel accepted and respected as a colleague by most staff members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Teachers in this school are continually learning and seeking new ideas. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Routine administrative duties and paperwork interfere with my job of teaching. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Parents are supportive of school staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. There is a great deal of cooperative effort among the staff members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. In this school, staff members are recognized for a job well done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The academic standards at this school are too low. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. There is broad agreement among the entire school faculty about the central mission of the school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The school administrator sets priorities, makes plans, and sees that they are carried out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. The school administration's behavior toward the staff is supportive and encouraging. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



THE NEXT SET OF QUESTIONS PERTAINS TO THE AVAILABILITY AND USE OF INSTRUCTIONAL TECHNOLOGY. IF THIS BOX IS CHECKED, PLEASE GO TO QUESTION 28, ON PAGE 15.

24-2. 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 or serve students with IEPs? MARK ONE RESPONSE.

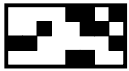
- I get all the resources I need.
- I get most of the resources I need.
- I get some of the resources I need.
- I don't get any of the resources I need.

24-3. In general, how adequate is each of the following for your students with IEPs? MARK ONE RESPONSE ON EACH ROW.

| | I don't use these with my students | Never adequate | Often not adequate | Sometimes not adequate | Always adequate |
|--|---|---------------------------|-----------------------------------|---------------------------------------|----------------------------|
| a. Digital tablets (such as an iPad) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visual display technology (for example, SMART Board®) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Computers (with internet access) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Licensed computer software packages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24-4. Do you implement any of the following technology use practices in teaching or serving students with IEPs? MARK ALL THAT APPLY.

- Encourage students to use personal cell phones and/or tablets as tools
- Encourage or require students to use tablets or other digital devices provided by the school as tools
- Encourage or require students to use school computers as tools
- Provide web-based instruction
- Provide blended learning
- Other (Please specify):
- None of the above



24-5. Please report the following about the computers available to your students with IEPs every day.
 PLEASE INCLUDE ANY DESKTOP, LAPTOP, OR OTHER COMPUTER-TYPE DEVICE (FOR EXAMPLE, TABLETS)
 USED FOR INSTRUCTIONAL OR ADMINISTRATIVE PURPOSES. IF NONE, WRITE "0."

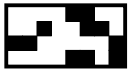
| | | |
|--------------------------------|----------------------|----------------------|
| a. Total number of devices | <input type="text"/> | <input type="text"/> |
| b. Number with internet access | <input type="text"/> | <input type="text"/> |

24-6. Please report the following about the computers that can be brought into the room (for example, laptops on carts).
 PLEASE INCLUDE ANY DESKTOP, LAPTOP, OR OTHER COMPUTER-TYPE DEVICE (FOR
 EXAMPLE, TABLETS) USED FOR INSTRUCTIONAL OR ADMINISTRATIVE PURPOSES. IF NONE, WRITE "0."

| | | |
|--------------------------------|----------------------|----------------------|
| a. Total number of devices | <input type="text"/> | <input type="text"/> |
| b. Number with internet access | <input type="text"/> | <input type="text"/> |

24-7. 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 applicable to my role |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 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"/> |



24-8. 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.

| | Never | Rarely | Sometimes | Often | Not applicable to my role |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 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"/> |

24-9. How frequently do your students use digital cameras (still or video) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

| | Never | Rarely | Sometimes | Often | Not applicable to my role |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| a. Daily assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Special projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Presentations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24-10. How frequently do your students use digital tablets (such as an iPad) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.

| | Never | Rarely | Sometimes | Often | Not applicable to my role |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 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"/> |



IF THIS BOX IS CHECKED, PLEASE GO TO Q35 ON PAGE 17.

25. The next few questions ask about your beliefs about teaching. To what extent do you agree with each of the following statements? *MARK ONE RESPONSE ON EACH ROW.*

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. If I try really hard, I can get through even to the most difficult or unmotivated students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If some students in my class are not doing well, I feel that I should change my approach to the subject. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. By trying a different teaching method, I can significantly affect a student's achievement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There is really very little I can do to ensure that most of my students achieve at a high level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I work to create lessons so my students will enjoy learning and become independent thinkers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I feel sometimes it is a waste of my time to try to do my best as a teacher. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The attitudes and habits students bring to my class greatly reduce their chances for academic success. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My success or failure in teaching is due primarily to factors beyond my control rather than to my own effort or ability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

26. To what extent do you agree or disagree with each of the following statements as it applies to your instruction? *MARK ONE RESPONSE ON EACH ROW.*

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. The amount a student can learn is primarily related to family background. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If a student did not remember information I gave in a previous lesson, I would know how to increase his or her retention in the next lesson. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If a student in my class becomes disruptive and noisy, I feel assured that I know some techniques to redirect the student quickly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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27. Please indicate the extent to which you agree or disagree with each of the following statements on working with children. MARK ONE RESPONSE ON EACH ROW.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither disagree nor agree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. I really enjoy my present job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am certain I am making a difference in the lives of the children I work with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I could start over, I would choose this again as my career. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next set of questions ask for your background information.

