



TEACHER LOG

The purpose of the Teacher Log is to collect information on the implementation of curricula and use of various teaching practices in both intervention and control classrooms. This information will be used to describe how the interventions are implemented and the treatment contrast when comparing each intervention group to the control group, as well as comparing the intervention groups to each other. This attachment includes the following: (a) the Teacher Log; and (b) communication to teachers regarding the log and related honoraria.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0508 and the expiration date is 05/31/2021.

Introduction

Thank you for participating in the Variations in Implementation of Quality Interventions (VIQI). As part of this study, we would like you to answer some questions about the activities in your classroom. This information is crucial to helping us understand what activities occur in different early care and education centers, how teachers deliver these activities, and what professional development is received.

Your participation is completely voluntary, and you may skip any questions you do not wish to answer. Your decision to participate will not have any effect on your job. Your responses will be completely private and will only be used for research and program improvement purposes. Your responses will be stored in password protected computer files and in locked research facilities and we will not share your individual responses with anyone outside of the research team.

Please complete this Teacher Log, thinking about the classroom activities you delivered during [reporting period]. For each item, read all options and their descriptions and then select the option that best applies. It will take approximately 15 minutes to complete.

[Add description delineating when the log must be submitted based on the reporting period. Example: Please complete one log every week (from September through May). All logs must be submitted by the last day of the [reporting period].]

Thank you!

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0508 and the expiration date is XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].

[NOTE TO REVIEWERS: This log has been drafted as though we are asking teachers to complete the log on an ongoing basis every week and to report on a specific day of that week. There are two sets of items for the log – Week A and Week B – and we will alternate which set of items we ask each week. There is also a set of items that will be asked quarterly only. This is to maximize the number of questions we ask teachers while minimizing the length of time it will take to complete the log on any given week. We plan on piloting different versions of some of the items in the log during the pilot study; we note this throughout the log by the phrase “alternative wording.” We may also pilot different data collection time points. This includes testing out alternative time sampling approaches (e.g., asking teachers to fill out the log thinking about a specific day of the week or the entire week). We have not shown all of the potential iterations, since it would be helpful to continue to refine the measurement approach during the pilot study, so that we can apply the learnings to finalizing the full-scale version of the instruments. These approaches will help us refine our measurement approach for the full-scale study and help us have a better understanding of which items are most appropriate and informative about the constructs of interest.]

Selecting the Center and Classroom

1. Select your center from the drop-down list.

Center: [Select center name from a drop-down list]

2. Select your classroom from the drop-down list.

Classroom: [Select classroom from a drop-down list]

3. Select your name from the drop-down list.

[Select teacher name from a drop-down list: [TEACHER NAME], “New Teacher” or “Long-term Substitute Teacher”]

- If “New Teacher” or “Long-term Substitute Teacher” is selected, continue to question #3a. If not, skip to question #5.

3a. Please enter your name. _____

4. What is your position in this classroom? (Please select the option that best applies to you.)

- Lead Teacher (a position that has primary responsibility of providing instruction and supervision of children in a classroom)
- Assistant Teacher (a position that works under the supervision of a lead teacher to give additional attention, support and instruction to children in a classroom; for example, a paraprofessional)

5. Our records have you listed as the [TEACHER TYPE] for this classroom. Is this correct?

- Teacher type includes: Lead Teacher; Assistant Teacher

Yes → GO TO 6

No → GO TO 4

6. What is the [reporting period] for which you are submitting a log?

Reporting Period: [Select day, month, and year from a drop-down list]

7. Were you absent for [reporting period] for which you are submitting a log?

Yes → END LOG

No → GO TO 8

Different teachers do different things in their classrooms. In the next item, we are asking whether you used a curriculum during [reporting period]. By curriculum, we mean an organized framework that lists goals for children's learning and growth, learning activities and experiences to achieve those goals, what teachers can do to help children achieve those goals, and materials needed.

[PROGRAMMING NOTE: INITIAL LOG TO ASK 8]

8. What curricula did you use during [reporting period]? Check all that apply.

[List to be updated based upon localities and programs participating in the study and the curricula they are using.]

- Creative Curriculum
- Focus Curriculum
- Opening the World of Learning (OWL)
- Building Blocks
- Connect4Learning
- High/Scope
- Frog Street
- Handwriting without Tears
- Foundations
- Let's Begin with the Letter People
- Preschool PATHS
- Tools of the Mind
- Open Circle
- Second Step
- Everyday Mathematics
- Number Worlds
- Other curriculum (please specify: _____)
- Self or center-created curriculum
- No curriculum

If any of these are selected, ask #9 for each curriculum selected.

Otherwise, skip to next section.

[PROGRAMMING NOTE: SUBSEQUENT LOGS TO ASK 8a]

8a. You previously reported using the following curricula: [INSERT NAME(S)]. Is this correct for [reporting period]?

- Yes
- No → GO TO 8

9. What unit and week of [the curriculum] are you implementing this [reporting period]?

Unit/week: [Select unit and week from a drop-down list]

[PROGRAMMING NOTE: AFTER THIS ITEM, TEACHERS WILL RECEIVE EITHER LOG A OR LOG B, DEPENDING ON THE WEEK.]

Classroom Activities (Week A)

In this section, we are going to ask you whether you or other staff in the classroom delivered certain kinds of activities or learning experiences for children in your classroom. The names of these activities may not be the terms used in your center. There may also be other activities or learning experiences that you provide that are not asked about here. Please do your best to respond to the following items, thinking about what activities and learning experiences you provided during [reporting period].

1. Select one:

- I provided choice time/centers/free play during [reporting period]. [GO TO 1a]
- I did NOT provide choice time/centers/free play during [reporting period]. [GO TO 1a]

1a. Did another teacher/assistant teacher in the classroom work with children during choice time/centers/free play?

- Yes
- No [IF ALSO 'NO' IN #1, GO TO 6]

2. Approximately how much time did your class spend in choice time or centers during [reporting period]?

Minutes

3. Choice time or centers focused on developing skills in...?

| | Main Focus | Partial focus | Not a focus |
|------------------------------|-----------------------|-----------------------|-----------------------|
| a) Language and literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Mathematics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Science | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Social-emotional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Art or music | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Gross or fine motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. How engaged were children in choice time/centers/free play during [reporting period]?

(Consider the degree to which most children were actively working independently or with peers and not wandering unengaged or off-task in choice time/centers/free play.)

- Not at all engaged
- Somewhat engaged
- Very engaged

[PROGRAMMING NOTE: IF CLASSROOM IS IN A TREATMENT (CREATIVE CURRICULUM, FOCUS CURRICULUM, OR C4L) CENTER, GO TO 5. BRACKETED PORTIONS OF THE ITEMS BELOW WILL BE MODIFIED TO SHOW APPROPRIATE CURRICULUM ONLY. IF CLASSROOM IS IN A CONTROL CENTER, GO TO 6].

5. How many different [Creative Curriculum/ Focus Curriculum/Connect4Learning] choice time or center activities were available for children's use during [reporting period]? Only include choice time or center activities that are from [Creative Curriculum/Focus Curriculum/Connect4Learning] in this count.

Choice time or center activities

6. Select one:

- I read a book (that is, did story time or a read aloud) during [reporting period]. [GO TO 6a]
- I did NOT read a book (that is did story time or a read aloud) during [reporting period]. [GO TO 6a]

6a. Did another teacher/assistant teacher in the classroom deliver read aloud or story time?

- Yes
- No [IF ALSO 'NO' IN #6, GO TO 16]

7. How many different Read Alouds did you or another teacher/assistant teacher deliver during [reporting period]?

Read Alouds

8. Approximately how much time did one Read Aloud last, on average, during [reporting period]?

Minutes

9. How engaged were children in Read Aloud during [reporting period]?

- Not at all engaged
- Somewhat engaged
- Very engaged

[PROGRAMMING NOTES: IF THIS CLASSROOM IS IN A CREATIVE CURRICULUM CENTER, GO TO 10-11. IF THIS CLASSROOM IS IN A FOCUS CURRICULUM CENTER, GO TO 12-13. IF THIS CLASSROOM IS IN A CONNECT4LEARNING CENTER, GO TO 14-15. IF CLASSROOM IS IN A CONTROL CENTER, GO TO 16].

10. Did you read the book(s) listed under Creative Curriculum's Read Aloud for [reporting period]?

- Yes
- No

11. Did you deliver the Creative Curriculum's Read Aloud as written or described during [reporting period]?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

- I made major changes
- I made minor changes
- I did the Read Aloud as written or described

12. Did you read the book(s) listed under Focus Curriculum's Read Aloud for [reporting period]?

- Yes
- No

13. Did you deliver the Focus Curriculum's Read Aloud as written or described during [reporting period]?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

- Major changes
- Minor changes

As written

14. Did you read the book(s) listed under Connect4Learning's Read Aloud for [reporting period]?

Yes

No

15. Did you deliver the Connect4Learning's Read Aloud as written or described during [reporting period]?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

Major changes

Minor changes

As written

16. Select one:

I did an activity or set of activities with all or almost all children in my classroom—such as, “large group” or “whole group” activities or “circle time” or “morning meeting”—during [reporting period]. (Do not count story time or read aloud.) [GO TO 16a]

I did NOT implement an activity or set of activities with all or almost all children in my classroom—such as, “large group” or “whole group” activities or “circle time” or “morning meeting”—during [reporting period]. [GO TO 16a]

16a. Did another teacher/assistant teacher in the classroom lead large group, whole group, or circle time?

Yes

No [IF ALSO 'NO' IN #16, GO TO 27]

17. How many different large or whole group activities did you deliver during [reporting period]?
(Do not count Read Aloud.)

Large or whole group activities

18. Approximately how much time did your class spend in large or whole group activities during [reporting period]? (Do not count Read Aloud.)

| | |
|--|---------|
| | Minutes |
|--|---------|

19. Large or whole group activities focused on developing skills in...?

| | Main Focus | Partial focus | Not a focus |
|------------------------------|-----------------------|-----------------------|-----------------------|
| a) Language and literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Mathematics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Science | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Social-emotional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Art or music | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Gross or fine motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. How engaged were children in large or whole group during [reporting period]?

(Consider the extent to which most children were paying attention/listening and actively participating (for example, responding to questions).)

- Not at all engaged
- Somewhat engaged
- Very engaged

[PROGRAMMING NOTES: IF THIS CLASSROOM IS IN A CREATIVE CURRICULUM CENTER, GO TO 21-22. IF THIS CLASSROOM IS IN A FOCUS CURRICULUM CENTER, GO TO 23-24. IF THIS CLASSROOM IS IN A CONNECT4LEARNING CENTER, GO TO 25-26. IF CLASSROOM IS IN A CONTROL CENTER, GO TO 27.]

| 21. Which Creative Curriculum activity(ies) did you deliver as a large group during [reporting period]? Only include activities that are from Creative Curriculum in this count. | 21a. If no, did another teacher deliver the activity? |
|---|--|
| a. Large group <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Mighty Minutes <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. Large Group Round Up <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| d. Another Creative Curriculum activity: Intentional Teaching <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

| | | |
|-------------------------------------|-----------------------------|--|
| Cards or Choice Time/Interest Areas | <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
|-------------------------------------|-----------------------------|--|

[IF A-C WERE SELECTED AS "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

22. You said you delivered [CREATIVE CURRICULUM LARGE GROUP ACTIVITY]. Did you have to modify the activity?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|----------------------|--|
| Large group | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Mighty Minutes | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Large Group Round Up | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |

| | |
|---|--|
| 23. Which Focus Curriculum activity(ies) did you deliver as a large group during [reporting period]? Only include activities that are from Focus Curriculum in this count. | 23a. If no, did another teacher deliver the activity? |
| a. Intro to Centers <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Thinking and Feedback <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. SWPL (language/literacy activity(ies) only) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| d. Building Blocks whole group activities <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| e. Let's Find Out About it (LFOAI) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| f. Problem Story(ies) <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

| | | |
|--|---|--|
| | <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| g. Story Acting | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| h. Another Focus activity: Small group or Centers | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