28. What is your gender? MARK ONE RESPONSE.

Male

Female

29. In what year were you born? WRITE IN YEAR BELOW.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

YEAR

30. Are you Hispanic or Latino/Latina? MARK ONE RESPONSE.

A person who is Hispanic or Latino/Latina is of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes

No

31. Which best describes your race? MARK ALL THAT APPLY.

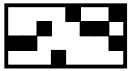
American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White



9921

32. What is the highest level of education you have completed? *MARK ONE RESPONSE.*

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (for example, Ph.D., MD, Ed.D.)

33a. What is the name of the college or university where you earned your highest degree? *If not applicable, please go to Q34.*

COLLEGE OR UNIVERSITY

33b. In what city and state is it located? *(If outside the U.S., please note the country.)*

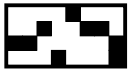
CITY

STATE

The next few questions pertain to your years of experience.

34. If you have an associate's or bachelor's degree, what was your undergraduate major field of study? *MARK ONE RESPONSE.*

- Early childhood education
- Elementary education
- Special education
- Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)
- Non-education major (such as history, English, etc.)



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35. If you have a graduate degree, what was the major field of study of your highest level graduate degree?

MARK ALL THAT APPLY.

- Early childhood education
- Elementary education
- Special education
- Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)
- Non-education major (such as history, English, etc.)

36. Have you ever taken a college course in the following areas? MARK ALL THAT APPLY.

- Early childhood education
- Elementary education
- Special education
- English as a Second Language (ESL) or teaching English language learners
- Child development
- Methods of teaching reading or language arts
- Methods of teaching mathematics
- Methods of teaching science
- Classroom management
- None of the above

37. Did any of your college or graduate school courses address issues related to the following?

MARK ALL THAT APPLY.

- Response to Intervention
- Early Intervening Services
- None of the above



9921

38. The next few questions ask about your credentials. Which of the following describes the teaching certificate you currently hold in this state? MARK ONE RESPONSE.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained
- Certificate issued to persons who must complete a certification program in order to continue teaching
- I do not hold any of the above certifications in this state.

39. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR'S DEGREE, MASTER'S DEGREE, OR PH.D. MARK ALL THAT APPLY.

- Disability-specific credential
- Special education credential (for more than one disability category)
- Early childhood special education credential
- General education credential
- Speech-language pathology license or credential
- Other professional license, credential, or endorsement (Please specify):

None of the above

IF THIS BOX IS CHECKED, PLEASE GO TO Q45 ON PAGE 19.

40. Which of the following best describes the type of educator preparation program you participated in while earning your current and initial certification? MARK ONE IN EACH COLUMN.

| | <u>Current Certification</u> | <u>Initial Certification</u> |
|---|----------------------------------|----------------------------------|
| a. Traditional four-year program based at an institution of higher education | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Alternative program based at an institution of higher education | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Alternative program <u>not</u> based at an institution of higher education | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other preparation program | <input type="checkbox"/> | <input type="checkbox"/> |



9921

41. Have you taken the exam for National Board for Professional Teaching Standards certification?

MARK ONE RESPONSE.

Yes

No → GO TO Q43

42. What was the result of the National Board for Professional Teaching Standards exam?

MARK ONE RESPONSE.

Awaiting test results

Passed

Have not yet passed

43. Counting this school year, how many years have you worked in your current school, including part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."

Year(s)

44. Counting this school year, how many total years have you been working with children in any school, including years in which you worked part time? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children. WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."

Year(s)

45. Counting this school year, how many total years have you been working with children receiving special education or related services in any school, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."

Year(s)



9921

46. How long do you plan to continue to teach or provide related services? MARK ONE RESPONSE.

- As long as I am able
- Until I am eligible for retirement benefits from this job
- Until I am eligible for retirement benefits from a previous job
- Until I am eligible for Social Security benefits
- Until a specific life event occurs (for example, parenthood, marriage)
- Until a more desirable job opportunity comes along
- Definitely plan to leave as soon as I can
- Undecided at this time

47. 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 taking the time to participate in the Early Childhood Longitudinal Study.