[IF A-G WERE SELECTED AS "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

24. You said you delivered [FOCUS CURRICULUM LARGE GROUP ACTIVITY]. Did you have to modify the activity?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|---|--|
| Intro to Centers | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Thinking and Feedback | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| SWPL (language/literacy activity(ies) only) | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Building Blocks whole group | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Let's Find out About It (LFOAI) | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Problem Story(ies) | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Story Acting | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |

| 25. Which Connect4Learning large group activities did you deliver during [reporting period]? | 25a. If no, did another teacher deliver the activity? |
|--|--|
| a. Connect Lessons <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Fast Focus <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. Another C4L activity: Small Group <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

[IF A-B WERE SELECTED AS "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

26. You said you delivered [CREATIVE CURRICULUM LARGE GROUP ACTIVITY]. Did you have to modify the activity? Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|-----------------|--|
| Connect Lessons | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Fast Focus | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |

27. Select one:

- I did an activity or set of activities with a small group of children (3 to 7 children in a group) during [reporting period]. [GO TO 27a]
- I did NOT do an activity or set of activities with a small group of children (3 to 7 children in a group) during [reporting period]. [GO TO 27a]

27a. Did another teacher/assistant teacher in the classroom deliver small group activities?

- Yes
- No [IF ALSO 'NO' IN #27, GO TO 38]

28. How many different small group activities did you deliver during [reporting period]?

If you delivered essentially the same small group activity to multiple small groups of children, count that as '1' small group activity.

Small group activities

29. Approximately how much time did each small group last on average during [reporting period]?

Minutes

30. When you have small group activities, typically how many children are in ONE small group?

- 2 or fewer children
- 3 children
- 4 children
- 5 children
- 6 children
- 7 children
- 8 or more children

31. How many children in total participated in small group activities that you delivered in each of the following content areas during [reporting period]? If you did not do a small group activity in a content area, write in '0'.

| | | | |
|--|---|--|--|
| | Language/literacy small group activities | | Math small group activities |
| | Science small group activities | | Social-emotional small group activities |

31a. Small group activities focused on developing skills in...?

| | Main Focus | Partial focus | Not a focus |
|------------------------------|-----------------------|-----------------------|-----------------------|
| a) Language and literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Mathematics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Science | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Social-emotional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Art or music | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Gross or fine motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

32. How engaged were children in small group activities during [reporting period]?

- Not at all engaged
- Somewhat engaged
- Very engaged

[PROGRAMMING NOTES: IF THIS CLASSROOM IS IN A CREATIVE CURRICULUM CENTER, GO TO 33-34. IF THIS CLASSROOM IS IN A FOCUS CURRICULUM CENTER, GO TO 35-36. IF THIS CLASSROOM IS IN A CONNECT4LEARNING CENTER, GO TO 36-37. IF CLASSROOM IS IN A CONTROL CENTER, GO TO 38.]

| 33. Which Creative Curriculum small group activity(ies) did you deliver during [reporting period]? Only include activities that are from Creative Curriculum in this count. | 33a. If no, did another teacher deliver the activity? |
|--|--|
| a. Option 1 from this reporting period <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Option 2 from this reporting period <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. Another small group activity <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

| | | |
|---|---|---|
| from Creative Curriculum | <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| d. A large group or center activity from Creative Curriculum | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know |
| e. A small group activity <u>not</u> from Creative Curriculum [IF ONLY THIS IS CHECKED OFF, GO TO 38] | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know |

[IF A-C WERE SELECTED AS A "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

34. You said delivered [CREATIVE CURRICULUM SMALL GROUP ACTIVITY]. Did you have to modify the activity? Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|---|--|
| Option 1 from this reporting period | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Option 2 from this reporting period | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Another small group activity from Creative Curriculum | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |

| | |
|---|--|
| 35. How many <u>different</u> small group activities from the Focus Curriculum did you deliver during [reporting period]? If you delivered essentially the same small group activity to multiple small groups of children, count that as '1' small group activity. | 35a. If none, did another teacher deliver the activity? Check all that apply. |
| a. Focus language/literacy small groups <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Building Blocks math small groups <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. Another Focus activity for large group or Centers <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

| | | |
|--|----------------------|--|
| d. A small group activity <u>not</u> from Focus Curriculum [IF ONLY THIS IS CHECKED OFF, GO TO 37] | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
|--|----------------------|--|

[IF A-B WERE SELECTED AS A "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

36. You said delivered [CREATIVE CURRICULUM SMALL GROUP ACTIVITY]. Did you have to modify the activity? Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|--------------------------------------|--|
| Focus language/literacy small groups | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
| Building Blocks math small groups | <input type="radio"/> Made major changes <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |

| | |
|---|--|
| 36. How many <u>different</u> small group activities from Connect4Learning did you deliver during [reporting period]? If you delivered essentially the same small group activity to multiple small groups of children, count that as '1' small group activity. | 36a. If none, did another teacher deliver the activity? Check all that apply. |
| a. Connect4Learning small groups | <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| b. Another Connect4Learning activity for large group or Centers | <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| c. A small group activity <u>not</u> from Connect4Learning [IF ONLY THIS IS CHECKED OFF, GO TO 37] | <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

[IF A WAS SELECTED AS A "Yes", ASK ALL OR A PORTION OF THE FOLLOWING...]

37. You said delivered [CONNECT4LEARNING SMALL GROUP ACTIVITY]. Did you have to modify the activity?

Major change: Select this if you targeted a different objective or skill. For instance, teaching children letter sounds during the reading instead of reading for comprehension.

Minor change: Select this if you maintained the written objective or targeted skill while making some changes to materials, setting, or what is said. For instance, adding discussion questions beyond what is included in the activity.

| | |
|-------------------------------|---|
| Connect4Learning small groups | <input checked="" type="radio"/> Made major changes |
|-------------------------------|---|

| | |
|--|--|
| | <input type="radio"/> Made minor changes <input type="radio"/> Delivered activity as written or described |
|--|--|

38. Select one:

- I did at least one activity with an individual child (that is, a one-on-one activity] with one child and me) during [reporting period]. [GO TO 38a]
- I did NOT do at least one activity with an individual child during [reporting period]. [GO TO 38a]

38a. Did another teacher/assistant teacher in the classroom deliver activities with an individual child(ren)?

- Yes
- No [IF ALSO 'NO' IN #38, GO TO 43]

39. Approximately how much time did an activity with an individual child last, on average, during [reporting period]?

Minutes

40. How many children in total participated in an individual activity with you during [reporting period]?

Children

41. Individual activities with children focused on developing skills in...?

| | Main Focus | Partial focus | Not a focus |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| a) Language and literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Mathematics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Science | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Social-emotional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Art or music | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Gross or fine motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Progress monitoring/assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

h) Story telling

42. How engaged were children in individual activities during [reporting period]?

- Not at all engaged
- Somewhat engaged
- Very engaged

43. Using a 1 to 5 rating scale, with '1' being easy and '5' being difficult, how difficult was it for you to deliver [curriculum] this [reporting period]?

| | | | | |
|----------|----------|----------|----------|-----------|
| 0 | 0 | 0 | 0 | 0 |
| 1 | 2 | 3 | 4 | 5 |
| Easy | | | | Difficult |

44. If you had to modify activities during [reporting period], what kind of changes have you made to curricular activities? Check all that apply.

- Made no changes to curricular activities
- Changed wording
- Did curricular activities out of order from what is written in curriculum materials
- Skipped some activities in the curriculum or portions of activities
- Used different materials than what was listed in the curriculum
- Used different instructional formats (e.g., did a small group activity in a large or whole group)
- Substituted activities from other curricula in place of [CREATIVE CURRICULUM/FOCUS CURRICULUM/CONNECT4LEARNING] activities
- Other (please specify: _____)

Thank you. The log is complete for the reporting period.

Classroom Practices (Week B)

1. Which of the following domains did you focus on during [reporting period]?

| | Main Focus | Partial focus | Not a focus |
|------------------------------|-----------------------|-----------------------|-----------------------|
| a) Language and literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Mathematics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Science | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Social-emotional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[PROGRAMMING NOTES: IF 'LANGUAGE AND LITERACY' WAS SELECTED IN ITEM 1 AS A "MAIN" OR "PARTIAL" FOCUS, GO TO ITEMS 2-3. IF 'MATHEMATICS' WAS SELECTED IN ITEM 1 AS A "MAIN" OR "PARTIAL" FOCUS, GO TO ITEMS 4-5. IF 'SCIENCE' WAS SELECTED IN ITEM 1 AS A "MAIN" OR "PARTIAL" FOCUS, GO TO ITEMS 6-7. IF 'SOCIAL-EMOTIONAL LEARNING' WAS SELECTED IN ITEM 1 AS A "MAIN" OR "PARTIAL" FOCUS, GO TO ITEMS 8-9.]

2. You said you focused on Language and Literacy during [reporting period]. Which of the following specific skills were focused on? Check all that apply.

| | |
|---|--------------------------|
| a) Vocabulary | <input type="checkbox"/> |
| b) Oral language | <input type="checkbox"/> |
| c) Print and text concepts | <input type="checkbox"/> |
| d) Identifying letters, words, sentences; letter-sound correspondence | <input type="checkbox"/> |
| e) Phonological awareness (individual speech sounds) | <input type="checkbox"/> |
| f) Listening or reading comprehension | <input type="checkbox"/> |
| g) Reading books | <input type="checkbox"/> |
| h) Story telling | <input type="checkbox"/> |
| i) Drawing or writing | <input type="checkbox"/> |

The next items ask about the interactions you (or another teacher) have had with children during activities that focused on Language and Literacy during [reporting period]. You may not have these interactions every day, so simply answer based on what interactions you did have for [reporting period].

3. To what extent did the following occur when you delivered language and literacy activities during [reporting period]?

| | Did <u>NOT</u> Occur | Occurred |
|---|--------------------------|--------------------------|
| a) I organized and/or set up materials and space needed for one or more activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I monitored children during the activity to address their behavior or offer assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I used and defined <u>advanced</u> vocabulary words (words with | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| more than one meaning or words that are not used frequently) | | |
| d) I changed an activity or a portion of an activity based on a child interest | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I changed an activity or a portion of an activity to make it harder for children who are excelling | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I changed an activity or a portion of an activity to make it easier for children who need more support | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I made sure that many of the activities or lessons I did were related to a theme or main learning topic | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I told children how an activity or a learning topic we were discussing was connected to other things they have learned about or experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I scaffold children's learning by providing "just enough" support (e.g., providing hints when they struggle to understand something, offering a range of answers to choose from, encouraging children to use additional resources to solve problems) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I cleaned up the materials and/or space used for activities after they were done being used | <input type="checkbox"/> | <input type="checkbox"/> |

| | Did NOT Occur | Occurred with some children | Occurred with most children |
|--|--------------------------|------------------------------------|------------------------------------|
| a) I had multiple back-and-forth exchanges with children focused on a conversational topic (such as what they did over the weekend or their favorite thing to eat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I had multiple back-and-forth exchanges with children focused on a learning topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I asked children "why" and "how" questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I asked children to compare and contrast something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I asked children to predict or hypothesize what will happen next (such as in a book or in a science activity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I asked children closed-ended questions (e.g., yes or no questions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I asked children to explain how an activity or topic is related to something they experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I repeated or elaborated on something a child said by providing additional information or vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I encouraged children to talk to one another (e.g., used "think-pair-share") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I asked follow-up questions to get children to explain what they are thinking or why they said something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. You said you focused Mathematics during [reporting period]. Which of the following specific skills were focused on? Check all that apply.

- | | |
|---|--------------------------|
| a) Number sense and concepts (e.g., counting objects, counting verbally) | <input type="checkbox"/> |
| b) Writing numbers and identifying numerals | <input type="checkbox"/> |
| c) Addition | <input type="checkbox"/> |
| d) Subtraction | <input type="checkbox"/> |
| e) Multiplication or division | <input type="checkbox"/> |
| f) Making, copying, or extending patterns | <input type="checkbox"/> |
| g) Comparing numbers and quantities (e.g., more, less) | <input type="checkbox"/> |
| h) Measurement (standard, non-standard units) | <input type="checkbox"/> |
| i) Sorting or ordering by attributes or a rule | <input type="checkbox"/> |
| j) Identifying, describing, defining, comparing <u>familiar</u> shapes | <input type="checkbox"/> |
| k) Identifying, describing, defining, comparing <u>less familiar</u> shapes | <input type="checkbox"/> |
| l) Drawing or constructing shapes | <input type="checkbox"/> |

[WE PLAN ON PILOTING DIFFERENT FORMATS OF ITEM 5 BELOW ON A ROTATING BASIS. THIS INCLUDES ASKING ALL OR A SUBSET OF SUB-ITEMS AND VARYING THE RESPONSE OPTIONS: "YES/NO"; "YES/NO." IF YES, WITH "SOME CHILDREN"/"WITH MOST CHILDREN"; "CHOOSE ALL THAT APPLY"].

The next items ask about the interactions you (or another teacher) have had with children during activities that focused on Mathematics during [reporting period]. You may not have these interactions every day, so simply answer based on what interactions you did have for [reporting period].

5. To what extent did the following occur when you delivered mathematics activities during [reporting period]?

| | Did <u>NOT</u> Occur | Occurred |
|---|--------------------------|--------------------------|
| a) I organized and/or set up materials and space needed for one or more activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I monitored children during the activity to address their behavior or offer assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I used and defined <u>advanced</u> vocabulary words (words with more than one meaning or words that are not used frequently) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I changed an activity or a portion of an activity based on a child interest | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I changed an activity or a portion of an activity to make it harder for children who are excelling | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I changed an activity or a portion of an activity to make it easier for children who need more support | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I made sure that many of the activities or lessons I did were related to a theme or main learning topic | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| h) I told children how an activity or a learning topic we were discussing was connected to other things they have learned about or experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I scaffold children's learning by providing "just enough" support (e.g., providing hints when they struggle to understand something, offering a range of answers to choose from, encouraging children to use additional resources to solve problems) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I cleaned up the materials and/or space used for activities after they were done being used | <input type="checkbox"/> | <input type="checkbox"/> |

| | Did NOT Occur | Occurred with some children | Occurred with most children |
|--|--------------------------|-----------------------------|-----------------------------|
| k) I had multiple back-and-forth exchanges with children focused on a conversational topic (such as what they did over the weekend or their favorite thing to eat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) I had multiple back-and-forth exchanges with children focused on a learning topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I asked children "why" and "how" questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) I asked children to compare and contrast something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) I asked children to predict or hypothesize what will happen next (such as in a book or in a science activity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) I asked children closed-ended questions (e.g., yes or no questions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) I asked children to explain how an activity or topic is related to something they experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) I repeated or elaborated on something a child said by providing additional information or vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) I encouraged children to talk to one another (e.g., used "think-pair-share") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) I asked follow-up questions to get children to explain what they are thinking or why they said something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. You said you focused Science during [reporting period]. Which of the following specific skills were focused on? Check all that apply.

| | |
|--|--------------------------|
| a) Living things (e.g., people, animals, plants; habitats; life cycles; growth) | <input type="checkbox"/> |
| b) Earth and space (e.g., earth's materials, weather, day/night, seasons) | <input type="checkbox"/> |
| c) Physical properties (e.g., properties of objects, structures, function, motion, sound, light) | <input type="checkbox"/> |
| d) Health (e.g., body parts and what they do, body processes, food pyramid) | <input type="checkbox"/> |
| e) Tools and technology (e.g., scale, magnifying glass, magnets, computers) | <input type="checkbox"/> |
| f) Engineering | <input type="checkbox"/> |

- g) Environmentally friendly practices; recycling
- h) Scientific thinking (e.g., ask questions, make predictions, experiment, cause/effect)

[WE PLAN ON PILOTING DIFFERENT FORMATS OF ITEM 7 BELOW ON A ROTATING BASIS. THIS INCLUDES ASKING ALL OR A SUBSET OF SUB-ITEMS AND VARYING THE RESPONSE OPTIONS: "YES/NO"; "YES/NO." IF YES, WITH "SOME CHILDREN"/"WITH MOST CHILDREN"; "CHOOSE ALL THAT APPLY"]

The next items ask about the interactions you (or another teacher) have had with children during activities that focused on Science during [reporting period]. You may not have these interactions every day, so simply answer based on what interactions you did have for [reporting period].

7. To what extent did the following occur when you delivered science activities during [reporting period]?

| | Did <u>NOT</u> | |
|---|--------------------------|--------------------------|
| | Occur | Occurred |
| a) I organized and/or set up materials and space needed for one or more activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I monitored children during the activity to address their behavior or offer assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I used and defined <u>advanced</u> vocabulary words (words with more than one meaning or words that are not used frequently) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I changed an activity or a portion of an activity based on a child interest | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I changed an activity or a portion of an activity to make it harder for children who are excelling | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I changed an activity or a portion of an activity to make it easier for children who need more support | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I made sure that many of the activities or lessons I did were related to a theme or main learning topic | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I told children how an activity or a learning topic we were discussing was connected to other things they have learned about or experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I scaffold children's learning by providing "just enough" support (e.g., providing hints when they struggle to understand something, offering a range of answers to choose from, encouraging children to use additional resources to solve problems) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I cleaned up the materials and/or space used for activities after they were done being used | <input type="checkbox"/> | <input type="checkbox"/> |

| Did <u>NOT</u> Occur | Occurred with some children | Occurred with most children |
|-------------------------|-----------------------------------|-----------------------------------|
|-------------------------|-----------------------------------|-----------------------------------|

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| k) I had multiple back-and-forth exchanges with children focused on a conversational topic (such as what they did over the weekend or their favorite thing to eat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) I had multiple back-and-forth exchanges with children focused on a learning topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I asked children “why” and “how” questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) I asked children to compare and contrast something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) I asked children to predict or hypothesize what will happen next (such as in a book or in a science activity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) I asked children closed-ended questions (e.g., yes or no questions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) I asked children to explain how an activity or topic is related to something they experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) I repeated or elaborated on something a child said by providing additional information or vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) I encouraged children to talk to one another (e.g., used “think-pair-share”) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) I asked follow-up questions to get children to explain what they are thinking or why they said something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. You said you focused Social-Emotional Learning during [reporting period]. Which of the following specific skills were focused on? Check all that apply.

- | | |
|---|--------------------------|
| a) Friendship skills (e.g., sharing, social values, empathy) | <input type="checkbox"/> |
| b) Feelings/emotions (e.g., recognizing them in oneself and others) | <input type="checkbox"/> |
| c) Social problem solving | <input type="checkbox"/> |
| d) Managing strong emotions and regulating behavior | <input type="checkbox"/> |

The next items ask about the interactions you (or another teacher) have had with children during activities that focused on Social-Emotional Learning during [reporting period]. You may not have these interactions every day, so simply answer based on what interactions you did have for [reporting period].

9. To what extent did the following occur when you delivered social-emotional learning activities during [reporting period]?

| | <u>Did NOT</u> Occur | Occurred |
|---|--------------------------|--------------------------|
| a) I organized and/or set up materials and space needed for one or more activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I monitored children during the activity to address their behavior or offer assistance | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| c) I used and defined <u>advanced</u> vocabulary words (words with more than one meaning or words that are not used frequently) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I changed an activity or a portion of an activity based on a child interest | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I changed an activity or a portion of an activity to make it harder for children who are excelling | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I changed an activity or a portion of an activity to make it easier for children who need more support | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I made sure that many of the activities or lessons I did were related to a theme or main learning topic | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I told children how an activity or a learning topic we were discussing was connected to other things they have learned about or experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I scaffold children's learning by providing "just enough" support (e.g., providing hints when they struggle to understand something, offering a range of answers to choose from, encouraging children to use additional resources to solve problems) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I cleaned up the materials and/or space used for activities after they were done being used | <input type="checkbox"/> | <input type="checkbox"/> |

| | Did NOT Occur | Occurred with some children | Occurred with most children |
|--|--------------------------|------------------------------------|------------------------------------|
| k) I had multiple back-and-forth exchanges with children focused on a conversational topic (such as what they did over the weekend or their favorite thing to eat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) I had multiple back-and-forth exchanges with children focused on a learning topic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I asked children "why" and "how" questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) I asked children to compare and contrast something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) I asked children to predict or hypothesize what will happen next (such as in a book or in a science activity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) I asked children closed-ended questions (e.g., yes or no questions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) I asked children to explain how an activity or topic is related to something they experienced outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) I repeated or elaborated on something a child said by providing additional information or vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) I encouraged children to talk to one another (e.g., used "think-pair-share") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) I asked follow-up questions to get children to explain what they are thinking or why they said something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next set of items asks you to describe your classroom and classroom activities during [reporting period].

10. To what extent does the following describe your classroom during [reporting period]?

| | Not Much | Somewhat | Very Much So |
|---|--------------------------|--------------------------|--------------------------|
| a) Centers/interest areas were physically distinct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Areas were arranged so children can easily get around and access materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My classroom was neat and clean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My classroom was very noisy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My classroom's materials, furnishings, equipment, and displays were adequate and in good repair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) My classroom followed its typical routine or schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Transitions between activities were smooth and relatively short. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Transitions between activities were used as opportunities to teach skills and concepts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Transitions between activities were used as a way to get the whole class from one place to another. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Children knew the routines and expectations in the classroom very well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Teachers (including me) had positive or pleasant interactions with children in this classroom. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Teachers (including me) had negative interactions with children in this classroom. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Most children were able to control their behaviors and emotions independently. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Most interactions children had with their peers could be characterized by positive affect (smiling, laughing), behaviors, and/or language. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Teachers (including me) were flexible in their plans for the day, going along with children's interest and ideas. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Teachers had to stop instruction or activities to discipline children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Teachers (including me)/other adults in the classroom had to raise their voice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Children talked to teachers (including me)/adults in the classroom about a variety of topics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) Children talked to one another about a variety of topics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Teachers (including me)/other adults in the classroom used a language other than English during multiple activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) Assistant or aide was an integral part of the classroom, interacting with children and participating in instruction. (If | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| you are the assistant, include yourself in your rating.) | | | |
| a) Our teaching "team" (i.e., lead teacher and assistant teacher or aide) worked together as a coordinated pair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Did the activities and lessons for [reporting period] come from a unit, theme, or focal question?

- Yes
- No [GO TO 17]

12. Please describe the theme(s) or focal question(s) for [reporting period]:

13. How did you choose the theme(s) or focal question(s) for [reporting period]?

- Themes or focal questions are provided by my curriculum(a)
- Based on interests of children in my classroom
- Based on my experience of what children in this age range typically like
- Other reason

14. What activities did you use to explore the theme(s) or focal question(s) during [reporting period]? Check all that apply.

- Choice time/Centers/Free play
- Read Aloud/Story time
- Whole or Large Group
- Small Group
- Activities with individual children
- Other activity

15. Do you plan to explore one or more of the theme(s) or focal question(s) from [reporting period] in activities or lessons later in the year?

- Yes
- No [GO TO 17]

16. Why do you plan to revisit the theme(s) or focal question(s)?

- Reinforce concepts or skills

- Increase difficulty of concepts or skills
- Introduce different, but related, concepts or skills
- Other reason

17. What languages were spoken in your classroom during [reporting period], and by whom?

CHOOSE ALL THAT APPLY.

| | I spoke this language | Another teacher/assistant teacher spoke this language | One or more children spoke this language |
|--|---------------------------------------|---|--|
| a) English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| b) Spanish | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₂ |
| c) Haitian Creole | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₃ |
| d) Mandarin | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₄ |
| e) Portuguese | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| f) [WILL ADD OPTIONS FOR MOST COMMON LANGUAGES IN LOCALITIES WHERE VIQI WILL BE CONDUCTED] | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₆ |

18. How much time did you spend planning for activities from [curriculum] during this [reporting period]?

minutes

19. Select the response option that best describes your classroom activities and teaching practices during [reporting period]:

0

More child-directed or child-led
(for example, most of the activities were unstructured and children could choose

0

A mix of child- and teacher-directed
(for example, some activities were more structured and you guided children through them

0

More teacher-directed or teacher-led
(for example, most of the activities were structured and led by you)

what to do)

and some activities were more
unstructured and children could
choose what to do)

Thank you. The log is complete for the reporting period.

Professional Development and Coaching Experiences (Quarterly Add-on)

[PROGRAMMING NOTE: THIS SECTION WILL ONLY BE COMPLETED QUARTERLY.]

The following questions ask you about different professional support opportunities that you may have been given as part of your workday schedule during [reporting period].

1. This week, how often did you have time during your workday to...

| <i>This week, how often did you have time to...</i> | Did not happen | Once | Twice | 3 to 4 times | Daily |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Plan or prepare for teaching/your classroom on your own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Plan or prepare for teaching/your classroom with your co-teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Meet with other teachers to collaborate and plan (e.g., as part of common planning time or a professional learning community) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Observe other teachers in their classroom while your class is covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Participate in peer mentoring as part of a formal arrangement that is recognized or supported by your center, including mentoring by a master teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

a)

2. Have you received any formal training (such as workshops, in-service training, or seminars, classes and coursework taken to fulfill continuing education and accrediting requirements) from the following providers this week?

CHOOSE YES OR NO ON EACH ROW. IF YES, CHOOSE HOW MANY DAYS.

| Provider Type | Yes | No | IF 'YES'... How many <u>days</u> of training did you attend this week? | | | |
|---|----------------|----------------|---|----------------|----------------|--------------------|
| | | | Less than half a day | One full day | Two full days | More than two days |
| a) Staff at your center | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |
| b) Staff from the grantee agency, school district, or state resource and referral agency | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |
| c) A college or university supporting staff at your center | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |
| d) External institution or other accrediting institution (e.g., professional association) supporting staff at your center | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |
| e) Curriculum author or publisher supporting staff at your center | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |
| f) Other | O ₁ | O ₂ | O ₁ | O ₂ | O ₃ | O ₄ |

3. Were the following topics covered in any of your formal training(s) that you reported attending above? (Do not include any coaching you may have received.)

CHOOSE ALL THAT APPLY.

- ₁ Implementing a curriculum
- ₂ Understanding of or activities about children's language or literacy/reading development
- ₃ Understanding of or activities about children's mathematics development
- ₄ Understanding of or activities about children's scientific knowledge development
- ₅ Teaching practices and/or classroom quality
- ₆ Professional, state and national standards (e.g., Early Learning Guidelines; NAEYC; Curriculum Frameworks; Common Core; QRIS)
- ₇ Using quality observational tools to improve classroom quality (e.g. CLASS or ECERS)

- ₈ Conducting child assessments through observation, screening, and/or formal instruments
- ₉ Supporting or fostering children’s social/emotional development
- ₁₀ Behavior management
- ₁₁ Family engagement
- ₁₂ Supporting children with special needs in the classroom
- ₁₃ Supporting English Language Learners (ELLs) or Dual Language Learners (DLLs)
- ₁₄ Cultural competence for working with diverse populations
- ₁₅ Organization and management (e.g., classroom routines and schedules)
- ₁₆ Classroom set up and physical environment
- ₁₇ Health and safety
- ₁₈ None of the above

4. Did a coach visit your classroom during [reporting period]?

A coach is a professional who provides you with feedback and support to help improve what you do in your classroom. Do NOT include observations completed by your center director, other center administrator or supervisor, or master teacher.

- ₁ Yes [GO TO #4a]
- ₂ No [GO TO END]

4a. Which organization(s) provided the coach(es) for you during [reporting period]?

CHOOSE ALL THAT APPLY.

- | | |
|--|--|
| <input type="checkbox"/> ₁ My center | <input type="checkbox"/> ₇ A college or university |
| <input type="checkbox"/> ₂ Head Start Grantee agency | <input type="checkbox"/> ₈ School district |
| <input type="checkbox"/> ₃ Child care umbrella organization | <input type="checkbox"/> ₉ Curriculum author or publisher |
| <input type="checkbox"/> ₄ State or local resource and referral agency | <input type="checkbox"/> ₁₀ Other: _____ |
| <input type="checkbox"/> ₅ State or local QRIS agency | <input type="checkbox"/> ₁₁ Don’t know |
| <input type="checkbox"/> ₆ External institution (e.g., professional association; non-profit education organization) | |

5. Did a coach affiliated with the VIQI project visit your classroom during [reporting period]?

₁ Yes [GO TO #6]

₂ No [GO TO #10]

6. What did you do with the VIQI coach?

CHOOSE ALL THAT APPLY.

₁ I had a sit-down meeting with the coach

₂ The coach observed me in my classroom

₃ I received feedback from the coach

7. For how long did you meet with the VIQI coach, approximately?

Do NOT include time when the VIQI coach is observing in your classroom.

CHOOSE ONE.

₁ Less than 15 minutes

₂ 15-30 minutes

₃ 30-45 minutes

₄ 60 minutes (An hour)

₅ An hour and a half

₆ Two hours

₇ More than two hours

8. [IF "COACH OBSERVED ME" IS CHECKED IN ITEM 6 THEN ASK] For how long did the VIQI coach observe your classroom, approximately?

CHOOSE ONE.

₁ Less than 15 minutes

₂ 15-30 minutes

₃ 30-45 minutes

₄ 60 minutes (An hour)

₅ An hour and a half

₆ Two hours

₇ More than two hours

9. What did the VIQI coach primarily focus on when visiting your classroom?

SELECT UP TO FIVE RESPONSE OPTIONS THAT APPLY TO PRIMARY FOCUS AREAS

- ₁ Implementing lessons or activities from a curriculum
- ₂ Understanding of or activities about children's language or literacy/reading development
- ₃ Understanding of or activities about children's mathematics development
- ₄ Understanding of or activities about children's scientific knowledge development
- ₅ Teaching practices and/or classroom quality
- ₆ Professional, state and national standards (e.g., Early Learning Guidelines; NAEYC; Curriculum Frameworks; Common Core; QRIS)
- ₇ Using quality observational tools to improve classroom quality (e.g. CLASS or ECERS)
- ₈ Conducting child assessments through observation, screening, and/or formal instruments
- ₉ Supporting or fostering children's social/emotional development
- ₁₀ Behavior management
- ₁₁ Family engagement
- ₁₂ Supporting children with special needs in the classroom
- ₁₃ Supporting English Language Learners (ELLs) or Dual Language Learners (DLLs)
- ₁₄ Cultural competence for working with diverse populations
- ₁₅ Organization and management (e.g. classroom routines and schedules)
- ₁₆ Classroom set up and physical environment
- ₁₇ Health and safety
- ₁₈ None of the above

10. Did a coach, other than a coach affiliated with the VIQI project, visit your classroom during this [reporting period]?

- ₁ Yes [GO TO #11]
- ₂ No [GO TO END]

11. What did you do with this coach?

CHOOSE ALL THAT APPLY.

- ₁ I had a sit-down meeting with the coach
- ₂ The coach observed me in my classroom
- ₃ I received feedback from the coach

12. For how long did you meet with the coach, approximately?

Do NOT include time when the coach is observing in your classroom.

CHOOSE ONE.

- ₁ Less than 15 minutes
- ₂ 15-30 minutes
- ₃ 30-45 minutes
- ₄ 60 minutes (An hour)
- ₅ An hour and a half
- ₆ Two hours
- ₇ More than two hours

13. [IF "COACH OBSERVED ME" IS CHECKED IN ITEM 11, THEN ASK] For how long did the coach observe your classroom, approximately?

CHOOSE ONE.

- ₁ Less than 15 minutes
- ₂ 15-30 minutes
- ₃ 30-45 minutes
- ₄ 60 minutes (An hour)
- ₅ An hour and a half
- ₆ Two hours
- ₇ More than two hours

14. What were the primary areas of focus of the coaching you received?

SELECT UP TO FIVE RESPONSE OPTIONS THAT APPLY TO PRIMARY FOCUS AREAS.

- ₁ Implementing lessons or activities from a curriculum
- ₂ Understanding of or activities about children's language or literacy/reading development
- ₃ Understanding of or activities about children's mathematics development
- ₄ Understanding of or activities about children's scientific knowledge development
- ₅ Teaching practices and/or classroom quality
- ₆ Professional, state and national standards (e.g., Early Learning Guidelines; NAEYC; Curriculum Frameworks; Common Core; QRIS)
- ₇ Using quality observational tools to improve classroom quality (e.g. CLASS or ECERS)
- ₈ Conducting child assessments through observation, screening, and/or formal instruments
- ₉ Supporting or fostering children's social/emotional development
- ₁₀ Behavior management
- ₁₁ Family engagement
- ₁₂ Supporting children with special needs in the classroom
- ₁₃ Supporting English Language Learners (ELLs) or Dual Language Learners (DLLs)
- ₁₄ Cultural competence for working with diverse populations
- ₁₅ Organization and management (e.g. classroom routines and schedules)
- ₁₆ Classroom set up and physical environment
- ₁₇ Health and safety
- ₁₈ None of the above

15. [IF ITEM 5 AND 10 ARE BOTH YES, THEN ASK] To what degree did you feel that you received conflicting guidance from the coaches you met with during [reporting period]?

- Not at all conflicting
- Slightly conflicting
- Somewhat conflicting
- Completely conflicting

Thank you. The log is complete for the reporting period.

Communication to Participants Regarding Log and Honoraria

Overview: Logs are to be filled out on a weekly basis. The Log will be sent electronically to lead and assistant teachers and will be accompanied by an email that introduces the log. If the log is not received, follow-up reminder email(s) may be sent. Text messaging may also be used to send the teachers a link to the log and/or to remind them to complete it.

LOG EMAILS

The following items will be addressed in communications to teachers/assistant teachers regarding the log:

- Welcome to the study [for the first few logs only]
- Study background [for the first few logs only] and a brief description of the survey
- Description of how to return the log [will include a link to the log]
- Deadline for submission
- Toll-free number or study email address for technical issues or questions about the log

THANK YOU EMAILS

Teachers/Assistant teachers who submit a log will receive a thank you email to accompany an honorarium. The note will thank them for completing the log and encourage future participation. The following items will be addressed in thank you notes:

- Thank you for participation
- Study importance
- Acknowledgement of honorarium for their time
- Reminder about future data collections